



DOUGLAS A. DUCEY  
Governor

JEFF HOOD  
Director

September 29, 2021

Ms. Lindsey A. Perry, Auditor General  
Arizona Office of the Auditor General  
2910 N. 44th Street, Suite 410  
Phoenix, AZ 85018

Re: Youth Treatment Programming Audit

Dear Ms. Perry:

The Arizona Department of Juvenile Corrections (ADJC) appreciates the efforts of the Office of the Auditor General (OAG) in providing a valuable review and constructive analysis of our internal processes for evaluating our treatment programming. ADJC agrees with many of the OAG's recommendations and has already implemented some of them. ADJC appreciates the opportunity to engage with the OAG prior to the publication of this report; however, we would like to summarize some of our remaining concerns with the findings and recommendations and the way they are presented. Additionally, the performance audit report Title Page and Highlights have not been provided and therefore comments on these sections of the report are not included in the following response.

ADJC is committed to providing high-quality treatment to the youth in our care that is both grounded in evidence-based practices and produces desired outcomes. Ultimately, the desired outcome is youth rehabilitation, consistent with our mission to lead youth to become productive, healthy, law-abiding members of society. ADJC takes the effectiveness of our treatment programming very seriously and prioritizes the ongoing adoption of evolving best practices. Through the use of our Readiness for Release "Phases" system, every individual youth is provided with the best possible opportunity to receive the programming and services most likely to help them succeed in the community.

Because ADJC stays abreast of evidence-based practices, we are confident that our evidence-based treatment programs are producing the desired outcomes for youth. While we appreciate the auditors' recommendation that we develop additional measures to demonstrate ADJC's effectiveness in rehabilitating youth, we would like to emphasize that the programs ADJC employs at Adobe Mountain School have been studied and shown by empirical research to have the desired outcomes when delivered according to program design. Conducting outcome evaluations of these programs is more complex than the audit report suggests. Further, although the report suggests ADJC may have insufficient information on effectiveness warranting the need for additional measures and evaluations, ADJC routinely assesses and tracks whether treatment is effectively rehabilitating each individual youth through case plans and progress notes in line with industry standards. We would also like to emphasize that, although the report indicates that educational achievement and employment measures are not outcomes directly related to treatment programming, ADJC, consistent with the recommended best practices, measures, tracks, and attempts to improve youth's performance in these two critical areas and sees success in these areas as directly related to treatment programming effectiveness.

In order to ensure evidence-based treatment programs are delivered as designed, ADJC utilizes robust fidelity, quality assurance, and evaluation processes, consistent with best practices. ADJC employs qualified mental health staff to deliver and oversee treatment programming and stays abreast of the latest developments in proven, effective programs found to successfully rehabilitate youth. In addition to treatment programs, ADJC also maintains an exceptional ratio of one qualified mental health professional to every twelve youth at Adobe Mountain School, which provides greater time for and attention to each youth's individualized needs.

ADJC also incorporates emerging best practices into our programming as evidenced by the numerous advancements made in just the last few years. ADJC trains all clinicians in and began offering Eye Movement Desensitization and Reprocessing therapy (EMDR) to youth, which is a form of psychotherapy used to help clients process and heal from traumatic life events. We are currently implementing neurofeedback therapy and Comprehensive Dialectical Behavioral Therapy (DBT), expanding upon the DBT program already in place. We are also in the beginning stages of building upon our existing trauma-informed care components and expanding our trauma-informed practices. Further exemplifying ADJC's consistent adoption of the latest research, ADJC responded to a recent study mentioned in the report about Washington State Aggression

Replacement Therapy by exploring available options and working to replace our program with a more effective one.

As acknowledged in the report, ADJC's treatment program array is limited to programs that are grounded in evidence-based practice. We have robust processes in place to ensure ADJC's evidence-based programming is delivered as designed in order to yield the desired results. These processes include ongoing internal fidelity checks, continual quality assurance monitoring, routine clinical supervision, regular reviews by the Clinical Director, program evaluation using the Correctional Program Checklist (CPC), and visits from the program designers and consultants who provide onsite training and verification of fidelity, some of which were not reviewed during the course of this audit. ADJC also utilizes the Arizona Management System to measure performance and problem solve using data and trend analysis. Collectively, these mechanisms and tools provide comprehensive information about ADJC's programming to ensure programs are being delivered with fidelity and deficiencies are discovered and corrected.

