A REPORT
TO THE
ARIZONA LEGISLATURE

Performance Audit Division

Performance Audit

Arizona Department of Juvenile Corrections—

Rehabilitation and Community Re-entry Programs

March • 2009
REPORT NO. 09-02

STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

Debra K. Davenport
Auditor General

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STATE OF ARIZONA
OFFICE OF THE
AUDITOR GENERAL

DEBRA K. DAVENPORT, CPA
AUDITOR GENERAL

WILLIAM THOMSON
DEPUTY AUDITOR GENERAL

March 2, 2009

Members of the Arizona Legislature

The Honorable Janice K. Brewer, Governor

Michael Branham, Director
Arizona Department of Juvenile Corrections

Transmitted herewith is a report of the Auditor General, a Performance Audit of the Arizona Department of Juvenile Corrections—Rehabilitation and Community Re-entry Programs. This report is in response to an October 5, 2006, resolution of the Joint Legislative Audit Committee. The performance audit was conducted as part of the sunset review process prescribed in Arizona Revised Statutes §41-2951 et seq. I am also transmitting with this report a copy of the Report Highlights for this audit to provide a quick summary for your convenience.

As outlined in its response, the Arizona Department of Juvenile Corrections agrees with all of the findings and plans to implement all of the recommendations.

My staff and I will be pleased to discuss or clarify items in the report.

This report will be released to the public on March 3, 2009.

Sincerely,

Debbie Davenport
Auditor General

Attachment

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SUMMARY

The Office of the Auditor General has conducted a performance audit of the Arizona Department of Juvenile Corrections (Department)—Rehabilitation and Community Re-entry Programs pursuant to an October 5, 2006, resolution of the Joint Legislative Audit Committee. This audit, conducted as part of the sunset review process prescribed in Arizona Revised Statutes (A.R.S.) §41-2951 et seq., focuses on the treatment services provided to juveniles while in secure care and transitioning juveniles into the community. Two subsequent reports will focus on quality assurance and safety practices and the 12 statutory sunset factors.

The Department's mission is to enhance public protection by changing the delinquent thinking and behaviors of juvenile offenders under its jurisdiction. In Arizona, most juvenile offenders are placed on probation and are not assigned to the Department. Offenders assigned to the Department have generally been adjudicated as delinquent four or more times, usually for misdemeanors or class six felonies. Some juveniles have been committed to the Department for more serious offenses such as homicide, robbery, and motor vehicle theft. They receive a variety of services, including rehabilitation and treatment programming, education, and medical and dental care, at one of four correctional facilities. If juveniles assigned to the Department are released before turning 18, the Department also supervises their parole. The Department had a population of 1,077 juveniles as of June 30, 2008, consisting of 652 juveniles housed at its secure care facilities and 425 on parole.

Department's treatment programs modeled after best practices, but delivery needs improvement (see pages 11 through 26)

The Department should take several steps to ensure proper implementation of the treatment programs it provides to help rehabilitate juveniles in its secure care facilities. The Department provides a core treatment program and a behavioral management program to all juveniles in its housing units, and also provides specialized sex offender, mental health, and chemical dependence treatment programs in special housing units. Research indicates that treatment, if effectively

designed and implemented, can reduce the likelihood that juveniles will re-offend. Although the Department modeled its treatment programs after methods that research indicates can be effective, it is not implementing these programs as designed. Specifically,

- Based on auditor review of 9 of the Department's 25 housing units, some program sessions are not offered frequently enough, the sessions are too short in length, and many of the department staff need additional training in how to conduct them.

- According to department officials and the treatment program manual, juveniles should receive a customized core treatment program that includes supplemental treatment modules and participation in core treatment specialty groups that are based upon individual diagnoses, risk factors, and problem areas such as anger, depression, and self-injury. However, according to housing unit staff, none of the housing units auditors visited provided the customized core treatment as specified in the core treatment program manual. Also, inconsistent behavior management in many housing units undermines the therapeutic environment needed for effective treatment.

- The Department did not provide chemical dependence and sex offender treatment to all who should be receiving it. Generally, only juveniles housed in specialty units received this treatment. However, many juveniles housed in other units have also been identified as having chemical dependency diagnosis or needing sex offender treatment.

The Department has begun to take steps to ensure that all treatment programs are implemented as designed, including developing and revising treatment program procedures, providing additional training to staff, and designating a new sex offender treatment unit to provide sex offender treatment to a greater number of juveniles. The Department should also provide increased monitoring, oversight, and evaluation of its treatment programs.

Decision-making process for juvenile treatment and release recommendations needs improvement (see pages 27 through 36)

The Department should improve the process it uses to plan a juvenile's treatment program and make recommendations about a juvenile's release into the community. Recidivism serves as a basic measure of the Department's success in rehabilitating juveniles, and approximately one-third of the juveniles released from secure care between 2002 and 2005 returned to custody within 12 months of their release.[1]

1 Although difficult to compare to the recidivism rates reported by other states because of state differences in determining these rates, the Department compares its recidivism rate to the rates reported by five other states that measure recidivism in a similar way: Delaware, Kansas, Louisiana, Ohio, and Virginia. These states reported 12-month recidivism rates ranging from 23 to 45 percent.

Therefore, any actions that can be taken to improve treatment planning and release decisions are important. The Department has established multidisciplinary teams (MDTs), which develop treatment plans, review progress, and make recommendations about release. Auditors identified several issues that impede the effectiveness of the MDTs:

- The MDTs rely on an assessment instrument that contains unreliable information, mainly because data controls are weak. For example, 76 of 90 juvenile records auditors examined contained contradictory information related to alcohol and drug use. Contradictory information could lead to faulty decisions about treatment plans and juveniles' readiness for release.

- MDT meetings observed by auditors were often characterized by distractions, interruptions, and limited attendance. In some cases, staff acted unprofessionally and/or the surrounding environment was extremely disruptive.

Steps needed to address these issues include improving data controls, improving oversight and monitoring of juveniles' assessments, enhancing the monitoring of MDT meetings, clarifying procedures, and providing ongoing training.

Department should better support juveniles' transition to the community (see pages 37 through 48)

Effective transition of juveniles from secure care to the community can help juveniles reduce their chances of having further contact with the juvenile or adult justice systems. Although the Department cannot eliminate the chance that a juvenile may violate parole, connecting juveniles to education, jobs, or needed services is one way to reduce the risk of re-offending. However, when auditors reviewed a random sample of 58 case records of male juveniles released to parole in 2007, they found that 9 received none of the support services specified in their parole plan, and another 33 received only some of these services. However, for 32 of the 58 juveniles who made a connection to a job, auditors found that they were significantly less likely to violate their parole.

The Department can improve how effectively it transitions juveniles to the community by further developing its relationships with schools and agencies involved in serving youth, by implementing certain procedures (such as ensuring juveniles have transcripts, proof of citizenship, and other important documents when they return to the community), and by improving how it tracks its success in helping juveniles transition into the community.

Other pertinent information (see pages 49 through 52)

The majority of juveniles committed to the Department are released from jurisdiction not because they complete rehabilitative treatment, but because they turn 18 and must be discharged in accordance with A.R.S. §8-246(B). The statutorily required age for release, as well as the late date at which some juveniles are committed to the Department, contributes to the high percentage of age-related discharges. Thirty-five other states can retain jurisdiction over juveniles on parole or aftercare past the age of 18, and 11 states allow juvenile courts to impose an adult sentence that can be suspended if the juvenile completes the juvenile disposition and does not commit new offenses.[1] Department data shows that juveniles who complete their treatment and receive an absolute discharge from the Department are less likely to re-offend than those who "age out" of the Department's jurisdiction.

1 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2006

TABLE OF CONTENTS

◆ continued

TABLE OF CONTENTS

Tables:

Figure:

concluded ◆

INTRODUCTION & BACKGROUND

The Office of the Auditor General has conducted a performance audit of the Arizona Department of Juvenile Corrections (Department)—Rehabilitation and Community Re-entry Programs pursuant to an October 5, 2006, resolution of the Joint Legislative Audit Committee. This audit, conducted as part of the sunset review process prescribed in Arizona Revised Statutes (A.R.S.) §41-2951 et seq., focuses on the treatment services provided to juveniles while in secure care and transitioning juveniles into the community. Two subsequent reports will focus on quality assurance and safety practices and the 12 statutory sunset factors.

Department's purpose is juvenile rehabilitation

The Department's mission is to enhance public protection by changing the delinquent thinking and behaviors of juvenile offenders under its jurisdiction. To accomplish this mission, the Department operates four correctional facilities (also called secure care facilities), supervises juveniles on parole, and provides a variety of services to juveniles adjudicated as delinquent and committed to its care, including:

- Rehabilitation and treatment programming—The Department provides rehabilitation programming to all juveniles at its correctional facilities to try to change their delinquent thinking and actions. In addition, the Department has specialty treatment units that provide mental health, chemical dependency, and sex offender treatment (See Appendix A, pages a-i through a-viii, for additional information on the Department's treatment programs).

- Education and vocational rehabilitation—The Department operates accredited schools at all four correctional facilities. The Department also offers vocational services to juveniles to teach them practical job skills such as construction, automotive, computer technology, and culinary arts.

- Medical care—Medical staff are available at each facility 24 hours a day, 7 days a week. The Department also provides pharmaceutical and dental care.

Table 1: Secure Care Facility and Parole Populations As of June 30, 2008

Type of Care:	Location	Number of Juveniles
Secure care facility		
Adobe Mountain	Phoenix	332
Eagle Point	Buckeye	159
Catalina Mountain	Tucson	102
Black Canyon	Phoenix	59
Parole	Various	425
Total		1,077

Source: Auditor General staff summary of unaudited juvenile population data prepared by department staff.

As illustrated in Table 1, department data shows that the Department had a population of 1,077 juveniles as of June 30, 2008, consisting of 652 juveniles housed at its four secure care facilities and 425 on parole.

As illustrated in Table 2, nearly 88 percent of juveniles committed to the Department's custody in fiscal year 2008 were males and more than 50 percent were Hispanic. In addition, more than 64 percent of juveniles were 16 or older when first committed to the Department. The Maricopa County juvenile courts committed more than half of the Department's juvenile population. Additionally, department data shows that most of the juveniles committed to the Department have some previous history with the juvenile court. Department data also indicates that over half of all juveniles committed to the Department have been adjudicated as delinquent four or more times. The most common offenses committed by these juveniles are class six felonies (34.1 percent) or misdemeanors (22.9 percent). Class six felonies include indecent exposure to a person under 15 and possession of less than 2 pounds of marijuana not intended for sale. Misdemeanors include offenses such as criminal trespass in the second degree and shoplifting property with a value less than $1,000. Some juveniles are committed to the Department for more serious offenses such as homicide, robbery, and motor vehicle theft.

Table 2: Demographics of Juveniles Ordered to the Department's Custody for the First Time Fiscal Year 2008

Demographic	Number of Juveniles	Percentage
Gender		
Male	656	87.9%
Female	90	12.1
Race/ethnicity		
Hispanic	379	50.8
Caucasian	222	29.8
African-American	78	10.5
Native American	38	5.1
Mexican national	26	3.4
Other	3	0.4
Age		
15 or under	266	35.7
16 through 17	480	64.3
County		
Maricopa	421	56.4
Pima	84	11.3
Yuma	74	9.9
Mohave	41	5.5
Pinal	41	5.5
Other	85	11.4

Source: Auditor General staff summary of unaudited juvenile population data prepared by department staff.

Juvenile court process

Under Arizona's juvenile court process, a relatively small portion of juveniles who are found to be delinquent are actually placed under the Department's jurisdiction. Juveniles who are eight and older who have not reached their eighteenth birthday and are found to be delinquent by the juvenile court can either be placed on probation or committed to the Department. In fiscal year 2007, over 48,000 juveniles were referred to the juvenile court. Most juveniles adjudicated as delinquent are assigned to standard or juvenile intensive probation and not placed under the Department's jurisdiction. In fiscal year 2008, 746 juveniles were committed to the Department for the first time.

Arizona statute requires serious juvenile offenders 15 years of age or older to be prosecuted as adults. Specifically, A.R.S. §13-501 requires county attorneys to prosecute juveniles 15 or older as adults:

- Who commit offenses such as murder, armed robbery, or forcible sexual assault;
- Who have two prior felony adjudications and are arrested for a third felony; or
- Who have been previously convicted in criminal court.

Juveniles may also be transferred to criminal court for other reasons. County attorneys have the discretion to file charges against juveniles as young as 14 in criminal court for certain felony offenses or if the juvenile is a chronic offender. Juveniles can also be transferred from juvenile court to criminal court based on factors specified in A.R.S. §8-327, including the seriousness of the offense, the juvenile's record and history with law enforcement and the court, previous commitments to the Department, and the likelihood of reasonable rehabilitation through services available to the juvenile court.

The length of time that juvenile offenders spend in secure care is not necessarily determined by the judge. The judge may or may not specify a period of time the juvenile is supposed to stay in secure care, and even if the judge does so, the Department actually determines whether to release the juvenile at the court-ordered date or to hold the juvenile for a longer period. In fiscal year 2008, 24 percent of the juveniles placed under the Department's jurisdiction did not receive a court-ordered minimum length of stay, while another 46 percent were ordered to stay in secure care for more than 120 days. About 57 percent of juveniles stayed in secure care for more than 6 months with an average length of stay of 7.1 months. Once a juvenile turns 18, however, according to statute, the Department must release him/her regardless of whether department staff believe treatment is complete (See Other Pertinent Information, pages 49 through 52, for more information).

Juveniles released by the Department before they turn 18 are on parole and supervised by the Department. Juveniles remain on parole until they turn 18, earn their absolute discharge (see textbox), are returned to secure care for violating parole, or are discharged for other reasons. For juveniles released from secure care to parole from 2002 through 2005, nearly 28 percent returned to secure care within 1 year of their release to parole, while another 5 percent ended up being incarcerated in the Department of Corrections. For those juveniles released in 2005 who returned to secure care, according to department data, 59 percent returned because they committed a new delinquent offense while 41 percent returned for violating the terms of their parole. Although comparing state recidivism data presents difficulties because of differences in the methods states

Absolute Discharge—Juveniles who complete their treatment, rehabilitation, and education and who show there is a reasonable probability they will obey the law and not be a threat to public safety can be discharged from the Department's supervision.

Source: Auditor General staff summary of statute and department policy.

use to measure recidivism, the Department does compare its recidivism rates to the rates reported by some other states that measure recidivism in a similar way.[1] According to the Department's analysis, the 12-month recidivism rate in the five comparison states ranges from 23 to 45 percent. The Department's reported 12-month recidivism rate of 33 percent is higher than the recidivism rates reported by four of these states.

Past concerns with juvenile corrections

The Department of Juvenile Corrections was created in 1990 when it was separated from the Department of Corrections after a lawsuit was filed over the treatment of juveniles. In 1986, a lawsuit was filed against the Department of Corrections alleging various civil rights violations.[2] These included the lack of rehabilitative treatment, confining juveniles under conditions amounting to punishment in violation of the Fourteenth Amendment to the United States Constitution, and not providing special education programs that met the requirements of state and federal laws. After the Department of Juvenile Corrections was separated from the Department of Corrections, it entered into a consent decree with the plaintiffs in 1993 agreeing to:

- Develop programs to address the individual treatment needs of juveniles;
- Develop individual treatment plans and a plan to evaluate the effectiveness of its treatment programs;
- Assess the special education needs of juveniles;
- Maintain appropriate services for special education students;
- Employ sufficient staff to maintain a staff-to-juvenile ratio of 1 to 8 during the day and 1 to 16 during normal sleeping hours; and
- Limits on the use of excluding juveniles from programming or contact with other juveniles by confining them to their room or sending them to a separation unit.

Based on the Department's compliance with the decree, the lawsuit was closed in 1998.

In 2002, the United States Department of Justice began an investigation under the Civil Rights of Institutionalized Persons Act (CRIPA) into whether the constitutional and federal statutory rights of juveniles in the custody of the Department of Juvenile Corrections were being violated. In January 2004, the Department of Justice issued a report finding serious deficiencies at three of the Department of Juvenile

1 The Department compares its 12-month recidivism rate to the recidivism rates reported by Delaware, Kansas, Louisiana, Ohio, and Virginia.

2 *Johnson v. Upchurch*, CIV-86-195, U.S. Dist. Ct. for Dist. of AZ.

Corrections' secure care facilities and filed a complaint against the State in September 2004.[1]

The identified deficiencies, which the report noted harmed or put juveniles at risk for harm, included:

- **Inadequate suicide prevention measures**—Although the facilities adequately screened youth to identify those at risk for suicide, the youth who were identified were inadequately monitored by mental health staff and inadequately supervised by direct care staff, who also lacked the training and tools necessary to intervene in the event of an attempted suicide, and were not safely housed.

- **Deficient correctional practices**—The Department failed to protect youth from sexual and physical abuse, did not provide adequate due process protections before isolating youth, and did not maintain safe and sanitary living conditions.

- **Inadequate medical and mental healthcare services**—Medical care problems included inadequate nursing care, dangerous medication administration practices, inadequate quality assurance and infection control programs, inadequate pharmacy services, and inadequate dental care services. The problems identified in mental health services were inadequate group and individual therapy, interventions, interdisciplinary communication, and discharge planning.

- **Failure to provide special education**—Investigators found that the Department inadequately screened and identified students for special education services, inadequately developed Individualized Education Plans, and did not provide sufficient special education staffing and services.

The State agreed to implement more than 120 mandatory provisions. A committee of consultants that both the U.S. Department of Justice and the Department of Juvenile Corrections agreed to monitored the implementation of the provisions. According to a department official, complying with the CRIPA provisions was the Department's primary focus for 3 years. In September 2007, a federal judge dismissed the case against the Department when it showed substantial compliance with all of the provisions.

In addition to addressing the deficiencies noted above, the consultants found that the Department substantially complied with provisions requiring appropriate behavior management/crisis intervention training for staff before working directly with juveniles and the development and implementation of policies and procedures regarding the content of juvenile treatment plans. This content included the development of individualized juvenile treatment plans, the identification of the mental health and/or behavioral health issues to be addressed, a description of the behavioral management plan or strategies to be undertaken, and the development of a

[1] *United States of America v. The State of Arizona, et. al.*, CV-04-01926, U.S. Dist. Ct. of AZ.

transition plan for when the juvenile leaves the State's care, including providing the juvenile's family with information regarding mental health resources available in the juvenile's home community and providing assistance in making initial appointments with service providers. During the CRIPA monitoring, the Department also adopted its core treatment program, revised its specialty treatment programs, implemented its current assessment process, and revised its multidisciplinary treatment team process.

Organization and staffing

As of January 28, 2009, the Department had 1,163.7 authorized FTE, of which 122 were vacant. The Department cannot fill 65.5 of the vacant positions because of a state hiring freeze. The Department is organized as follows:

- Operations—The day-to-day functions of the Department's secure care facilities are broken into five functional areas:

    - Safe Schools (742 FTE, 60.5 vacancies)—Manages the day-to-day operations of each secure care facility, including the juveniles who are housed in and the staff who work in these facilities.

    - Medical Services (70.5 FTE, 18 vacancies)—Provides medical, nursing, pharmacy, and dental services.

    - Behavioral Health (12 FTE, 2 vacancies)—Provides treatment services and mental health services to juveniles in secure care.

    - Education (114 FTE, 19 vacancies)—Operates schools at each of the four secure care facilities and these schools are accredited through the North Central Association Commission on Accreditation and School Improvement (NCA CASI). NCA CASI accredits over 8,500 public and private schools in 19 states and the Navajo Nation, and the Department of Defense Schools. Juveniles can graduate from the Department's schools, and the accreditation allows credits earned while attending one of the secure care schools to be transferred to other schools upon a juvenile's release from secure care. The Department also provides special education services in accordance with federal requirements.

    - Community Corrections (69.5 authorized FTE, 5 vacancies)—Operates a system of community-based programs to supervise and rehabilitate juveniles in the least restrictive environment once released from secure care, consistent with public safety and the juvenile's needs.

- Inspections and Investigations (23 FTE, 1 vacancies)—Uses both law enforcement and administrative authority to conduct investigations concerning any allegation of criminal action, misconduct, and noncompliance with state and department rules and regulations.

- Quality Assurance (10 FTE, 0 vacancies)—Conducts inspections and audits (including formal comprehensive audits at each secure care facility every 6 months, as well as follow-up audits), performs data analysis, develops policy recommendations, and conducts training evaluations. Quality Assurance reports directly to the department director.

- Legal Systems (23 FTE, 4 vacancies)—Provides legal expertise to the Department, including a liaison to the Attorney General's Office, due process hearing officers, policy and procedure specialists, victim's rights advocates, and a juvenile ombudsman.

- Support Services (86.7 FTE, 11.5 vacancies)—Oversees fiscal management, procurement, human resources, information systems, research and development, staff development, and facilities administration.

- Executive Staff (13 FTE, 1 vacancy)—Includes the Director's Office, which provides leadership to the Department, the Deputy Director's Office, which oversees daily operations of the Department, and the Communications and Legislative Policy Division staff, which communicates with the public and creates the Department's annual legislative agenda.

Budget

The Department received a total of nearly $86 million in revenues for fiscal year 2008, of which $27.9 million was spent on the programs reviewed in this audit: rehabilitation and community re-entry. Table 3 (see page 8) illustrates actual revenues and expenditures related to rehabilitation and community re-entry for fiscal years 2007 through 2008 and budgeted revenues and expenditures for fiscal year 2009. Most of the Department's expenditures in rehabilitation and community re-entry relate to personal services and employee-related expenditures. However, for fiscal year 2008, the Department also spent nearly $1.3 million for other operating costs, which included building rental, telecommunication services, risk management charges, and various other costs of operating the programs, as well as nearly $1.5 million for professional and outside services, which included payments to contractors for residential placements for juveniles on parole, outpatient behavioral health services in the community, parole services, and various consulting services. According to the Department, it spent an average of $50,421 per year to house a juvenile in secure care and $10,590 per year to supervise a juvenile on parole in fiscal year 2008.

Table 3: Schedule of Revenues, Expenditures, and Transfers Out
Fiscal Years 2007 through 2009[1]
(Unaudited)

	2007 (Actual)	2008 (Actual)	2009[1] (Estimate)
Revenues:			
State General Fund appropriations	$24,133,368	$26,725,954	$25,906,659
Criminal Justice Enhancement Fund[2]	738,275	769,086	797,000
Intergovernmental[3]	1,799,894	167,727	414,479
Other		7,162	
Total revenues	26,671,537	27,669,929	27,118,138
Expenditures and operating transfers out:[4]			
Personal services and related benefits[5]	21,601,585	24,843,185	23,372,366
Professional and outside services[6]	3,174,152	1,484,527	2,014,132
Travel	334,556	273,235	358,482
Other operating[7]	1,355,023	1,289,383	1,449,379
Equipment	90,336	41,350	43,515
Total expenditures	26,555,652	27,931,680	27,237,874
Operating transfers out[8]		303,300	150,000
Total expenditures and operating transfers out	26,555,652	28,234,980	27,387,874
Excess of revenues over (under) expenditures and operating transfers out[9]	$ 115,885	$ (565,051)	$ (269,736)

1 2009 estimates reflect the Department's allocation of budget reductions specified in Laws 2009, 1st S.S., Ch. 1, §3.

2 Consists of criminal and civil fines and forfeits assessed in accordance with A.R.S. §12-116.01 that are deposited in the Criminal Justice Enhancement Fund and appropriated to the Department.

3 According to department officials, amounts decreased in fiscal years 2008 and 2009 because the Department no longer received a significant federal grant.

4 Administrative adjustments are included in the fiscal year paid.

5 According to department officials, the amount increased in fiscal years 2008 and 2009 primarily because the Department began paying health and dental costs for employees at the schools at each of its four secure care facilities. Previously, these costs were charged to another program.

6 Includes payments to contractors for residential placements for juveniles on parole, outpatient behavioral health services in the community, parole services, and various consulting services.

7 Consists of building rental, telecommunication services, risk management charges, and various other costs of operating the programs.

8 Consists primarily of transfers to the State General Fund as required by Laws 2008, Ch. 53, §2, and Ch. 285, §24.

9 Deficits in fiscal year 2008 and projected for fiscal year 2009 are funded with unexpended revenues from prior fiscal years.

Source: Auditor General staff analysis of the Arizona Financial Information System *Accounting Event Transaction File* for fiscal years 2007 and 2008, and information provided by the Department for fiscal year 2009.

Scope and objectives

This performance audit focused on the treatment services provided to juveniles in the Department's secure care facilities, the Department's decision-making process for assessing juveniles' treatment progress and recommending release on parole, and the transition of juveniles from secure care to parole in the community.

This audit was conducted in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

The Auditor General and staff express appreciation to the Department's Director and staff for their cooperation and assistance throughout the audit.

FINDING 1

Department's treatment programs modeled after best practices, but delivery needs improvement

The Department of Juvenile Corrections (Department) should take several steps to ensure proper implementation of the treatment programs it provides to help rehabilitate all juveniles in its secure care facilities. Research indicates that certain types of treatment, if effectively implemented, can reduce the likelihood that juveniles will re-offend. Although the Department has modeled its treatment programs in ways that research indicates can be effective, it is not implementing these programs as designed, thereby compromising their effectiveness. Specifically, the Department does not provide treatment as often or as long as called for, does not provide customized core treatment, and does not adequately manage juveniles' behavior when it disrupts the group treatment sessions. In addition, the Department does not provide chemical dependence and sex offender treatment to all juveniles who should be receiving it. The Department should continue with efforts it has begun to improve its treatment programming by ensuring that its programs are properly implemented, developing and implementing clear guidelines for staff to follow, providing adequate and continuing staff training, ensuring that qualified staff deliver treatment, and providing ongoing monitoring and evaluation of treatment program implementation.

Effective treatment can reduce recidivism

Research shows that properly implemented treatment programs that use certain types of therapies can reduce recidivism. According to the research, factors that promote effective treatment include the following:

- **Type of treatment provided**—Certain types of rehabilitative treatment have shown greater success in reducing recidivism, most notably those that are based on cognitive behavioral therapy approaches.[1] These approaches are

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.

[1] Landenberger and Lipsey, 2005; Latessa, Cullen, and Gendreau, 2002; Lipsey, 1992; Lipsey, Chapman, and Landenberger, 2001; U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001

designed to correct the dysfunctional thinking patterns of offenders, which include making excuses for one's behavior, misinterpretation of social cues, deficient moral reasoning, and thoughts of dominance and entitlement.[1]

- **Quality of program implementation**—Implementing a program in the way it was designed and continuing to adhere to that design have been shown to further reduce recidivism.[2] Research has shown that "there is a fairly strong correlation between program integrity and reductions in recidivism."[3]

- **Amount of treatment**—Research indicates that treatments that are longer in duration and involve more contact hours are associated with better outcomes.[4] A high level of treatment is considered to be more than 26 weeks' duration with two or more contacts per week, or treatment with more than 100 hours of total contact.[5]

- **Customizing treatment to meet individual needs**—Research shows that in order for rehabilitation programs to be effective in reducing recidivism and maximizing treatment outcomes, they should target the dynamic risk factors and needs of offenders, such as peer relationships. However, research also states that these factors will vary from juvenile to juvenile and programs should work to meet each juvenile's needs.[6]

Department's Treatment Programs

System for Change—Provides behavior management tools, treatment approaches, and educational expectations for all juveniles and staff.

Core (New Freedom)—A broad substance abuse and behavioral health program provided to all juveniles.

Chemical Dependency—The Seven Challenges® is the primary treatment intervention for juveniles with chemical dependency issues.

Sex Offender—This treatment program is designed to meet various goals and competencies associated with appropriate sexual boundaries, emotional regulation, and self-control skills.

Mental Health—Treatment to juveniles who meet the criteria for select mental health disorders and specific behaviors.

See Appendix A (pages a-i through a-vii) for more information on the Department's treatment programs.

Source: Auditor General staff summary of the Department's treatment program manuals and behavior management manual, and interviews with department officials.

Treatment programs do not adhere to program design

Although the Department has modeled its treatment programs after the current thinking in the field of juvenile treatment, it is not implementing its treatment programs—particularly the core treatment program, which is provided to all juveniles—as they were designed (see textbox). Specifically, department staff did not provide core treatment as frequently or as long as expected by the Department, and core treatment materials were not used to customize treatment for juveniles. Further, program staff did not consistently provide behavior management in all housing

1 Lipsey et al., 2001

2 Howell and Lipsey, 2004; Landenberger and Lipsey, 2005; Latessa et al., 2002; Lipsey, 1995; Lipsey, Wilson, and Cothern, 2000; Lowenkamp, Latessa, and Smith, 2006; Washington State Institute for Public Policy, 2003

3 Lowenkamp et al., 2006

4 Howell and Lipsey, 2004; Lipsey, 1995; Lipsey et al., 2000

5 Lipsey, 1995

6 Antonowicz and Ross, 1994; Flores, Russell, Latessa, and Travis, 2005; Latessa, 1999; Latessa et al., 2002; Lowenkamp et al., 2006; U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001

units, limiting the effectiveness of the treatment programming. Finally, the Department does not provide specialty treatment, such as treatment for sex offenders, to all juveniles who should be receiving it.

Department's treatment modeled after best practices—All housing units (including specialty housing units for sex offenders and those with chemical dependency or mental health problems) use a core treatment program called "New Freedom" and all male housing units use a core behavioral program called "System for Change" as the treatment foundation.[1] According to a department official and documentation, New Freedom has been used in all housing units since February 2006 and System for Change has been used in all of the male facilities since February 2008. In addition to the core treatment programming, the Department has adopted specialty treatment programs. Specialty treatment was included as part of the Department's institutional programming after the 1993 *Johnson v. Upchurch* Consent Decree (See Introduction and Background, page 4, for more information). Some juveniles who receive specialty treatment live in specialty housing units (See Appendix A, pages a-i through a-viii, for more information on the Department's treatment programs). All of the Department's treatment programs use group work as the primary means of treatment and most of the programs include workbook material that is individually completed by juveniles and reviewed by staff as needed. Juveniles may also receive individual counseling through most programs, if needed.

The Department has adopted core treatment and specialty treatment programs for its juveniles.

Auditors reviewed Department treatment program manuals and the New Freedom Web site to identify characteristics of treatment program design.[2] However, the Department lacked documentation for some design elements of its treatment programs. Therefore, auditors relied on information provided by the Department's Deputy Director, Clinical Director, and other officials regarding the undocumented elements of the Department's treatment programs.[3] Specifically, according to department officials, the Department reviewed best practices when developing its core treatment and specialty treatment programs. Auditor General staff did not did not evaluate the Department's treatment programs to determine if they fully incorporate best practices. Instead, auditors reviewed individual characteristics of the Department's implementation of their treatment programs to determine compliance with treatment program design. With regard to the factors cited above as important for program effectiveness, the design of the Department's treatment programs meets or exceeds best practices. Specifically:

- Type of treatment provided—The Department's treatment programs are based on cognitive behavioral approaches—the approaches shown to be most effective.

1 According to the Department, its one female facility uses a different behavior management system because the Department determined that the System for Change behavior management system was not yet adapted to its female population.

2 A.R. Phoenix Resources, Inc., n.d.

3 Both the Department's Deputy Director and Clinical Director have doctoral degrees in psychology.

- **Amount of treatment**—Each treatment program should provide a high level of treatment. For example, the core treatment program is a 175-hour program, and to meet this requirement, groups should be held 4 days a week in core treatment units. Also, the Department designed its sex offender treatment program as a 12- to 18-month program consisting of three sex offender groups a week in addition to the core treatment groups.

- **Customizing treatment to meet individual needs**—The core treatment program can be customized to target individual juveniles' specific risks and needs.

Treatment frequency and duration do not meet expectations—Although the Department's treatment programs appear sound in design, they fall short in the actual implementation. Specifically, not all treatment occurs at the frequency and for the length of time specified by department officials. This was especially true for the core treatment program. The Department has a total of 25 housing units and none of the nine housing units auditors reviewed provided core treatment at both the specified frequency and as long as specified. According to department officials, both core treatment process groups and treatment focus groups should be held 4 times a week for a total of 8 groups per week in core housing units. In the specialty housing units, the core treatment process groups and treatment focus should be held one to two times per week. These group sessions should last at least 45 minutes. Additionally, according to department officials and the sex offender treatment program manual, sex offender specialty units should conduct three sex offender groups a week and chemical dependency specialty units should conduct two chemical dependency groups each week, for 45-60 minutes each. However:

None of the housing units auditors reviewed provided treatment at both the specified frequency and length.

- According to housing unit staff, only four of the nine housing units provided the number of core treatment groups specified (See textbox for a description of the various types of core treatment groups).

- According to housing unit staff and auditors' observations, none of the nine housing units held core treatment groups for the specified length of time.

- According to housing unit staff, the specialty housing units auditors reviewed provided sex offender and chemical dependency groups at the specified frequency, although auditors observed that two housing units held group sessions that were shorter in length than specified.

Core Treatment Groups

Process Groups—Juveniles meet in a group setting to work on issues relevant to their treatment. Groups should be led by master's degree-level therapists.

Treatment Focus Groups—Juveniles meet in a group setting to work on treatment modules (workbook format). Workbook completion is reviewed by staff for understanding and thoroughness.

Specialty Groups—Groups designed for juveniles that address topics such as trauma or anger through group counseling.

Source: Auditor General staff summary of information from an official job description, and a department official.

Reasons for not meeting group session expectations varied. For example, one housing unit's staff reported that although they typically have either a core treatment process group or treatment focus group each afternoon, all juveniles may not receive treatment because they are separated into three groups, and only one process group and one treatment focus group is offered daily. Another housing unit's staff said that they had not provided process groups for 2-3 weeks because the unit did not have a staff member with the requisite credentials to lead them.

Customized elements of core treatment program not provided—Although the core treatment program can be customized for individual needs, auditors found that this was not being done at the housing units reviewed. The Department identifies all juvenile's treatment needs through its assessment and case planning processes and in addition to the customized treatment offered by its core treatment program, juveniles specialized needs can be addressed by referrals to specialty programs. According to a department official and the program manual, core treatment should be customized once juveniles reach the third stage of the treatment program (See Appendix A, pages a-i through a-iii, for more information on the core treatment program). The department official further stated that customized treatment includes supplemental treatment modules and participation in core treatment specialty groups based upon individual diagnoses, risk factors, and problem areas such as anger, depression, and self-injury. However, according to housing unit staff, none of the nine housing units auditors reviewed provided the expected, customized core treatment. Specifically, these units either did not hold specialty core treatment groups, use approved core treatment specialty materials, and/or follow the program design for customized core treatment as specified in the core treatment program manual. According to housing unit staff, some reasons for not providing customized treatment were a lack of time in the daily schedule and a lack of appropriate or department-approved treatment materials.

None of the housing units auditors reviewed provided the expected, customized core treatment.

Poor behavior management disrupts treatment—Poor behavior management on many housing units undermines the therapeutic environment needed for effective treatment. Shortly after the implementation of the core treatment program in 2006, the consultant who helped the Department to develop its core treatment program conducted a program quality review and determined that "process groups were generally out of control and had no consistent behavioral structure." As a result, the Department implemented the System for Change program in February 2008 because, according to the Department's System for Change manual, "a behavior management system provides a structure for staff members to develop and maintain a therapeutic milieu" (See Appendix A, page a-viii, for more information on the Department's System for Change program).[1] Auditors observed juveniles' behavior during core and specialty

[1] Although the central component, System for Change represents only one part of the Department's behavior management efforts. Additional components include Alternative Education, Individual Behavior Plan, and Extra Help Group (See Appendix A, page a-viii, for more information on these components).

treatment groups at nine of the Department's 25 housing units and found that, depending on the treatment program, juvenile behavior, cooperation, and staff redirection of inappropriate behavior varied widely. Specifically:

- **Specialty treatment groups generally well managed**—Three of the four sex offender and chemical dependency units that auditors observed fostered a productive behavioral environment in which to conduct treatment. During specialty groups, juveniles were minimally disruptive and mostly cooperated and participated in the group treatment work and dialogue. Additionally, department staff interacted with all of the juveniles in the specialty groups and frequently modeled appropriate and respectful behavior and provided good redirection.

- **Ineffective behavior management in some core treatment groups**—Although some disruptive behavior is expected from juveniles, for the core treatment groups that auditors observed, staff did not always effectively redirect disruptive behavior. Specifically, only one of the eight core treatment groups auditors observed had juveniles who substantially cooperated and participated. No group was without disruptive behaviors, and four were significantly disruptive, with constant discussions, shouting, or other negative behavior that distracted treatment. For example, during one core treatment process group, juveniles talked back, ignored redirection, and called the group leader a "loser." Redirection did not occur frequently or effectively enough to reduce the disruptive behaviors.

None of the core treatment groups were without disruptive behaviors.

Specialty treatment not consistently provided to all who should receive it—According to the Department's sex offender and chemical dependency program manuals, juveniles not living in a specialty treatment housing unit but who nonetheless are adjudicated sex offenders or have been determined to have a chemical dependency should receive specialty treatment. However, based on audit work conducted between June and August 2008, juveniles who did not live in specialty housing units generally did not receive this treatment. Specifically:

- **Sex offender treatment provided only to adjudicated sex offenders living in specialty units**—During the audit, the Department's sex offender program manual indicated that juveniles who were adjudicated sex offenders and were a low to moderate risk to sexually re-offend may be housed in core housing units rather than specialty sex offender housing units.[1] According to the program manual and a department official, these juveniles should have received sex offender group treatment two times a week in addition to their core treatment programming. As of August 15, 2008, the Department had 68 juveniles who were adjudicated sex offenders and were residing in the Department's secure care facilities, 29 of whom were not in a sex offender housing unit. None of these 29 sex offenders were receiving sex offender

As of August 2008, 29 of 68 adjudicated sex offenders who resided in the secure care facilities were not receiving sex offender treatment.

[1] As of January 2009, the Department revised its sex offender treatment program (See Appendix A, page a-vi through a-viii for more information).

treatment as specified in the Department's sex offender program manual. For example, according to department documentation:

- **Juvenile not receiving sex offender treatment—**"Tom" is an adjudicated sex offender who denies raping a young girl—an attack that also caused medical injuries. He was committed to the Department in December 2007 with a request from the court that he receive sex offender treatment. However, Tom has never been placed in a sex offender treatment unit, nor has he received sex offender-specific treatment as described in the Department's sex offender program manual. Staff notes indicate that he would be very difficult for a sex offender housing unit "to handle behaviorally" and that the sex offender "program and culture" would not work with him. In October 2008, while residing in a core treatment housing unit, the Department began to provide individual counseling to Tom, every 1-2 weeks with a graduate level counseling intern who according to the Department, is working under the supervision of a licensed clinical psychologist. According to progress notes, these sessions sometimes address his sexual offense. He also began working on the Department's sex offender treatment workbook. As of January 2009, department officials indicated that Tom is on a waiting list to be placed in one of the Department's sex offender treatment units.

- **Juvenile removed from sex offender treatment because of behaviors—**"John" was an adjudicated sex offender committed to the Department in July 2005. He was placed in a sex offender treatment unit in October 2005, but was removed from this unit in March 2006. Case notes from March 28, 2006, state that John continued to sexually act out with peers in his unit and a "decision was made to unsuccessfully terminate him from the sex offender unit." At that time, he was placed in a core treatment housing unit and over the next 2 years, he was transferred to three other core treatment housing units primarily for behavioral reasons. According to department staff, John "never stopped sexually acting out" and is considered a "risk to younger youth." Although John received individual counseling to work on his sexual misconduct issues and participated in the Department's core treatment program, there was no recommendation for John to be on the waiting list for placement in a sex offender housing unit or for him to receive any type of sex offender-specific treatment as described in the Department's sex offender treatment program manual. In January 2008, John was placed in a core treatment housing unit designated by the Department as an overflow unit for sex offenders, but according to department officials, this unit was not designated as a sex offender treatment unit until September 2008. John was discharged from the secure care facility in August 2008 when he turned 18.

Staff in the sex offender housing units indicated that they were unaware of the need to provide sex offender treatment to juveniles who are adjudicated sex offenders living in other housing units. They said they were already working overtime just to ensure that they provided the required treatment to juveniles living in the sex offender housing units and that they did not have the time to provide treatment to those who lived elsewhere. However, as of September 2008, a department official indicated that the Department was providing some sex offender treatment to juveniles who are adjudicated sex offenders and living in one core housing unit, and stated that the Department needed to continue working to reach the treatment level indicated in the program manual.

As of January 2009, the Department reported that it has revised its sex offender treatment program. The program now consists of three unit-based sex offender housing units with a maximum capacity of 63 beds. According to a department official, all juveniles who are adjudicated sex offenders should be placed in one of these three units unless they have successfully completed sex offender treatment in the past, require mental health treatment before other treatment, or are placed in core housing units due to an override by the clinical team or administrative staff. According to a department official, outpatient treatment is now provided to juveniles who have a history of sexually reoffending, but have been committed to the Department for a non-sexual offense and to juveniles who have not been adjudicated as a sex offender, but who have displayed sexually aggressive behaviors in the past or while in secure care.

- **Sex offender housing units not following the correct program**—The sex offender treatment program manual outlines a specific treatment format and curriculum to be provided to all juveniles who are adjudicated sex offenders to ensure consistency and measurability. However, based on interviews with staff in each sex offender housing unit, one unit uses the department-specified workbook, but the other unit has never received this workbook. In addition, both units' staff stated that they were not following the program model and had not received the curriculum materials, such as specific activity sheets suggested in the current program manual. Although a department official learned in May 2008 that the sex offender units were not following the correct sex offender treatment program, as of September 2008, the Department had yet to implement the correct program.

Sex offender unit staff indicated that they were not following the sex offender treatment program model and had not received curriculum materials.

- **Chemical dependency treatment provided only to juveniles living in specialized housing units**—The situation with regard to chemical dependency treatment is the same as for sex offenders: treatment is available for juveniles in housing units dedicated specifically to chemical dependency, but not for juveniles who have a chemical dependency and reside in other housing units. Although the Department's core treatment program, which should be

provided to all juveniles, includes substance abuse treatment, the Department's chemical dependency treatment program manual indicates that juveniles with a diagnosed chemical dependency should receive additional treatment through the chemical dependency treatment program (See Appendix A, page a-iv through a-vi, for more information on the Department's chemical dependency program). According to the chemical dependency program manual, the Department provides specialized chemical dependency treatment through a comprehensive substance abuse program for juveniles diagnosed with varying levels of chemical dependency or abuse. Juveniles determined to have a chemical dependency diagnosis with complications and severity factors and who exhibit some readiness to change are placed in the chemical dependency housing units. According to the Department's chemical dependency program manual, juveniles who have a chemical dependency diagnosis "without complications or a diagnosis of chemical abuse with severity factors" and who exhibit some readiness to change should receive "substance abuse-specific curriculum" and skills training in addition to core treatment groups. Although these juveniles live in core treatment housing units, the program manual indicates that they should receive one chemical dependency group and one skills training group a week, in addition to core treatment. According to a department official, these juveniles are receiving only core treatment groups.

The number of juveniles with a chemical dependency is greater than the number of beds available in chemical dependency housing units. Although department data shows that 51.3 percent, or 334 juveniles, residing in the Department's secure care facilities have a chemical dependency, as of September 2008, the Department had 132 beds in the chemical dependency housing units. According to a department official, the number of beds available for juveniles with a chemical dependency increased in August 2008 as the Department recognized the need for additional programming for this population, but enough beds are still not available for the number of juveniles with a chemical dependency. According to a department official, the Department is focusing on improving the quality of treatment for the juveniles in the chemical dependency housing units before it turns to the issue of providing chemical dependency treatment for juveniles assigned to other housing units.

As of September 2008, 334 juveniles were classified with a chemical dependence, but the Department only had 132 chemical dependency beds.

Department should continue efforts to improve implementation of treatment programs

The Department should continue its efforts to improve the quality and consistency of the treatment programming it provides to juveniles committed to its care. These include following the design of programs more closely, developing adequate

program guidelines, enhancing staff training, ensuring that only qualified staff deliver treatment, and improving program oversight.

Department needs to follow treatment programs' designs—The Department should ensure that its treatment programs are provided as designed. Specifically, the Department needs to ensure that treatment is provided to all juveniles at the designed frequency and duration. Also, staff should use treatment materials that have been approved by department officials. Further, core treatment should be customized to meet the needs of individual juveniles by providing juveniles with specific treatment modules and specialty groups that are based on individual diagnoses. Additionally, sex offender treatment should be provided to all juveniles who are adjudicated sex offenders and to juveniles who have been identified as at risk for inappropriate sexual behavior as specified in the sex offender treatment manual. Finally, the Department needs to develop and implement a plan regarding the provision of chemical dependency treatment to all juveniles the Department identifies as needing it. 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.

Department should develop adequate program guidelines—Policies and procedures and the treatment program manuals do not include clear or specific guidelines outlining the treatment programs. For example, none of the core treatment and specialty treatment manuals clearly state how often and at what length core treatment groups should be provided. As a result, more than half of the unit staff interviewed indicated that core treatment groups were supposed to be held for only 30 minutes or less. Auditors determined the appropriate frequency and duration of these treatment programs through interviews with department officials as discussed previously. Additionally, the core treatment program manual does not clearly designate who can serve as group leaders, nor clearly outline what the treatment groups should cover or how they should be structured.

The Department has begun efforts to improve the delivery of its treatment programs.

As of January 2009, according to a department official and documentation, the Department has started revising its core treatment leader's manual, developed and began implementing core and specialty treatment program templates that outline necessary treatment for juveniles, developed procedures for monitoring group leaders, and added guidelines for conducting core treatment groups in its core treatment program refresher training curriculum.

Department should enhance staff training—Several studies of effective treatment programs indicate that they should be "implemented by well-trained staff who deliver proven programs as designed."[1,2] According to a department official, the Department has enhanced some of its training, but auditors found that the

1 Gendreau, Goggin, and Smith, 1999; U.S. Department of Justice, Center for Sex Offender Management, Office of Justice Programs, 2006; Landenberger and Lipsey, 2005; Latessa, 1999; U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001; Washington State Institute for Public Policy, 2003.

2 U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001

Department does not provide adequate training for all treatment programs or the behavior management program. For example, according to a department official, chemical dependency program training has improved and all staff on these housing units are receiving relevant treatment training. In addition, this official stated that clinical staff cannot lead a chemical dependency group until they are certified. However, although all new housing unit staff attend the Department's extensive, 6-week, pre-service training academy and staff receive additional in-service trainings (see textbox), according to housing unit and training staff and training transcripts, not all staff received required training, not all training is seen as adequate by staff, and there is limited ongoing core and sex offender treatment program training. Specifically:

Examples of Department Staff Training

Pre-service Training Academy:

Program and Treatment classes—Adolescent Treatment Issues: Understanding and Managing Youth, Suicide Prevention, Therapeutic Crisis Intervention, and System for Change.

Security classes—Safety in Secure Care, Contraband Searches and Seizures, and Searches Practicum.

In-service Training:

Program and Treatment classes—Continuous Case Planning, Gender Specific Training, Managing Juvenile Sex Offenders in the Community, and Substance Abuse Overview.

Source: Auditor General staff summary of training classes listed on the Department's Pre-service Training Academy schedule and a listing of in-service training classes provided by department officials.

- **Behavior management training not received by all staff**—Although all housing unit staff are supposed to receive training in the behavior management program, System for Change, department training records show that 25 out of 151 staff who worked in the housing units reviewed by auditors had not received training in the Department's behavior management program. The Department implemented this program in February 2008.

- **Training for core treatment program considered inadequate by staff**—Thirteen of 25 staff auditors interviewed said training for the core treatment program was inadequate. According to a department official, the Department's training academy stopped providing training on the core treatment program as a stand-alone class in March 2008 because portions of the treatment program were covered in other training classes. However, according to this official these classes do not address the actual core treatment program model, the treatment areas the curriculum covers, or the process groups. Although the Department reported that when it implemented the core treatment program in February 2006, more than 90 percent of staff received training in this program, based on auditor's review of training records in August 2008, 75 of the 151 staff who worked in the housing units observed by auditors had not received formal training on core treatment programming. Additionally, 12 of 25 housing unit staff reported that they had not received practical instruction on how to run the treatment programs. Finally, although 13 housing unit staff reported that they lead core treatment process groups, 4 of the 13 reported that they had never received training in group counseling.

Many housing unit staff reported that they were not adequately trained to provide treatment.

- **Training for sex offender treatment program likewise considered inadequate**—Three out of the five sex offender housing unit staff interviewed by auditors

Most staff in the sex offender housing units have not received specialized sex offender training.

also reported that sex offender treatment training was not adequate. According to the Department's sex offender treatment program manual, "sex offender treatment is a specialized field that requires counselors to possess skills and training specific to this population." However, auditors' review of training records found that most staff working in the sex offender housing units have not received any specialized sex offender training. This lack of specialized training was identified in a previous evaluation of the Department's sex offender treatment program.[1] According to one housing unit staff, the Department used to send clinical staff to sex offender certification training out-of-state, but according to a department official, this training is no longer offered because the Department is providing more sex offender treatment in-house because of the cost of out-of-state certification. The in-house training is provided by the Department's Clinical Director of Behavioral Health Services, who according to the Department, is a nationally recognized expert in the treatment of juvenile sex offenders. According to a department official, this training is provided to staff working on sex offender housing units and will include some staff on core or other specialty housing units who work with adjudicated sex offenders.

- Many staff do not receive ongoing treatment program training—Finally, staff training records from the nine housing units that auditors reviewed showed that none of the 151 staff have received formal ongoing training for the core treatment program, and sex offender housing unit staff do not receive sex offender training annually. According to a department official, staff working with sex offenders should receive ongoing training each year on such things as critical treatment issues, legal issues, and community transition.

As of January 2009, the Department has added core treatment program training back into its Pre-service Training Academy and has developed and started providing core treatment program refresher training to its secure care staff.

Qualified professionals should deliver treatment—Consistent with its treatment program manuals and recommendations from the core treatment implementation consultant and federal monitors involved with the U.S. Department of Justice investigation (see Introduction & Background, pages 4 through 6), the Department has master's degree-level mental health provider positions called psychology associates for each housing unit. These staff are typically responsible for conducting core treatment process (process) groups and specialty treatment groups. This position is in line with the literature on effective treatment programs—the use of qualified mental health providers to provide treatment.[2] However, auditors' observation of treatment groups and staff interviews showed that this standard was not always met. For example, in some housing units, case managers—who may hold only a high school diploma—conduct process groups.

1 U.S. Department of Justice, Center for Sex Offender Management, 2003

2 U.S. Department of Justice, Center for Sex Offender Management, 2006; Gendreau, et al., 1999; Landenberger and Lipsey, 2005; Latessa, 1999; U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001; Washington State Institute for Public Policy, 2003

Twenty-two of the 25 housing unit staff (including 10 case managers) auditors interviewed said case managers lead core treatment process groups at times. However, this contradicts the recommendations given to the Department by its core treatment consultant and federal monitors. Although a department official has stated that some case managers can conduct process groups if they have received permission from a department psychologist or a clinical supervisor, none of the case managers interviewed by auditors had received such permission. Additionally, auditors observed sex offender treatment groups being conducted by case managers rather than a psychology associate, as specified by a department official. Specifically, in one of the sex offender units, two sex offender groups were being held simultaneously and both were facilitated by a case manager, although the psychology associate was monitoring one of the groups.

High turnover and vacancies among key staff positions within the Department have contributed to the lack of qualified staff to provide treatment. According to a department official, the Department experienced a 28 percent turnover rate in its psychology associate positions in fiscal year 2008, and three of its psychology associate positions were still vacant as of August 19, 2008, resulting in two housing units that did not have a psychology associate.

High turnover and vacancies have contributed to the lack of qualified staff to provide treatment.

Better monitoring and evaluation of treatment delivery needed—

Auditors' interviews with 25 housing unit staff indicate that the Department conducts limited monitoring of its treatment programs. This is not consistent with the literature on effective treatment programming, which supports regular monitoring and oversight of the program curriculum and staff performance to ensure program fidelity.[1] Nineteen of the 25 unit staff indicated that they had not been formally monitored while conducting a treatment group or providing treatment. Further, 17 of the 25 staff stated that they did not receive regular supervision or feedback on program implementation or behavior management. Although a department official stated that the facility psychologist or clinical supervisor is responsible for monitoring treatment groups, only 2 of 25 housing unit staff reported that a psychologist or clinical supervisor had attended their treatment groups.

Similarly, with regard to evaluation, although the Department has a standardized evaluation process and has evaluated some of its treatment programs in the past, it has not completed any formal internal program evaluations since September 2005. This particular evaluation reviewed the sex offender treatment program at the Adobe Mountain secure care facility, and identified several areas for improvement and a lack of a formal evaluation since its start in 1994. Additionally, as a part of the original implementation plan for the Department's core treatment program, monitoring, oversight, and evaluation phases were to be included. According to a department official, these phases were not completed. The Department's lack of regular evaluation of its treatment programs has also been identified by prior

[1] Landenberger and Lipsey, 2005; Latessa, 1999; Latessa et al., 2002; Lipsey, 1992; Lipsey, 1995; Lipsey et al., 2000; Lowenkamp et al., 2006; U.S. Department of Justice, Bureau of Prisons, National Institute of Corrections, 2001

outside reviews.[1] The Department has acknowledged the need for regular evaluation and a department official stated that there would be a formal evaluation of the core treatment program by December 31, 2008.

The Department should provide regular review of treatment programming and provide staff with feedback on how they are providing treatment. Specifically, the Department should develop and implement a policy that identifies the groups to monitor, the methods for conducting monitoring, how often to conduct monitoring, who should conduct monitoring, and that staff are trained and qualified to conduct monitoring. Additionally, the Department should establish reporting, feedback, follow-up, and oversight procedures. Finally, the Department should implement its evaluation process to ensure regular evaluations are conducted and used to assess and improve its treatment programs. As of January 2009, the Department has developed and begun to implement regular supervisory monitoring of treatment groups. The Department has also developed and started a quality assurance process for the core treatment program that should be conducted during internal quality assurance audits of each secure care facility.

Recommendations:

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;

b. Using approved treatment materials;

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;

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

e. Developing and implementing a plan to provide chemical dependency treatment to all juveniles the Department identifies as needing this treatment.

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.

[1] U.S. Department of Justice, Center for Sex Offender Management, Office of Justice Programs, 2003

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;

b. How frequently each type of treatment group should be held;

c. How long treatment groups should last; and

d. Expectations for staff and juveniles' behavior and participation in the groups.

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:

a. Ensure that unit staff receive treatment program and behavioral management training prior to working with the juveniles;

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;

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

d. Develop and implement policies and procedures for providing staff with periodic ongoing training for all treatment programs and the behavior management program.

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:

a. What groups to monitor;

b. When and how to monitor;

c. Who should monitor;

d. Identifying qualified staff to monitor and providing training to this staff; and

e. Reporting, feedback, and follow-up procedures.

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.

FINDING 2

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

The Arizona Department of Juvenile Corrections (Department) should improve the process it uses to develop a juvenile's treatment plan and make recommendations about a juvenile's release into the community. Recidivism serves as a basic measure of the Department's success in rehabilitating juveniles, and approximately one-third of the juveniles released from secure care in 2006 returned to custody within 12 months of their release. Therefore, anything that can be done to improve the decision-making regarding a juvenile's treatment and release is important. The Department's multidisciplinary teams (MDTs), which develop treatment plans, review progress, and make recommendations about release, do not always function as required and often use unreliable assessment and case-planning information. The Department should review and monitor the MDTs' decision-making activity to ensure that treatment plans and release recommendations better support juveniles' treatment needs and community re-entry efforts.

Recidivism offers look at Department's efforts to rehabilitate juveniles

The Department's stated mission is to enhance public protection by changing the delinquent thinking and behavior of juveniles committed to its care. The rate of recidivism provides the Department with a basic measure of its success in meeting this mission. Although definitions of recidivism may vary from jurisdiction to jurisdiction, the Department defines recidivism as a juvenile's return to custody with either the Department or the Department of Corrections and measures it at two different points: return to custody within 12 months, and return to custody within 36 months of release.

Between 2002 and 2005, approximately 33 percent of juveniles had returned to secure care within 12 months of their release.

Between 2002 and 2005, approximately 33 percent of juveniles released from the Department had returned to custody within 12 months of their release.[1] Further, for juveniles released in 2004, 54 percent of them had returned to custody within 36 months of their release. Although many factors outside of the Department's control can influence recidivism, the Department attempts to address those factors it can potentially affect, such as pro-criminal beliefs, conduct problems, and low educational and/or vocational skills, by providing treatment programming, education, and community transition services.

MDT decision-making process faces challenges

Multidisciplinary teams meet weekly and monthly to review juveniles' progress.

According to a department official, although the Department originally established multidisciplinary teams (MDTs) in 1993, the Department revised MDT procedure in 2005 to strengthen its process for developing juveniles' treatment plans, assessing treatment progress, and determining whether juveniles are ready to be released back into the community. However, these teams and their decision-making process may be compromised by their use of unreliable assessment and case-planning information, staff conduct and limited attendance at these meetings, disruptive meeting environments, and procedural noncompliance.

MDT develops treatment plan, assesses progress, and recommends release

The MDT consists of department secure care and community corrections staff who use assessment and case-planning information from the Department's database to determine a juvenile's treatment plan, assess his/her progress on this plan, and recommend release from secure care (see textbox). Department procedure requires a youth program supervisor to facilitate these meetings with a psychology associate serving as both co-facilitator and clinical lead for treatment planning.

The MDT conducts weekly and monthly meetings to review juveniles' progress. The weekly meeting, which involves only secure care staff, reviews overall housing unit issues, such as safety and security, juvenile's behavior concerns, and events and activities. The monthly MDT provides a more comprehensive update on a juvenile's progress with staff providing updates on school performance, housing unit behavior, and group treatment participation. More people are also involved in the monthly meeting. Department procedure requires that, in addition to a youth program supervisor and a psychology associate, the following individuals attend monthly MDT meetings:

MDT Members:

Youth Program Supervisor—The residential manager who oversees daily operations of housing units.

Youth Program Officer III—Secure care case managers who work with the psychology associate to develop a juvenile's treatment plan.

Psychology Associate—The clinical lead for a juvenile's treatment plan.

Youth Corrections Officer—Provides direct supervision of juveniles on the housing units.

Parole Officer—The juvenile's case manager in the community.

Source: Auditor General staff summary of housing unit staff descriptions found in the Department's treatment program manuals and formal job descriptions.

[1] See Introduction and Background, pages 3 through 4, for further discussion of recidivism measures reported by the Department.

- Juvenile;
- Education and recreation representatives;
- Parole officer and/or family services coordinator;
- Youth corrections officer;
- Family members, legal guardians, other employees and visitors as deemed necessary; and
- Psychiatric and medical staff when applicable.

Some information for MDT decision-making unreliable—The MDT relies on information from the Department's database, called Youthbase, to help make decisions about the juvenile's treatment plan, progress, and recommendation for release. Youthbase contains an integrated assessment instrument and case-planning tool that allows the MDT to identify juveniles' treatment needs, develop treatment plans based on these needs, track treatment progress, and ultimately make release recommendations. Department procedure requires that a juvenile undergo an initial assessment within 14 days of his/her admission to secure care with assessment updates every 90 days thereafter. The initial assessment and update results are recorded in Youthbase. Department procedure also requires a re-assessment within 30 days of a juvenile's release from secure care to parole and assessment updates every 90 days thereafter. The assessment measures a juvenile's progress in 12 behavioral and social domains shown by research to aid in reducing recidivism (see textbox). Information from each assessment automatically transfers into the most current case plan in Youthbase to assist the MDT in treatment planning and release recommendations.

However, the assessment instrument contains some unreliable information. Auditors' review of 90 assessments completed between December 2005 and July 2008 found that secure care and community corrections staff completed the assessments in unclear, inconsistent, and contradictory ways.[1] For the 90 assessments, auditors examined selected questions in the aggression domain for secure care assessments, the employment domain for community assessments, and the alcohol and drugs domain for both secure care and community assessments. Based on this review, auditors identified the following concerns:

The Department's assessment instrument contains 12 behavioral and social domains shown by research to aid in reducing recidivism. These domains are:

- Risk to Re-offend
- Behavioral Health—Mental and Medical
- School
- Employment
- Family
- Alcohol and Drugs
- Aggression
- Sexual Offending
- Social Influences
- Use of Free Time
- Skills
- Attitudes and Behaviors

Source: Auditor General staff summary of the Department's Criminogenic and Protective Factor Assessment (CAPFA) procedure.

1 The Department provided auditors with listings of all juveniles released from secure care in January and September 2007. Auditors then drew a random sample of 20 juveniles from these listings and reviewed 90 assessments for them. The assessments included 51 completed by secure care staff and 39 completed by community corrections staff.

- **Aggression domain for many assessments unclear**—Thirty-four of the 51 assessments completed for juveniles in secure care contained unclear responses in the aggression domain. Specifically, auditors found eight assessments where staff used an inappropriate response category to indicate if a juvenile planned or attempted to seriously harm others. These unclear responses could have misled the MDT into believing that these juveniles engaged in such behavior and perhaps needed immediate crisis intervention or adjustments to their treatment plans. Further, such misinformation could have led the MDT to defer release recommendations for these juveniles. In addition to unclear responses, auditors identified 32 assessments where reports produced from the aggression domain displayed information different from what appeared on the database screen. Further, 6 of these 32 assessments also contained inappropriate responses. Such discrepancies could prompt the MDT to over- or under-react to a juvenile's current behavior.

  In January 2009, the Department corrected the reporting function of the aggression domain. With this correction, reports produced from this domain display the same information as what appears on the database screen.

- **Employment domain for more than half of assessments reviewed contained inconsistent information**—Twenty-seven of the 39 assessments completed for juveniles in the community contained inconsistent and contradictory responses in the employment domain. For example, parole officers noted that a juvenile was not currently employed in response to one question, yet provided narrative information in another question or in the case plan showing that the juvenile was currently employed. Given that the Department sees employment as a strong positive factor for many juveniles in the community, contradictory information like this could have led the MDT to misallocate limited job readiness or vocational rehabilitation resources.

More than 84 percent of juveniles' assessments reviewed by auditors contained inconsistencies in the alcohol and drugs domain.

- **Alcohol and drugs domain information contradictory**—Auditors found contradictory responses in 76 of the 90 assessments for the alcohol and drugs domain. For example, staff responded that a juvenile was not currently using alcohol or drugs, yet also responded that the juvenile had used these substances in the past 90 days. The Department defines current use as any use within the past 90 days. This contradictory information could have misled the MDT into believing that these juveniles engaged in such behavior and perhaps needed adjustments to their treatment plans or caused the MDT to defer release recommendations for them. For many of these assessments, Youthbase system constraints left staff little room to respond correctly. For example, according to a department official, staff must enter a response to the question on use in the past 90 days or the system application will not allow them to save the assessment information. In addition, this same official reported that the value "None" was only added in November 2007. The ability to enter "None" as a response allows staff to respond consistently for those

juveniles with no current alcohol or drug use. However, auditors reviewed 15 assessments dated after November 2007 for juveniles in the community and found that none of them contained the "None" response and each contained contradictory information. Further, regardless of Youthbase system constraints, auditors identified some assessments where staff simply entered inconsistent and contradictory responses.

Between July and November 2008, the Department provided secure care clinical and community corrections staff with additional assessment training to address reported inconsistencies in the employment and alcohol and drugs domains. However, in January 2009, auditors notified department officials of at least two assessments completed in November 2008 and January 2009 where data inconsistencies persisted in these domains.

Staff conduct and lack of attendance detract from successful meetings—The effectiveness of the MDT depends in part on the professional conduct, attendance, and participation of its members. In some cases, attendance and conduct at meetings auditors observed was good. For example, in most MDT meetings at the Black Canyon secure care facility, staff were attentive throughout the meetings, and those attending were from both secure care and community settings. Auditors also observed an MDT meeting at the Catalina Mountain secure care facility where staff displayed similar behavior and included representatives from secure care, community corrections, and the regional behavioral health authority.

Most meetings auditors observed, however, did not meet these standards. Auditors observed 32 monthly MDT meetings across all of the Department's secure care facilities in June and July 2008 and noted the following issues:

- Unprofessional conduct—Auditors observed three MDT meetings at the Adobe Mountain secure care facility where staff displayed unprofessional conduct by becoming argumentative and confrontational with juveniles. During these meetings, auditors observed staff openly ridiculing one juvenile and questioning whether he had actually received good grades in school, and challenging two other juveniles about their behavior.

- Limited attendance by parole officers—Although department procedure requires parole officers to attend monthly MDT meetings, parole officers did not personally attend 20 of the 32 MDTs observed by auditors. In these instances, the facilitator either tried to reach the parole officer by phone or continued with the meeting using a report previously submitted by the parole officer. As required by department procedure, parole officers for all 32 MDTs submitted a written report updating MDT members on transition efforts for juveniles. However, because parole officers play a central role in developing and eventually managing a juvenile's community transition and re-entry plan, their limited presence at MDT meetings may undermine the Department's efforts at re-entry planning.

Parole officers did not personally attend 20 of the 32 multidisciplinary team meetings observed by auditors.

- **Distractions and interruptions**—With the exception of the good meetings described above, meetings were often very informal and staff were at times distracted by other tasks. These distractions included staff arriving late to the meeting and/or leaving before the meeting ended, completing MDT paperwork that should have been completed prior to the meeting, answering cell phones, engaging in text messaging, eating lunch, completing other work, answering e-mail, and doodling on MDT paperwork.

Some MDT environments disruptive—The effectiveness of the MDT process depends in part on holding meetings in settings that help ensure a juvenile's privacy, minimize noise, and allow participants to focus on matters at hand. In many cases, meetings were held in such settings. For example, at the Catalina Mountain, Black Canyon, and Eagle Point secure care facilities, meetings were held in either empty adjoining housing units or staff break rooms with the doors closed. One unit at Catalina Mountain that lacked such a space draped heavy plastic sheeting over a hallway housing area to buffer noise and promote privacy. At the Adobe Mountain secure care facility, however, settings were generally less conducive to success. Although one unit attempted to promote privacy by placing sheets on the unit windows, auditors observed noisy and disruptive settings for the majority of MDT meetings held at Adobe Mountain. Staff opened and closed doors repeatedly to let various people in and out of the housing unit, cell phones rang, juveniles in separate adjoining housing areas shouted and/or laughed loudly, and videos played loudly.

MDT procedure and schedule not followed—Department procedure requires a youth program supervisor to direct the MDT meetings and a psychology associate to act as the clinical lead for all MDT meetings. However, a youth program supervisor led only 3 of the 32 MDT meetings observed by auditors. A youth program officer III assumed this role for the other 29 MDT meetings observed.

Although required to do so, a youth program supervisor led only 3 of the 32 MDT meetings observed by auditors.

Auditors also observed meetings held out of sequence from the published schedule. In fact, auditors missed two MDT observation opportunities because secure care staff did not adhere to the published schedule. According to secure care staff, they may deviate from the schedule sometimes to accommodate visitors. Auditors also observed how the length of one meeting (i.e., overly long or short) can impact the remaining schedule. However, in both instances, this creates the potential that some staff and community members may lose an opportunity to participate in the MDT meeting, thereby compromising the thoroughness and effectiveness of the MDT process.

In March and April 2008, the Department provided secure care and community corrections staff with MDT training. This training covered topics such as the purpose of the MDT, staff attendance and conduct, proper meeting environments, and procedural compliance. However, as reported above, auditor's observations

of 32 MDT meetings in June and July 2008 identified problems or challenges in some or all of these areas. In January 2009, the Department revised its MDT procedure in part to address issues identified during the audit.

Better controls, oversight, and training needed to improve MDT process

The Department should take several steps to improve the MDT decision-making process. These steps include enhancing data controls for the assessment, overseeing and monitoring assessments and MDT meetings, providing ongoing training, and clarifying department procedures.

Department should enhance data controls for assessment—Data controls for the assessment are not sufficient to ensure the reliability of information contained within it. The existing limited data controls for the assessment allow staff to enter inconsistent and contradictory information, change responses to questions that should remain unchanged, complete assessment domains that they are prohibited from completing by department procedure, and save assessment updates without needing to change any information. As previously discussed, in the alcohol and drugs domain portion of the assessment, auditors found a consistent contradictory pattern in which department staff responded that a juvenile had no current alcohol or drug use, yet also responded that the juvenile had used these substances in the past 90 days.

According to department officials, the Department plans to conduct a comprehensive review of the assessment in 2009 in response to issues raised during the audit. In addition, these same officials reported that the Department plans to develop a Youthbase data manual to document all decisions made and changes implemented to the assessment and other Youthbase applications.

The Department plans to conduct a comprehensive review of the assessment in 2009.

However, the absence of strong data controls allows department staff to violate stated procedure in several ways:

- Department procedure states that only qualified medical or mental health professionals should complete the medical and mental health domains. Auditors' review of the 39 assessments for juveniles in the community identified 12 assessments where a parole officer appears to have completed one or both of these domains. Department officials explained that this apparent procedural violation is due to a programming constraint in the assessment. According to these officials, the Department plans to revise the programming to ensure that only authorized personnel are shown to have accessed these domains.

- Department procedure states that only a qualified mental health care professional can complete the alcohol and drugs domain for secure care assessments. However, auditors identified that for 5 of the 51 assessments completed in secure care, other staff completed this domain.

- Department procedure requires parole officers to complete a re-assessment of most domains, except for the medical and mental health domains, within 30 days of a juvenile's release from secure care. However, auditors identified five assessments where this update had not been done within the specified time frame.

Youthbase system allows parole officers to be scheduled at multiple MDT meetings at the same time.

In addition to limited data controls, the scheduling function within the Youthbase system allowed secure care staff to schedule parole officers for multiple MDT meetings at the same time at different housing units. This created scheduling conflicts for parole officers and affected their ability to attend all of the MDT meetings. In January 2009, the Department began implementation of an automated scheduler in Youthbase to prevent these types of scheduling conflicts. The Department should continue its efforts to implement the automated scheduler and monitor it to ensure that parole officers do not experience scheduling conflicts for MDT meetings.

Department should enhance oversight and monitoring of assessments and MDT meetings—Although some oversight exists for initial assessments, there appears to be minimal oversight for subsequent updates, thereby increasing the likelihood that data inconsistencies may go undetected. A similar lack of oversight exists for the MDT process. Specifically:

- Assessment needs enhanced oversight and monitoring—Department procedure requires that the department psychologist review and approve initial assessments. However, in subsequent secure care assessments, the psychologist or clinical supervisor is required to review and authorize only the mental health domain. Updates to the remaining 11 assessment domains are not subject to any clinical or supervisory review, whether completed for juveniles in secure care or the community.

- MDT needs enhanced monitoring—Although the Department's Quality Assurance unit began monitoring MDT meetings in February 2007, these reviews tend to focus primarily on staff attendance and proper documentation. There appears to be little other oversight and review by either management or clinical staff to ensure proper staff attentiveness and conduct, procedural compliance, schedule adherence, and appropriate meeting environments. Of the 32 MDT meetings auditors observed, only one was attended by a facility psychologist, and two were attended by a facility assistant superintendent.

As previously discussed, the Department revised its MDT procedure in January 2009. According to department officials, the Department's Quality Assurance unit plans to use this procedure to monitor MDT meetings on a regular basis.

Training needed to improve staff understanding and use of assessment—Auditors conducted 22 interviews with secure care and community corrections staff and found that some confusion exists over the purpose of the assessment. For example, several secure care staff and community corrections staff did not fully understand that the assessment provides an objective measure of a juvenile's treatment progress over time. In fact, two staff reported that the Department has not developed a test or tool that provides this information. Further, most of the staff who expressed a limited understanding of the assessment also reported using only parts of the assessment information available. In response to this reported confusion, the Department provided secure care clinical and community corrections staff with additional assessment training between July and November 2008. In addition, the Department should provide refresher assessment training to its secure care clinical and community corrections staff on a regular basis.

The Department provided assessment training between July and November 2008 and should provide regular refresher training.

Assessment procedure needs improvement—Department procedure does not require updates of the medical and mental health domains once a juvenile returns to the community on parole. Although clinical staff complete these domains for juveniles in secure care as required by procedure, community corrections staff reported that the Department does not staff these positions in the community because of budget constraints. However, opportunity exists to use qualified family services coordinators in this role. Family services coordinators in community corrections can view information in the mental health domain but cannot update it. Some of these staff possess credentials similar to clinical staff in secure care.

In December 2008, the Department implemented a new procedure requiring contracted service providers to report updated mental health information for juveniles in the community every month. In addition, this procedure requires the Department's family services coordinators to enter this information into the mental health domain of the assessment every 90 days. Although this procedure helps to ensure current mental health information for juveniles receiving services paid for by the Department, it does not account for those juveniles whose services are paid for by other entities or who receive services from family service coordinators. However, regardless of who pays for a juvenile's treatment services in the community, the Department should 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.

Recommendations:

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

2.1. Make the following improvements to its assessment and scheduler in Youthbase:

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.

2.2. Revise its procedures on assessments to require greater clinical or supervisory review of assessments conducted after the initial assessment.

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.

2.4. Provide all secure care clinical and community corrections staff with refresher assessment training on a regular basis.

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.

FINDING 3

Department should better support juveniles' transition to the community

The Arizona Department of Juvenile Corrections (Department) should improve its practices for transitioning juveniles into the community. Planning for and supporting a juvenile's transition into the community is important because it may reduce the likelihood of a juvenile re-offending. Although the Department begins planning for a juvenile's return to the community shortly after his/her arrival in secure care, the Department often does not place juveniles in community services after they are released on parole or does not do so in a timely manner. The Department can better support juveniles' timely transition back into the community by further developing relationships with outside agencies that also work with juveniles and developing and implementing various policies and practices that would support successful transition.

Effective community transition critical to juveniles' success

Effective transition of juveniles from secure care into the community can help juveniles successfully reintegrate and can reduce their chances of having further contact with the juvenile or adult justice systems. Research shows that a failure to effectively transition juveniles from confinement into the community places those juveniles at a higher risk for re-offending and may unnecessarily endanger the community.[1] In addition, department management has stated that transition planning is needed to support juveniles' reconnection with their communities.

Effectively transitioning juveniles from confinement into the community reduces the risk for re-offending.

The transition phase of community re-entry, defined in the literature as from 1 month before release to as much as 6 months after release, is a critical time for juveniles to establish routines and support systems that can help reduce the likelihood of recidivism.[2] The National Partnership for Juvenile Services, recognizing the importance of successfully reintegrating juveniles into the community after

1 Abrams, 2006

2 Abrams, 2006

incarceration, published the *Desktop Guide to Reentry for Juvenile Confinement Facilities* (Desktop Guide) to support practitioners' reintegration of juveniles into the community.[1] Effective transition allows juveniles to re-establish and/or establish new connections in their home communities.[2] Connections to family, school, employment, and other community-based services can help a juvenile experience success in the community. In addition, such connections may protect the juvenile against engaging in behavior that places him/her at greater risk of re-offending or failing parole.[3] Research indicates that juveniles who remain in the community for at least 4 months and participate in anti-social behavior began participating in those activities within about 1 month after returning to the community.[4]

Juveniles transitioned into the community do not always receive needed services or do not receive them in a timely manner

The Department has taken various actions to support juveniles' transition into the community, but has not consistently placed juveniles with needed services. Auditors' review of case records for a sample of 58 juveniles on parole found that the Department did not place many of these juveniles into needed community services or did not do so in a timely manner. The Department's challenges with connecting juveniles to services may place these juveniles at an increased risk to violate parole.

Department does not place or is slow to place juveniles with community services—Although the Department relies on various processes to help transition juveniles from secure care to the community, it sometimes does not place many of them with any community services, and for those the Department does place, the placement sometimes takes too long. The Department begins planning for juveniles' transition as soon as a juvenile is committed to its care. This planning includes assigning a parole officer to the juvenile who will work with him/her in both secure care and the community to support his/her transition. In addition, the Department implemented policy and procedures in May and July 2008 designed to support juveniles' progress toward leaving secure care and entering the community. The policy and procedures outline the treatment steps juveniles must take to earn their release to the community and assign specific staff to be responsible for actions supporting a juvenile's release. In addition, department officials stated that they have maintained the goal of placing 85 percent of juveniles in community educational or vocational rehabilitation programs, and/or employment.

Planning for juveniles' transition to the community begins when the juvenile is committed to the Department's care.

1 Zimmerman, Hendrix, Moeser, and Roush, 2004

2 Abrams, 2006; Chung, Schubert, and Mulvey, 2007; National Council of Juvenile and Family Court Judges, 2002; Zimmerman et al., 2004

3 Abrams, 2006; Bullis and Yovanoff, 2002; Zimmerman et al., 2004

4 Chung et al., 2007

Finally, in February 2008, the Department and community representatives participated in a workshop that focused on needed actions and strategies for improving the transition of juveniles from secure care to the community. Following this workshop, the Department developed a strategic plan, which specifies several actions it will take to better transition juveniles into the community. These include improving the Department's relationship with community partners by increasing its representation in the community, working to identify appropriate services for juveniles re-entering the community, and establishing a consistent clinical supervision program for juveniles in the community.

Although the Department works independently and, in some cases, cooperatively with other state agencies to connect juveniles with community services, these efforts and planning have not necessarily translated into effective action. Auditors conducted a file review of a random sample of 58 male juveniles released to their homes from secure care in 2007 and assigned to parole offices in Maricopa and Pima Counties. The review showed that 9 of these juveniles, or more than 15 percent, received none of their predetermined support services such as education, employment, behavioral health counseling, or vocational rehabilitation within 6 months of their release into the community or by the time they were returned to secure care if that occurred prior to 6 months. Auditors found that 33 of the 58 juveniles, or nearly 57 percent, received some services within 6 months of their release, but not all of the services identified as needed to support their transition to the community. For example, as shown in Table 4, although 55 of the 58 juveniles should have been enrolled in school or some other educational program, only 28 of these juveniles, or 51 percent, were enrolled in school or an educational program within 6 months after the juvenile's release to the community. In addition, only 27 of the 45 juveniles, or 60 percent, who needed to be placed in a job once released to the community found employment within 6 months of their release.

Nine of 58 juveniles received none of their predetermined support services once released to the community.

Table 4: 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.

Finally, for those juveniles who received education or employment services, the Department was not always timely in placing these juveniles in these services. As shown in Table 4, for those juveniles who were placed in school or an educational program, half were placed within 19 days following their release to the community. However, over 32 percent of these juveniles took longer than a month to be placed in an education program. For those juveniles who obtained employment, half obtained a job within 26 days of their release.

Auditors could not determine whether juveniles received needed vocational rehabilitation services through the Department of Economic Security's (DES) vocational rehabilitation program or behavioral health services through non-department-funded providers. The Department has not been able to account for services provided by the DES vocational rehabilitation program because, according to a department official, DES could not provide that information. According to this same official, the Department terminated its contract with DES for vocational rehabilitation services in August 2008 after several attempts to obtain the information. In addition, although the Department tracks the behavioral health services it funds, it does not track behavioral health services paid for by juveniles' guardians or by Regional Behavioral Health Authorities (RBHAs).[1]

Failure to obtain needed services may increase risk that juveniles violate their parole—The potential for a juvenile to violate his/her parole is considerable.[2] For the 58 juveniles reviewed, auditors found that 33 juveniles violated their parole within 6 months following their release to the community. Of those 33 juveniles, the Department returned 28 to secure care.

Although several factors contribute to the risk that a juvenile will violate parole, for the random sample of 58 juveniles that auditors reviewed, placement in needed services may have reduced this risk. Auditors reviewed all 58 juveniles to determine if employment or education had an impact on their success while on parole, regardless of whether employment or education was part of their parole responsibilities. Auditors found that for the 26 juveniles who did not find employment within 6 months of their release to the community, only 4 juveniles were still in the community at 6 months, while 22 juveniles had violated parole within 6 months. In contrast, for the 32 juveniles who found employment, 20 were still in the community at 6 months, while 12 violated their parole within 6 months. For these 58 juveniles, this suggests a significant relationship between juvenile employment and success while on parole. Although not as significant, for the 29 juveniles who were not enrolled in school or an educational program within 6 months of their release to the community, 10 juveniles were still in the community at 6 months, while 19 juveniles had violated parole. For the 29 juveniles enrolled in school, 14 were still in the community at 6 months and 15 had violated parole.

Twenty-two of 26 juveniles who did not find employment violated parole within 6 months.

Improved relationships and policies needed to better support transition

The Department can better support juveniles' transition to the community by further developing its formal and informal relationships with community participants, developing and implementing various operational policies and practices, and improving its tracking of success in helping juveniles transition into the community.

1 The State of Arizona contracts with managed-care organizations called "Regional Behavioral Health Authorities," or RBHAs, to administer behavioral health services in specific geographic services areas of the State.

2 National Council of Juvenile and Family Court Judges, 2002

Department should continue to develop formal agency relationships—According to the Desktop Guide, relationships between juvenile correction centers and community participants need to be strong enough to provide juveniles with the best chance to succeed in the community.[1] According to this guidance, well-developed relationships help ensure that juveniles receive support during re-entry into their communities by using agency and community resources effectively, providing feedback and sharing information, fostering new ideas and approaches between collaborators, and maintaining relationships through monitoring and assessment of outcomes.

The Department has established good working relationships with the State's contracted RBHAs that assist with juveniles' transition to the community. The Department has formal inter-agency cooperative agreements with the State's four RBHAs that define expectations and responsibilities for the Department and RBHAs in serving and supporting juveniles. According to the Department, the RBHAs provide behavioral health care services to the Department's juveniles through regional providers or organizations. A department official reported that before the agreements were developed, the Department had loosely defined processes for interacting with the RBHAs, which resulted in service gaps for juveniles. For example, one RBHA employee indicated that before the agreements, the RBHA had a backlog of unaddressed referrals from the Department. Through the agreements, the Department and RBHAs have defined responsibilities. In one of the agreements, the Department is responsible for pre-screening juveniles for public healthcare eligibility, while the RBHA is responsible for researching any prior provider network involvement with the juveniles. In addition, the agreements establish service time frames and frequencies. For example, the Department must communicate changes in a juvenile's release date to one RBHA within 3 working days and the agreement designates that the same RBHA should participate in weekly multidisciplinary team meetings (See Finding 2, pages 27 through 36, for discussion of these meetings). Department officials and a RBHA staff member reported that this has reduced service gaps, standardized communication, and supported problem resolution.

The Department has formal agreements with RBHAs that define expectations and responsibilities for serving and supporting juveniles.

A similar agreement is needed with the Department of Economic Security's Child Protective Services (CPS) program. The Department shares responsibility with CPS for providing care to some juveniles, making coordination between the two agencies important. In May 2008, the Department began meeting with CPS program representatives to further define each agency's responsibilities and to share processes. The Department should continue to meet with CPS and should also develop a formal 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.

[1] Zimmerman et al., 2004

The Department should ensure that it assesses and monitors the implementation of its formal inter-agency cooperative agreements. For example, the Department should continue its initial efforts with the RBHAs to create a process for continual assessment and monitoring. Going forward, the Department should ensure that all formal agreements include similar processes.

Department should enhance its informal agency relationships—In addition to formal agreements, the Department, through its staff, has established informal relationships with other agencies and community participants. In several cases, department officials indicated that these relationships involve designated department representatives or liaisons who meet with other agencies to address matters of interest or concern. For example, one of the Department's court and community liaisons meets with juvenile court, probation, county attorney, and RBHA personnel. However, the Department has not established these types of relationships with education programs and non-DES vocational rehabilitation programs to help support juveniles' transition into these services. Therefore, the Department should:

- Improve liaison efforts with school programs—According to department officials and staff, schools' resistance in accepting juveniles from the Department is one reason juveniles' enrollment may be delayed. The U.S. Office of Juvenile Justice and Delinquency Prevention indicates that many juveniles who are involved with the justice system have histories of truancy and suspension.[1] The Department's juveniles show similar behaviors. As a result, schools may resist the return of juveniles who are eligible for one of their grades or programs. This may impact how the Department's staff engage with community programs. For example, a community corrections staff person indicated that she will sometimes not attempt to enroll a juvenile in a school based on her knowledge of that school's resistance to the Department's juveniles. In addition, a department official and staff indicated that community corrections staff do not have the support of a liaison to connect juveniles with education. The U.S. Office of Juvenile Justice and Delinquency Prevention recommends partnerships between the justice and education systems to support juvenile re-entry and address delayed access to community schools and the shortage of appropriate schools for juveniles leaving custody.[2]

  Therefore, the Department should leverage its existing resources to create a Community Education Liaison position who can work with community education programs to support juveniles' transition into their programs. This liaison should work with education programs to identify, document, and access other educational opportunities for juveniles who are struggling to re-integrate into traditional classrooms. A department official indicated that the Department is already in the process of converting a staff position into a position that specializes in community outreach, resource development, and

The Department is in the process of converting a staff position into a community outreach position.

1 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2004

2 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2004

problem resolution. Additionally, the Department should identify 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.

- **Expand vocational rehabilitation opportunities for juveniles**—The Department uses vocational rehabilitation to teach job skills to juveniles and help them find employment. Department staff and an official stated that they relied on both the DES and other community-based vocational rehabilitation programs to serve the Department's juveniles in the community. However, as previously mentioned, the Department terminated its contract with DES for vocational rehabilitation services in August 2008. Department officials stated that they terminated the contract because they could not determine what services DES had provided to its juveniles. Yet, statute requires DES to help provide needed services to the Department's eligible juveniles.[1] Since terminating the contract, a department official stated that the Department has met with DES to discuss how to streamline the process of qualifying juveniles for services, expediting placement, and providing documentation and data on the services provided to juveniles. In addition, department officials reported that the Department has begun using a vocational rehabilitation liaison to work with DES at some of its district offices. The Department should continue to develop its relationship with DES and ensure it can track the vocational rehabilitation services DES provides.

  The Department should continue to work with DES to provide vocational rehabilitation services to juveniles.

  Additionally, department community corrections staff indicated that they work one-on-one with many regional job training and job-finding services that support vocational rehabilitation and/or education. However, identifying these types of regional job training or vocational rehabilitation programs is often based on the individual skill level of department staff without centralized department support or formal contracts or agreements. As a result, some juveniles may not have access to these services. Therefore, the Department should use 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. The Workforce Development Committee, established by the Department and consisting of Department staff and community partners, can also assist in this effort.

  Finally, as department staff identify and/or develop both educational and vocational rehabilitation programs and opportunities in the community, these programs and opportunities should be shared throughout the Department. In fact, the Department has established a committee consisting of some of its administrators and staff that could support this purpose. This committee

1 Arizona Revised Statutes §§23-501, 23-503, and 23-506 define and set forth the duties and powers of the Department of Economic Security's vocational rehabilitation program and those eligible for its assistance.

meets quarterly and brings administrators and staff together to share information regarding meetings held in the community and to encourage inter-agency collaboration.

Department should improve transition policies and practices—Although the Department has adopted, or is in the process of adopting, procedures for supporting the transition of difficult-to-place juveniles in the community and for ensuring staff meet weekly to discuss juvenile cases for those juveniles who need out-of-home placements, it should also improve its policies and practices for obtaining the documentation a juvenile needs when he/she transitions into the community. Specifically:

Employment and educational opportunities for juveniles transitioning back to the community may be negatively impacted by a lack of needed documentation.

- Ensuring juveniles have needed documentation—According to the Department's staff, employment and educational opportunities for juveniles who are transitioning back into the community are sometimes negatively impacted because needed documentation is not available. Auditors' observation of a parole officer in the field and review of the Department's case records for the random sample of 58 juveniles also found that a lack of documentation may have a negative impact on juveniles' transition into the community. Juveniles need documents such as transcripts, birth certificates, and social security cards to transition into schools, jobs, vocational rehabilitation programs, and programs like the Arizona Health Care Cost Containment System, the State's Medicaid program. For example:

  - After one juvenile's release from secure care, he was not able to enroll in school because he lacked important documentation, such as his birth certificate and school transcripts. Community corrections staff obtained his school transcripts a week after the juvenile's release, but the juvenile's case file does not mention if he ever received his birth certificate. Within 2 weeks of this juvenile's release, the juvenile had a revocation hearing to consider his return to secure care. The juvenile was never enrolled in school or an education program while on parole. The juvenile absconded from parole just over 4 weeks after his release and the Department eventually returned him to secure care after he had been on parole for about 2½ months.

  - According to a community corrections staff member, a grocery store manager delayed a juvenile's start date for employment until he could show proof of citizenship. The staff member indicated that while community corrections staff waited for the juvenile's grandmother to provide a birth certificate, the juvenile ran away. At the time he ran away, this juvenile had been in the community for more than 11 weeks without a job. The juvenile violated parole and was returned to secure care shortly after absconding.

Department staff indicated that the Department's educational records for juveniles are not always up to date regarding the schools attended prior to being detained and staff often need to verify transcripts prior to enrolling juveniles in new schools. In addition, department staff indicated that citizenship documents such as birth certificates and social security cards often take longer than expected to obtain from the juveniles' guardians or other states. Therefore, the Department should ensure its policies and procedures include set timelines and staff responsibilities for obtaining a juvenile's necessary identification, transcripts, and other documentation prior to transitioning into the community.

- Creating a single parole plan—The Desktop Guide recommends the development of a plan that supports juveniles' re-entry into the community.[1] However, the Department does not have a single documented plan that identifies a juvenile's needed services and responsibilities while on parole. Instead, the Department provides this information on at least three different documents and these documents may list different responsibilities, provide varying levels of guidance to department staff, and contain contradictory information. For example, the Department released a juvenile from secure care into the community in June 2007. Although the juvenile's Transition Parole Office Report indicated he was "too young to work," he was more than 16 years of age at the time of his release and had discussed the possibility of obtaining services from DES' vocational rehabilitation program or employment with his parole officer. In addition, the Transition Parole Officer Report indicated he should have follow-up care from a RBHA, but his Case Plan Community Report indicated that he should receive individual counseling from community corrections staff. Finally, the juvenile's Administrative Status Report for Conditional Liberty indicated that he needed to enroll in an education program, but this report made no mention of employment, vocational rehabilitation, or behavioral health services.

  The Department does not have a single plan that identifies a juvenile's responsibilities while on parole.

  Creating a single parole plan would eliminate contradictory information and more clearly identify expectations of juveniles while on parole. Community participants, including a juvenile's guardian, the juvenile, and the Department's community corrections staff, could rely on one well-defined, individualized transition plan to help support and hold a juvenile accountable for his/her transition to and actions while on parole. Therefore, the Department should develop and implement policies and procedures that 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.

1 Zimmerman et al., 2004

The Department does not track measures of success for juveniles on parole.

Department should track transition outcomes—Department management and community corrections staff stated that there are many milestones that juveniles can reach in the community that show both small and large successes. According to the Desktop Guide, juvenile justice agencies must use data to make wise decisions and, once a quantitative system is in place, data can be used to track and observe a juveniles' progress toward re-entry goals.[1] However, the Department has established few goals, has not measured outcomes, and has not used available data in a way that would support an understanding of juveniles' success on parole. For example, although the Department's education leadership established a goal that 85 percent of juveniles released to the community would be placed with an education program, vocational education, or a job, the Department does not track how long it takes for juveniles to be placed with one of these activities, how long juveniles maintain employment or engage in a program, or how long it takes a juvenile to transition to a new activity if participation in the first activity stops or if a juvenile's parole responsibilities change. In addition, the Department does not use the data it gathers in an effective manner. For example, the Department may document when a juvenile finds employment in the community, but this information is not entered into the Department's database and analyzed with other juveniles' data to determine whether juveniles under the Department's care successfully find employment and/or whether department staff adequately support juveniles' efforts to find employment.

Therefore, the Department should establish goals, objectives, and measures to track juveniles' success in transitioning to the community. Additionally, the Department should ensure that those goals include the goals defined in a juvenile's parole plan and that it tracks and monitors the established goals, objectives, and measures.

Recommendations:

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:

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;

[1] Zimmerman et al., 2004

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 re-integrate 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

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.

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;

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

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.

OTHER PERTINENT INFORMATION

During the course of the audit, auditors collected information regarding Arizona Revised Statutes (A.R.S.) §8-246(B), which requires the Arizona Department of Juvenile Corrections to release committed juveniles at age 18, regardless of rehabilitative treatment progress.

Most juveniles "age out" of Department's jurisdiction

The majority of juveniles committed to the Department are released from jurisdiction not because they complete rehabilitative treatment, but because they turn 18 and must be discharged in accordance with A.R.S. §8-246(B). The statutorily required age for release, as well as the late date at which some juveniles are committed to the Department, contributes to the high percentage of age-related discharges. Most other states retain jurisdiction of juveniles on parole or aftercare beyond 18, typically until age 21.

Most juveniles do not complete rehabilitation before turning 18—

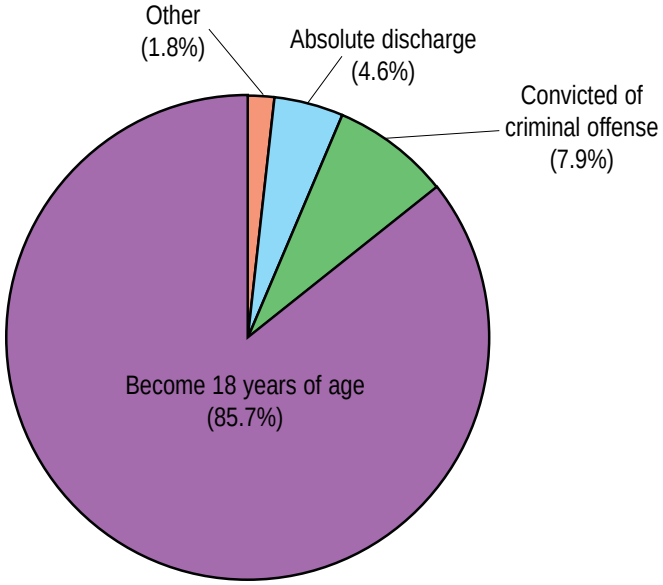
Most juveniles under the Department's supervision "age out" of jurisdiction based on the age limits established in state law and not because they have completed their rehabilitation. As required by A.R.S. §8-246(B), the Department's jurisdiction terminates at age 18 and juveniles are automatically discharged from the Department's jurisdiction. According to department data, 86 percent of its juvenile population released from 2002 through 2005 turned 18 while under its jurisdiction (see Figure 1, page 50). As a result, most juveniles committed to the Department obtain their full release not because they successfully completed rehabilitation, but because they turned 18 years of age. The Department releases approximately 29 percent of these juveniles directly from secure care. By contrast, only 4.6 percent of juveniles earn an absolute discharge (see textbox) or successfully complete rehabilitation.

Just over 4 percent of the juveniles in the Department's care earn an absolute discharge.

Absolute Discharge—Juveniles who complete their treatment, rehabilitation, and education and who show that there is a reasonable probability they will obey the law and not be a threat to public safety can be discharged from the Department's supervision.

Source: Auditor General staff summary of statute and department policy.

Figure 1: Reasons for Juvenile Discharges from Department's Jurisdiction Calendar Years 2002 through 2005



Source: Auditor General staff analysis of unaudited juvenile discharge data prepared by department staff.

Department typically receives older juveniles—One contributing factor to the high percentage of age-related discharges is that the Department receives many adjudicated juveniles 2 years or less before their eighteenth birthday. In fiscal year 2008, 64 percent of juveniles were 16 or older when committed to the Department for the first time.

Statutes do not grant the Department the ability to extend jurisdiction for committed juveniles contingent upon treatment progress. Based on a 1979 Arizona Supreme Court decision, it is unconstitutional for the Department to retain a juvenile after age 18.[1] Statutes also do not allow the Department to extend services on a voluntary basis. Conversely, the Department of Economic Security, Child Protective Services and the Juvenile Court, which supervises juveniles in the probation system, can extend services to juveniles beyond age 18. However, according to management staff at the Maricopa and Pima County Juvenile Courts, they rarely do this.

Thirty-five of 50 states can retain jurisdiction over delinquent juveniles beyond age 18.

Other states retain jurisdiction beyond age 18—According to information from the Association of Juvenile Compact Administrators, 35 of the 50 states can retain jurisdiction of juveniles on parole or aftercare beyond the age of 18, typically until age 21.[2] For example, Arizona's neighboring states, including California, Utah, Colorado, and New Mexico, all retain jurisdiction over juveniles until at least age 20, and in some cases beyond. In accordance with an Interstate Compact, the Department supervises juveniles on parole in Arizona from other states and

1 *In the Matter of the Appeal, in Maricopa County Juvenile No. J-86509*, 124 Ariz. 377, 604 P.2d 641 (1979).

2 Association of Juvenile Compact Administrators, 2007

provides these supervisory services for juveniles on behalf of other states beyond age 18. The state that the juvenile is on parole from pays for any services that it requests be provided to the juvenile.

Some states also use blended sentences for juveniles, which allow juvenile courts to impose adult sentences on juvenile offenders. According to a U.S. Department of Justice report on juvenile offenders, as of 2004, 15 states allowed juvenile courts to use blended sentences.[1] For 11 of these states, juvenile courts can order both a juvenile disposition and an adult sentence, but the adult sentence is suspended as long as the juvenile offender successfully completes the terms of the juvenile disposition and does not commit any new offenses. Three other states allow juvenile court judges to order an adult sentence that extends beyond the age of jurisdiction, with the juvenile initially committed to a juvenile facility and then later transferred to an adult facility. One state gives the juvenile court the option of giving an adult sentence instead of a juvenile disposition.

Juveniles who "age out" receive less rehabilitative treatment and re-offend more

As a result of the statutorily mandated age limit, the Department has only a short amount of time to provide treatment services to many juveniles. This is problematic because research shows that the longer juveniles are in treatment programs, the lower their likelihood of re-offending becomes. Treatments that are longer in duration (more than 26 weeks) and involve more contact hours (more than 100 hours) are associated with better outcomes (see Finding 1, pages 11 through 26).

Department data reflects the research showing that more treatment equates to better outcomes. The Department's data shows that for juveniles released from 2002 through 2005, within 3 years of release, nearly 50 percent of its juvenile population has returned to either the adult or juvenile justice system. In contrast, according to department data, juveniles who obtained their absolute discharge from the Department during that same time period had a 29 percent recidivism rate 3 years after release.

Twenty-nine percent of juveniles who earned an absolute discharge recidivated within 3 years of release.

In addition to having less time to receive rehabilitative treatment, the Department also reported that older juveniles do not always have the same access to treatment services. According to department staff, juveniles admitted to the Department who are nearing age 18 may not be placed in time-sensitive programming, like a sex offender treatment unit, or given an alternate abbreviated form of rehabilitative treatment because of some programs' required time frames. However, staff also reported that capacity can play a role in limiting access to treatment. For example, the sex offender treatment program requires 12 months to complete, but there is a waiting list.

1 U.S. Department of Justice. Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2006

The Department also reported that juveniles approaching the age of 18 exhibit behavior problems. According to a department official, juveniles know that the Department's jurisdiction ends at age 18, have no incentive to engage in rehabilitative treatment, and frequently exhibit disruptive behavior.

APPENDIX A

Treatment Programs

This appendix provides descriptive summaries of the Arizona Department of Juvenile Corrections' (Department) four treatment programs and the behavior management system it uses to address risk factors and meet the needs of the juveniles residing in its secure care facilities. The summaries include information on how the programs should be implemented based on auditors' review of treatment program and behavior management manuals, treatment workbooks, applicable Web sites, and interviews with department officials.

New Freedom—Based on information provided by a department official, by February 2006 the Department had implemented its core treatment program (New Freedom) in all housing units (including specialty units) at its four secure care facilities. The program was adapted from A New Freedom, created by A. R. Phoenix Resources, Inc., and the Department's purchase of the license for this program includes the right to make unlimited copies of New Freedom treatment program materials. New Freedom allows the Department to include substance abuse and dependency, behavioral health, and educational programming elements in its core treatment programming for all juveniles.

According to the A New Freedom Web site, the New Freedom treatment program offers "comprehensive, flexible, and cost-effective substance abuse curriculum workbooks and behavioral health treatment resources for adult and juvenile correctional programs."[1] The program includes

Types of Treatment

Cognitive behavioral therapy—Seeks to change the way a person thinks to feel/act better even if the situation does not change. (www.nacbt.org).

Motivational enhancement—Client-centered approach that tries to raise a person's own motivation for change and to develop a personal decision and plan for change (www.nida.nih.gov).

Social learning model—People learn through observing others' behavior, attitudes, and outcomes of those behaviors (www.learning-theories.com).

Motivational interviewing—Client-centered approach that tries to increase a person's motivation to change by exploring and resolving their uncertainty about change (www.motivationalinterview.org).

Dialectical behavior therapy—Cognitive-behavioral treatment that uses a behavioral, problem-solving focus combined with acceptance-based approaches, and a focus on treating patients with multiple disorders focusing on certain thought processes and behavioral styles in the treatment strategies (www.nrepp.samhsa.gov).

Relapse prevention therapy—Designed to teach persons who are trying to maintain changes in their behavior how to anticipate and cope with the problem of relapse (www.nationalpsychologist.com).

Source: Auditor General staff summary of treatment types as defined on the above Web sites on October 14, 2008.

1 A. R. Phoenix Resources, Inc. n.d.

over 300 substance abuse workbooks, program activity materials, and other resources. Program resources should address juveniles' most serious personal, environmental, and community risk factors, and build on their most important strengths and assets. These resources are based on evidence-based concepts of cognitive-behavioral therapy, motivational enhancement, the social learning model, and key coping and problem-solving skills for both positive social development and relapse prevention. Additionally, the Web site indicates that New Freedom offers Spanish-language, gender-specific, aggression and violence, returning-home, and gang-specific workbook-based resources.

According to the program manual and a department official, juveniles should progress through the New Freedom program in four stages:

- **Stage 1**—This stage focuses on orientation and treatment preparation through workbooks and group sessions focused on self-discovery and treatment preparation.

- **Stage 2**—This stage focuses on self-awareness through the use of workbooks and group sessions on self-discovery as well as understanding dependencies and coping skills.

- **Stage 3**—In this stage, juveniles should actively pursue new skills and understanding and should strive to learn how to effectively manage high-risk situations. Workbooks and group sessions focus on coping skills and relapse prevention. An individual behavioral health program may also be created during this stage to address issues such as trauma, depression, anger, or self-injury. Specialty groups and specialty workbook (supplemental) materials should be used with juveniles to customize the treatment program to meet individual risk factors and needs.

- **Stage 4**—The final stage consists of workbook and group session work focused on relapse prevention and returning home.

According to the program design, juveniles complete most of their New Freedom treatment programming within group sessions and group sessions should be held at different frequencies, depending on whether they are held in a core housing unit or specialty housing unit. New Freedom groups include:

- **Process Groups**—Juveniles meet in a group setting to work on issues relevant to their treatment stage and workbook materials. Process groups should be led by master's degree-level therapists or a qualified mental health professional.

Housing Units

Core—Juveniles who are not classified as requiring treatment in a specialty unit are placed in core housing units.

Specialty—Mental health, sex offender, and chemical dependency housing units that address the needs of juveniles who have severe acute or chronic risks and needs in these specialty areas.

Source: Auditor General staff summary of an interview with a department official.

- **Treatment Focus Groups**—Juveniles meet in a group setting to work on treatment modules (workbooks). Workbook completion should be reviewed by department staff for understanding and thoroughness. Satisfactory completion of one workbook is required before obtaining the next workbook and all required workbooks for a stage should be completed before a juvenile can advance to the next stage. Case managers and other staff can lead these groups.

- **Specialty Groups**—These groups are designed for juveniles at Stage 3 in their treatment and address topics such as trauma or anger through group counseling. Qualified mental health staff must lead these groups.

The Department lacks guidance regarding the expected frequency and duration of treatment groups. However, according to a department official, process and treatment focus groups should each be conducted four times a week for juveniles living in core treatment housing units and one to two times a week for juveniles living in specialty housing units. These groups should be held for 45-60 minutes. Specialty groups should be held once a week for 45 minutes and should take the place of one New Freedom process group for juveniles assigned to attend a specialty group.

Mental Health—According to the Department's mental health program manual, this program was implemented in September 2007 and was established to increase the Department's "ability to stabilize mental health related symptoms in youth that are more severe in nature, threatening his/her safety, interfering with his/her ability to effectively engage in treatment, and and/or interfering with his/her capacity to function effectively in important areas of daily living." Juveniles diagnosed with a major mental health disorder, such as mood disorder or psychotic disorder, and who have specific behaviors that interfere with their overall treatment within secure care, are eligible for placement in this program. According to the program manual, specific behaviors considered when determining appropriateness for this treatment program include suicidal behaviors, behaviors that interfere with treatment such as "refusal to follow established treatment plan related to severe anxiety," and behaviors that interfere with quality of life such as the inability to provide self-care. Additionally, the program manual indicates that juveniles with significant emotional and adjustment disorders or behavioral and neurological disorders may be considered for placement in this program.

According to the mental health program manual, the mental health program is based on "cognitive behavioral therapy, social learning theory, motivational interviewing, and relapse prevention principles of Dialectical Behavior Therapy." Treatment is provided to juveniles primarily through the following three interventions:

- **Counseling services**—Individual, family, and crisis intervention counseling should be available to all juveniles in this program. The frequency and length of these services are based on a juvenile's individual needs.

- **Skills training groups**—Dialectical Behavior Therapy should be used in a group setting 3 days a week where juveniles can learn and practice new skills. This includes attending a "Skill of the Week" group, which occurs for about 30 minutes twice a day and an intensive skills group two times a week for 60 minutes each.

- **Additional therapeutic groups**—Juveniles should also attend therapeutic groups based on their identified needs, such as anger management, daily living skills, and chemical dependency education.

According to department documentation, the Department previously had two mental health housing units, one located at the Adobe Mountain secure care facility and the other at the Black Canyon secure care facility (all girls). However, according to a department official, the Black Canyon female mental health unit was changed to a "co-occurring disorders" (COD) unit beginning in June 2008. Juveniles in this unit should receive both intensive Dialectical Behavior Therapy interventions as well as interventions for substance abuse and dependency.

Chemical Dependency—According to the chemical dependency program manual, the Department implemented this program in March 2007 with the purpose of reducing and eliminating the negative effects of substance use in juveniles who reside in secure care, primarily through group interventions. The Department's primary chemical dependency intervention is The Seven Challenges® program. According to The Seven Challenges® Web site, the program was developed for use with juveniles who have drug problems, with "the goal to motivate a decision and commitment to change and to support success in implementing the desired changes."[1] This Web site also indicates that the program helps juveniles address their drug problems as well as life skill deficits, situational issues, and psychological issues at the same time. According to the Seven Challenges® program manual, juveniles progress through The Seven Challenges® program by participating in group sessions and completing journals related to each of the seven challenges. Journal material is reviewed by staff for thoroughness and understanding before juveniles advance to the next challenge. According to The Seven Challenges® Web site, independent studies funded by The Center for Substance Abuse Treatment in Washington, D.C.—one study at the University of Iowa and the other at the University of Arizona—have presented evidence that shows the effectiveness of The Seven Challenges® as a "co-occurring" program that significantly decreases juveniles' substance use and greatly increases their overall mental health. Data also shows that The Seven Challenges® has been especially effective with substance-abusing juveniles who also have trauma issues.[2]

1 Schwebel, n.d.

2 Schwebel, n.d.

According to the chemical dependency program manual and a department official, the Department's chemical dependency program works by classifying the severity of a juvenile's chemical use or dependency and providing treatment that matches the juvenile's individual needs. Specifically:

- Classification—According to the program manual, juveniles are assigned to one of three treatment levels based upon dependency or abuse diagnoses, complications related to chemical use, and severity of the juveniles' chemical use:

    - Severity level 1—Juveniles diagnosed with a chemical dependency and who have complications of chemical dependence, including use that is life threatening, and/or certain indicators showing a severity of dependence, such as dependence to more than one drug. Juveniles must also show some indication of a readiness to change.

    - Severity level 2—Juveniles diagnosed with a chemical dependency, but who do not have complications or severity indicators, or do not show a readiness to change; or juveniles diagnosed with chemical abuse who have severity indicators, such as abuse of more than one drug and who show some recognition that they have a chemical abuse problem.

    - Severity level 3—Juveniles diagnosed with chemical abuse, but without severity indicators or problem recognition.

- Treatment—According to the program manual, all juveniles with a chemical dependence or abuse diagnosis should receive a personalized feedback report when they first arrive in secure care. This report provides feedback to juveniles on their chemical use and supports engagement in the treatment process. Additional chemical dependence treatment interventions should be provided to juveniles depending on their classification:

    - Severity level 1—According to a department official, juveniles with this designation are placed in chemical dependency housing units and receive The Seven Challenges® program and Dialectical Behavior Therapy in addition to core treatment. According to The Seven Challenges® program manual, treatment is provided to juveniles through workbooks and groups, which should occur two times a week. According to a department official, Dialectical Behavior Therapy is also provided in a group setting and should occur one time a week. Additionally, all groups should last between 45-60 minutes.

    - Severity level 2—According to a department official and the program manual, juveniles with this designation are placed in core treatment housing units and the Department's plan was for them to attend a

chemical dependency group (The Seven Challenges®) session one time a week and a skills training group session one time a week in addition to attending two core treatment group sessions. However, according to a department official, this has not occurred and juveniles with this classification only receive core treatment programming.

- Severity level 3—According to the program manual, juveniles with this designation live in core treatment housing units and receive the core treatment program. A primary treatment goal for juveniles in this classification is their chemical use.

According to department officials, to address the high rate of substance use among juveniles under the Department's care, the Department has four chemical dependency housing units in the three male secure care facilities, and it has also implemented The Seven Challenges® program in two of the three housing units at its female secure care facility.

Sex Offender—The Department revised its sex offender treatment program in January 2009. According to a department official and the sex offender treatment program manual, the Department continues to provide sex offender treatment to juveniles who are adjudicated with a sexual offense, but now it intends to also provide treatment to juveniles identified as at-risk for inappropriate sexual behaviors.[1] The Department assesses juveniles to determine their risk of sexually re-offending and for inappropriate sexual behaviors. Juveniles committed to the Department's care specifically for a sexual offense should be placed in a sex offender unit and receive sex offender treatment. Juveniles who committed a sexual offense in the past may or may not be placed in a sex offender unit to receive treatment depending on whether they previously successfully completed sex offender treatment. The Department may also determine that a juvenile has sexually aggressive behaviors even though the juvenile has never been adjudicated for a sexual offense. These juveniles should also receive some level of sex offender treatment. The Department has three sex offender housing units, one at the Catalina Mountain secure care facility and two at the Adobe Mountain secure care facility.

The Department's sex offender treatment is separated into two levels of treatment—unit-based or out patient—determined by adjudication offense and assessment outcomes. According to a department official, the Department is developing a third level of sex offender treatment, which would consist of individualized treatment. Based on a juveniles' adjudicated offense, prior history, assessments, and housing unit placement, the Department should provide the following treatment:

- Unit-based sex offender treatment—Juveniles should be placed in one of the three sex offender housing units if their most recent adjudication is for a sexual

[1] This program was developed by Dr. Lee Underwood, Psy.D., who according to the Department is a nationally recognized expert in the treatment of juvenile sex offenders. Dr. Underwood is the Department's Clinical Director of Behavioral Health Services.

offense, or if they were previously adjudicated for a sexual offense and did not successfully complete sex offender-specific treatment. Additionally, according to a department official, juveniles with a court recommendation to receive sex offender-specific treatment will be placed in one of these housing units, provided it is clinically appropriate. According to a department official, juveniles should attend four sex offender-specific group sessions every week in addition to core treatment group sessions two times a week. This program is supposed to last from 12 to 18 months and juveniles in this program should meet specific criteria such as "demonstration of a thorough understanding of relapse prevention" before being released from the program. According to the program manual, treatment interventions should occur primarily in groups and through the treatment workbook, which should enable juveniles to meet various goals and competencies associated with appropriate sexual boundaries, emotional regulation, and self-control.

- Out-patient sex offender treatment—According to a department official, this level of sex offender treatment should generally, unless determined to be clinically inappropriate, be provided to juveniles who have a prior adjudicated sex offense, but have previously successfully completed a sex offender treatment program or to juveniles who have displayed sexually aggressive behaviors. These juveniles should be placed in core treatment housing units and receive core treatment programming, case management services, and individual therapy that specifically addresses the juvenile's sex offense history or sexually aggressive behaviors.

- Individualized treatment—Juveniles who are adjudicated sex offenders, but who are placed in a mental health housing unit for stabilization, and juveniles who have received a clinical or administrative override for safety and treatment reasons and are placed in a core housing unit should receive this level of treatment. According to a department official, this level of treatment should consist of individual therapy and a treatment workbook. However, the Department has yet to develop a specific curriculum or treatment format and staff have not received training to provide this treatment in core treatment housing units.

- Counseling services—According to the program manual, individual, family intervention, and crisis intervention counseling is available to all juveniles in this program, if needed. The frequency and length of these services should be based on a juvenile's individual needs.

- Sex offender curriculum—This curriculum consists of sex offender specific activity sheets and the Pathways treatment workbook, which is designed for people between the ages of 11 and 21 with sexual behavior problems. The workbook relies on both relapse prevention and cognitive-behavioral therapy. Juveniles progress through various activity sheets and chapters in the

workbook and staff review the completed work for thoroughness and understanding. This curriculum workbook should be used for juveniles receiving unit-based or individualized treatment.

System for Change—According to a department official, this program was implemented in the three male facilities by February 2008 and is the Department's core behavioral management program.[1] According to the Department's System for Change program manual, the implementation goal is to create a "safe environment that allows juvenile offenders the opportunity to change their thinking and behavior from delinquent to pro-social." The Department's System for Change program manual further defines a safe environment as physical safety such as having appropriate and clean living conditions and psychological safety such as clearly established rules for behavior. The program manual also indicates that the program provides behavior management tools, treatment approaches, and educational expectations for all juveniles. Additionally, the clear establishment of rules and consequences provides structure for staff to maintain a therapeutic environment.

ACAB

Activating event—event that triggers a problem behavior.

Cognitive—juvenile's thought processes surrounding the event.

Affect—juvenile's feeling resulting from the event.

Behavior—behavior that results from the event, thought processes, and feelings.

Source: Auditor General staff summary of information in the Department's System for Change program manual.

According to a department official and the System for Change program manual, the program is based on cognitive-behavioral therapy and uses different techniques and interventions, including motivational interviewing and crisis de-escalation, to provide juveniles with a safe environment. According to the System for Change program manual, behavior management provides structure to prevent or minimize negative juvenile behaviors while building on strengths, beliefs, and behaviors. The primary intervention used to change delinquent thinking and behavior is three daily ACAB group sessions (see textbox). In the "Morning Affirmation Group" session, juveniles determine individual behavioral objectives for the day. These objectives are written so they can be processed in later group sessions. The "Check-in Group," is a mid-day review of juveniles' progress or problems in reaching the day's behavioral objectives. This group session presents an opportunity for juveniles to self-assess and receive feedback from peers and staff. The final group session of the day, "ACAB Daily Group," occurs each evening and provides an opportunity for juveniles to give final reports of their behavioral objectives. Juveniles with the most significant behavioral problems for the day will typically receive feedback from the group including examination of the event, thought processes, and feelings that led to the behavior and ideas on how to prevent the behavior in the future.

[1] Other behavior management interventions include Extra Help Group for juveniles with more frequent or severe behaviors, Individual Behavior Plans for juveniles with continual behavioral problems, and Alternative Education classes for juveniles who have repeated behaviors in the classroom environment.

APPENDIX B

Methodology

Auditors used various methods to study the issues addressed in this report. These methods included interviewing department management and staff; observing operations at each of the Department's four secure care facilities; and reviewing statutes, policies, and procedures. Auditors also used the following specific methods:

- To evaluate the treatment services provided to juveniles while in secure care and the internal controls in place to ensure proper provision of treatment, auditors selected 9 of the Department's 25 housing units, consisting of 5 core treatment, 2 sex offender, and 2 chemical dependency units, at 3 of the Department's 4 secure care facilities (Adobe Mountain, Eagle Point, and Catalina). Auditors observed and reviewed the delivery of core, sex offender, and chemical dependency treatment to juveniles from June through August 2008 in these nine housing units. This work consisted of a review of department treatment program manuals, unit and treatment group schedules, observations of a total of 12 treatment groups, interviews with core and specialty unit staff, reviews of training records for staff working on the units observed, and reviews of training policies and materials. Auditors also reviewed literature on the elements of effective juvenile treatment programs and expected outcomes of the effective delivery of these programs to juveniles (See Appendix C, pages c-i through c-iii, for more information about literature reviewed). To determine the descriptions of the Department's treatment programs and behavior management system used in Appendix A, auditors reviewed treatment program manuals, workbooks, and Web sites and conducted interviews with department officials.

- To determine the adequacy of the Department's process and internal controls for making treatment decisions and release recommendations, auditors observed 32 multidisciplinary team (MDT) staff meetings held in June and July 2008 and analyzed MDT-related information in the Department's information system (Youthbase). Auditors also assessed the reliability of information in Youthbase by analyzing 90 assessments and related case planning data for 20 juveniles released in January and September 2007.

- To determine the adequacy of the Department's efforts to transition juveniles to the community and the internal controls over those efforts, auditors reviewed a sample of 58 juveniles released in Maricopa and Pima Counties in calendar year 2007. Auditors also observed parole officers in the field, trainings for community corrections staff, and department outreach efforts to build relationships with external stakeholders, such as meetings with the Department of Economic Security's Child Protective Services and Regional Behavioral Health Authority representatives and conference and information session participation. Auditors also interviewed external stakeholders, reviewed literature, and interviewed experts to identify best practices in juvenile transition (See Appendix C, pages c-ii through c-iii, for more information about literature reviewed).

- To obtain information regarding the statutory requirement that juveniles be released from the Department's jurisdiction at age 18, auditors analyzed recidivism data provided by the Department for all juveniles released from secure care between January 1, 2002 and December 31, 2005. Auditors also interviewed juvenile corrections officials from states surrounding Arizona (California, Colorado, New Mexico, and Utah) and juvenile court officials in Arizona. Further, auditors reviewed information from the Association of Juvenile Compact Administrators to obtain information on how other states and jurisdictions supervise juveniles after they turned 18. Auditors also reviewed the *Juvenile Offenders and Victims: 2006 National Report* from the U.S. Department of Justice to obtain information about the use of blended juvenile and adult sentences throughout the United States.[1]

- To provide information for the report's Introduction and Background section, auditors analyzed the Arizona Financial Information System Accounting Event Transaction File for fiscal years 2007 and 2008 and estimates provided by the Department for fiscal year 2009, Joint Legislative Budget Committee appropriations reports for the Department for fiscal year 2008, the Department's 2004 through 2007 annual reports, the Department's Web site, reports and legal documents from the *Johnson v. Upchurch* lawsuit and the federal Civil Rights of Institutionalized Persons Act investigation, and other agency-provided documents. Auditors also used data provided by the Department to provide information about the number of juveniles committed to the Department and demographic information about those juveniles.

1 U.S. Department of Justice, Office of Justice Programs, Office of Juvenile Justice and Delinquency Prevention, 2006

APPENDIX C

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AGENCY RESPONSE

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February 25, 2009

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Dear Ms. Davenport:

This is the Arizona Department of Juvenile Corrections' (ADJC or "the Department") response to your preliminary draft performance audit of ADJC programs. The Department will respond specifically to each of the recommendations you have made, but first offers background information that places both your report and this response in broader context. The Department believes that an understanding of its transformation since 2003 will benefit those who read your report.

As you note, the United States Department of Justice (USDOJ) issued a report in 2004 detailing numerous serious deficiencies at ADJC in broad-ranging areas including the physical conditions of its secure care facilities, suicide prevention, protection of juveniles from harm, special education programming, treatment programming and medical and mental health services. The USDOJ pointed to three juvenile suicides in the Department's Adobe Mountain School in 2002 and 2003. Those dire findings lead to the filing of *United States of America v. the State of Arizona* in federal district court on September 15, 2004. That lawsuit alleged unconstitutional conditions of confinement in three ADJC secure care facilities (Adobe Mountain School, Black Canyon School and Catalina Mountain School). It was filed under the federal Civil Rights of Institutionalized Persons Act, 42 USC §§ 1997, *et. seq* and thus referred to as a "CRIPA" lawsuit.

On September 15, 2004 the State and the USDOJ entered into a Memorandum of Agreement, which required ADJC to correct its deficiencies by enacting over 120 specific provisions. The deadline for doing so was September 15, 2007. The USDOJ appointed a four member "Committee of Consultants," all nationally recognized experts on juvenile corrections practices, to monitor the Department's progress. As your audit report states, on September 15, 2007, the USDOJ dismissed its lawsuit against the Department. In the Committee of Consultants' final report, they found ADJC to have achieved substantial compliance with every provision of the CRIPA agreement in just three years. Department staff and administrators are rightfully proud of that accomplishment.

Achieving compliance with the CRIPA agreement required completely overhauling the operation of all four of ADJC's four secure care correctional facilities between 2003 and 2007. First, all four facilities were retrofitted and remodeled to reduce the opportunity for juvenile suicide, while the Department implemented a comprehensive new suicide prevention program. ADJC opened a new health unit at Adobe Mountain School in Phoenix and implemented 24 hour nursing coverage at all four facilities. Simultaneously, the Department developed and implemented or revamped virtually all of its secure care

operations and programming. A new process for assessing and classifying juveniles was created and implemented; a new overarching classification instrument was developed and implemented; a new vehicle for tracking a youth's individualized program progress was developed and implemented; new core treatment programming was adopted and implemented at all facilities; the Policy and Procedure Unit was revamped and all policies and procedures scrutinized, with most being rewritten; specialized programming for sex offenders and youth with chemical dependency or mental health issues was revamped; a comprehensive new behavior management system was designed and implemented; a new youth grievance process was designed and implemented; a Quality Assurance unit was created and became operational; and the Department's Internal Affairs unit was replaced with a professionalized Investigations and Inspections Unit, which is staffed by experienced law enforcement officers and charged with investigating misconduct by staff and youth and, where applicable, developing internal or criminal cases. To make this massive change possible, the Department's Staff Development Division completely revamped both its Pre-service Academy and the delivery of in-service training.

Each of the Department's initiatives between 2004 and 2007 was a major undertaking that would alone have posed considerable challenges. Making all of them in that short a time period left little time for process improvement.

Released from federal oversight in September, 2007, Department leadership recognized three priorities, which we described to your audit team at the outset of their work: (1) there was great need to revisit the multiple new programs and practices in a systematic manner to improve the quality of their delivery; (2) CRIPA had focused virtually all of our efforts on secure facilities, but a similar reform effort was necessary in the operation of Community Corrections services (parole); and (3) specific effort was required to assure that the organizational culture that bred the conditions USDOJ described in its 2004 report would not reappear in the absence of semi-annual federal monitoring.

To address those post-CRIPA priorities, ADJC's executive team determined that 2008 would be a year for quality improvement in operating and providing programming in secure facilities; the Department would develop a strategic plan to begin restructuring the delivery of Community Corrections services; and that ADJC would continue the organizational culture change efforts begun during the final year of CRIPA oversight. It is this dynamic environment your audit team encountered at ADJC. Institutional programming rested on a solid, new foundation, but much work was necessary to assure that what has been built on that foundation will be equally robust. Community Corrections had been relegated to second priority for far too long and was beginning its journey toward providing the level and quality of services juveniles would need going forward. The Department acknowledged as much at the outset of the audit and welcomed the observations of the audit team over the course of the audit. Clearly, there is much room for improvement, and ADJC has been and remains committed to that effort.

That said, I would be remiss if I did not express my pride in ADJC staff and all we have accomplished together. Just five years ago, ADJC garnered unwanted notoriety in Arizona and in the national juvenile corrections community. Today, this Department has regained the trust of the juvenile judiciary and serves as a resource, fielding inquiries from sister agencies around the country, often at the suggestion of DOJ attorneys or their expert Consultants who monitored us and documented our progress.

Findings and Recommendations

The Department's concurrence in the audit team's three findings does not constitute agreement with all of the specifics in the report. In many instances, the sample sizes were quite small. To a large extent, Black Canyon School's programs were not considered, although the Black Canyon staff has received training in gender specific programming and as a result deliver services very well. Some of the data relied upon in the audit were generated in 2004 or earlier, before the CRIPA reforms were even begun. Rather than belaboring some of the specifics in the audit report, however, the Department believes it is more productive to address the future by responding to your audit team's major findings and its recommendations.

Finding 1: Department's treatment programs modeled after best practices, but delivery needs improvement

The Department agrees with the finding.

Recommendations:

General comment: Like all state agencies, the Department anticipates a substantial reduction in its funding for Fiscal Year 2010. The amount to be cut is unknown at the time this response is being written. All of the Department's plans and objectives, including those reflected below are by necessity subject to the availability of funding. The Department is committed to its core mission of enhancing public safety by changing the delinquent thinking and behaviors of committed youth and to maintaining the safety of all juveniles and staff.

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;

The Department will implement the recommendation. It began to address the findings by piloting a Program Fidelity Checklist in January, 2009. This process requires that a psychologist or clinical leader personally observe groups and complete the checklist based on their observations. This process will also be used to certify staff to be group facilitators, with the intention of requiring all facilitators to obtain certification.

b. Using approved treatment materials;

The Department will implement the recommendation. Department procedure already meets this recommendation. Beginning in November, 2008, Quality Assurance (QA) review of treatment groups, conducted by the ADJC QA unit in conjunction with agency subject matter experts, uses a form that includes checking for the use of approved material.

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;

The Department will implement the recommendation. The Department already individualizes treatment by developing a unique Continuous Case Plan (CCP) for every juvenile and offering specialized groups for juveniles who need them in some housing units. Approximately 30% of ADJC juveniles living in core treatment units require some type of specialized groups. ADJC has begun to provide those groups and will continue to add them.

d. Providing sex offender treatment for all adjudicated sex offenders and for juveniles who have been identified as at risk for inappropriate sexual behavior;

The Department will implement the recommendation, with the caveat noted below. As noted in the audit, the Department added an additional housing unit for sex offenders in January, 2009 and has initiated a program of providing individual sex offender treatment to appropriate youth who are not housed in the specialized sex offender units, whether for lack of bed space or because a juvenile is otherwise inappropriate for them. The Department prioritizes juveniles for sex offender programming. Adjudicated sex offenders are always identified for those services. For juveniles who have never been adjudicated for a sex offense, an assessment that reflects "risk for inappropriate sexual behavior" – a very broad category – will result in treatment services where it is deemed clinically necessary and resources permit.

e. Developing and implementing a plan to provide chemical dependency treatment to all juveniles the Department identifies as needing this treatment.

The Department will implement the recommendation. The core treatment program, New Freedom, already provides substance abuse programming to every juvenile. The Department uses validated tools to assess the severity of a juvenile's chemical dependency, and those classified as the most serious are assigned to the chemical dependency housing units. Currently, there is no waiting list for those specialized units.

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.

The Department will implement the recommendation.

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;

The Department will implement the recommendation. Staff who will facilitate groups have already been identified. The Department has developed a training program that will

result in certification of group facilitators, and certification will be required. "Train the Trainer" courses are now being given to begin that process.

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;

The Department will implement the recommendation. However, the Department notes that clinical staff who provide sex offender treatment are already provided specialized training, as are other staff assigned to sex offender units. Several sessions were conducted for that staff in October, 2008. The Department will continue to enhance that training.

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;

The Department will implement the recommendation. See additional comments to 1.3(a), above.

d. Develop and implement policies and procedures for providing staff with periodic ongoing training for all treatment programs and the behavior management program.

The Department will implement the recommendation. In fact, this has been an ongoing process and planning for it was a key component of the quality improvement efforts the Department implemented in 2008 in its review of all of the programming and processes adopted during CRIPA monitoring. All juvenile contact staff are required to attend a four day in-service annual training block, which now includes philosophy of treatment, program overview, New Freedom (core treatment), System for Change (behavior management), behavioral interventions, and the Continuous Case Plan among its classes. In addition, the Department will continue to provide specialized in-service training as needed, either because a new program is being implemented, a need has been identified through the agency's QA or other review processes, or regular training is appropriate. For example, in November, 2008, the Department trained all Psychology Associates, other mental health staff, Housing Unit managers (Youth Program Supervisors), and caseworkers (Youth Program Officer IIIs) on the core treatment program, New Freedom. Staffs are now required to pass a test to demonstrate competence in administering the program.

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:

a. What groups to monitor;

The Department will implement this recommendation. This effort was begun as part of the Department's decision to concentrate on improving the quality of its programs and began in 2008, independent of this audit. As discussed above, program fidelity checklists have been developed for some programs, with others to follow. Monitoring of program fidelity will continue to involve both the Quality Assurance Unit and ADJC's subject matter experts and supervisors. This response is applicable to each of the remaining subsections of Recommendation 1.5.

b. When and how to monitor;

The Department will implement this recommendation.

c. Who should monitor;

The Department will implement this recommendation.

d. Identifying qualified staff to monitor and providing training to this staff;

The Department will implement this recommendation.

e. Reporting, feedback, and follow-up procedures.

The Department will implement this recommendation.

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.

The Department will implement this recommendation. To that end, the ADJC Research and Development unit has created a Correctional Program Checklist (CRC), the annual use of which will be part of the evaluation process for the Department's programs. Use of the CRC began in January, 2009.

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

The Department agrees with the finding.

Recommendations:

2.1. Make the following improvements to its assessment and scheduler in Youthbase:

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:

The Department will implement the recommendation, noting that the Youthbase applications the auditors discussed in the report are limited to the Criminogenic and Protective Factor Assessment (CAPFA), Continuous Case Plan (CCP) and scheduler. The Department continuously improves its Youthbase database and has already

implemented changes to the scheduler and data controls to the CAPFA application in response to the auditors' observations, which were communicated to the Department over the course of the audit.

b. Establish controls that limit assessment updates to only those questions that should change and ensure that only authorized staff can complete certain domains;

The Department will implement the recommendation. The Department's Research & Development Unit has statistically validated the CAPFA tool. Phase One was completed in 2007 and Phase Two concluded in 2008. R & D is now in the process of conducting and inter-rater reliability study for CAPFA data entry, the results of which will be used both to identify both training needs and potential additional data controls.

c. Continue efforts to implement the automated scheduler and monitor it to ensure that parole officers do not experience scheduling conflicts for MDT meetings.

The Department will implement the recommendation. See response to Recommendation 2.1(a), above.

2.2. Revise its procedures on assessments to require greater clinical or supervisory review of assessments conducted after the initial assessment.

The Department will implement the recommendation.

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.

The Department will implement the recommendation. ADJC has already conducted training for applicable staff on the MDT meeting process and expectations for MDT etiquette. In addition, as discussed in response to recommendation 1.1(a), above, the Department has developed and is piloting a program fidelity checklist for use in monitoring programs.

2.4. Provide all secure care clinical and community corrections staff with refresher assessment training on a regular basis.

The Department will implement the recommendation.

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 for 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.

The Department will implement the recommendation and has already initiated the process for doing so.

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

The Department agrees with the finding.

Recommendations:

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:

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;

The Department will implement the recommendation, and is appreciative of the auditors' acknowledgement that ADJC was already engaged in this process. ADJC also provides the caveat that the Department cannot control the actions of entities outside ADJC and is dependent on the willingness of its partners for the full implementation of this recommendation.

b. Ensuring all formal agreements have objective measurements and processes to hold participants accountable for their actions;

The Department will implement the recommendation, and in fact began this effort prior to this audit. The Department adds the caveat that it ultimately lacks the authority to hold any outside entity accountable.

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 re-integrate into traditional classrooms;

The Department will implement the recommendation and in fact created and filled such a position in January, 2009.

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;

The Department will implement the recommendation, funding permitting. The Department's education staff have attended such conferences and trainings in the past.

e. Continuing to develop its working relationship with the Department of Economic Security (DES) and ensure that it can track the services the DES provides;

The Department will implement the recommendation, again with the caveat that it cannot accomplish this without DES' cooperation.

f. Using its vocational 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;

The Department will implement this recommendation. Department staff have attended such trainings and conferences in the past and will continue to do so, funding permitting.

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.

The Department will implement the recommendation.

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;

The Department will implement this recommendation, with the caveat that obtaining documents from other entities requires cooperation on the part of those entities, whose cooperation or lack of cooperation is ultimately beyond ADJC's control.

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;

The Department will implement the recommendation.

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.

The Department will implement the recommendation.

Additional Issue Examined By Auditor General

The Department takes no position regarding the extension of the age of its jurisdiction or the adoption of a blended sentencing structure for Arizona's juvenile offenders, except to note that either would require considerable additional resources. Until the details of any such major change in Arizona's juvenile justice system were determined, it is not possible to estimate its fiscal impact.

Conclusion

Despite unprecedented fiscal challenges, ADJC is committed to fulfilling its statutory and constitutional responsibilities to the citizens of Arizona and the juveniles and families we serve. We are dedicated to consolidating the gains made under the CRIPA agreement and building on them.

We appreciate the contributions to that effort made by the audit team and their professionalism and cooperation throughout the process.

Sincerely,

Michael Branham
Director

MB/lag/dh

Performance Audit Division reports issued within the last 24 months

07-01 Arizona Board of Fingerprinting
07-02 Arizona Department of Racing and Arizona Racing Commission
07-03 Arizona Department of Transportation—Highway Maintenance
07-04 Arizona Department of Transportation—Sunset Factors
07-05 Arizona Structural Pest Control Commission
07-06 Arizona School Facilities Board
07-07 Board of Homeopathic Medical Examiners
07-08 Arizona State Land Department
07-09 Commission for Postsecondary Education
07-10 Department of Economic Security—Division of Child Support Enforcement
07-11 Arizona Supreme Court, Administrative Office of the Courts—Juvenile Detention Centers
07-12 Department of Environmental Quality—Vehicle Emissions Inspection Programs
07-13 Arizona Supreme Court, Administrative Office of the Courts—Juvenile Treatment Programs
08-01 Electric Competition
08-02 Arizona's Universities—Technology Transfer Programs
08-03 Arizona's Universities—Capital Project Financing
08-04 Arizona's Universities—Information Technology Security
08-05 Arizona Biomedical Research Commission
08-06 Board of Podiatry Examiners
09-01 Department of Health Services, Division of Licensing Services—Healthcare and Child Care Facility Licensing Fees

Future Performance Audit Division reports

Maricopa County Special Health Care District

Arizona Sports and Tourism Authority