ADJC is concerned that, while the report correctly identifies frequency and duration of group sessions as important measures of fidelity, the report's concern for and attention to youth absences from treatment sessions is mis-placed. Fidelity refers to the degree to which the treatment program is being delivered in accordance with the guidance and parameters of the program. Youth attendance is a separate measure and is monitored in several different ways by each youth's treatment team. Much like school attendance, there are a number of reasons why youth may be absent from a treatment session. While the quality assurance reports the OAG reviewed indicated some youth absences, ADJC demonstrated that all of the youth who were identified as being absent had either received the required treatment programming, had been provided with an opportunity to make up the treatment programming, or had aged out of our jurisdiction shortly after the absence.

Rather than tracking attendance in the aggregate, treatment session facilitators track individual youth attendance, and clinical staff track progress toward program completion in our case management system. Consistent with program fidelity standards, youth may only progress through ADJC's Phase system and complete treatment programming once they have satisfied all of the requirements of the given program, including dosage when required. Advancing a youth or issuing a completion of treatment without satisfying overall program criteria would be a breach of fidelity. However, missing a treatment session is not a breach of fidelity, and youth who miss treatment sessions are provided

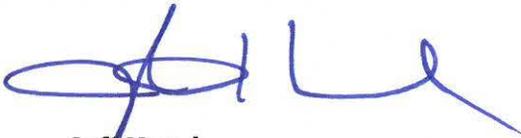
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opportunities to make these sessions up. Therefore, ADJC's practices are aligned with fidelity standards. The spreadsheet that ADJC staff produced served to verify for the auditors that the processes currently in place to ensure youth attendance, participation, and makeup of missed sessions, are working as designed.

ADJC is grateful for the OAG's observations and recommendations. ADJC's use of evidence-based treatment programming, our regular evaluation of program fidelity, the use of the Correctional Program Checklist, and the various rehabilitative interventions provided to youth, such as educational services and individualized therapy, are all essential to the treatment and successful rehabilitation of Arizona's seriously delinquent youth. As we work to continuously improve our treatment programming and the services we provide, the OAG's observations and recommendations are appreciated.

Sincerely,

A handwritten signature in blue ink, appearing to read "Jeff Hood", with a stylized flourish extending to the right.

Jeff Hood  
Director

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

**Recommendation 1:** The Department should ensure it delivers its treatment interventions with fidelity, that any identified fidelity deficiencies are corrected, and that corrective actions are documented by:

**Recommendation 1a:** Developing and implementing policies and procedures and/or revising and implementing existing policies and procedures to establish ongoing monitoring of fidelity with its policy requirements for the frequency and duration of group treatment sessions, the content that should be covered in each session, and the order in which content should be delivered, including procedures for correcting any identified deficiencies.

Department response: The finding of the Auditor General is not agreed to but the recommendation will be implemented.

Response explanation: ADJC disagrees with the finding that it has not assessed all treatment intervention components. ADJC has ensured that program content is delivered in the order specified by the corresponding program manuals, if required. As noted in the report, ADJC identified issues with the order of DBT module delivery in April of 2020. To prevent this issue from recurring, ADJC implemented a facility-wide DBT rotation schedule to further assist staff in monitoring treatment content and order of delivery. Furthermore, ADJC has updated its fidelity form to include a checkbox to verify that the module being delivered during a particular treatment session is, in fact, the module that is scheduled to be delivered. ADJC has created a Behavioral Health Monitoring and Quality Improvement Database to house the fidelity assessment forms. This database will provide immediate notification if an assessed group that has a specified order, such as DBT, is conducted out of order.

The report notes that, while DBT and Seven Challenges fidelity assessment processes include a requirement to assess if the group treatment session was held for the required duration, the ART fidelity assessment process does not have a similar requirement. ADJC's assessment of ART fidelity uses a validated form directly from the ART program materials which does not require an assessment of duration, thereby satisfying the fidelity requirements of the program.

ADJC considers youth missing a portion or all of a group to be an attendance issue rather than a component of fidelity. ADJC delivers treatment groups at the frequency prescribed per each corresponding program manual. Youth attendance, as depicted in Figure 1 of the report, is independent of fidelity and has no bearing on the fidelity of treatment delivery. Although youth attendance and treatment progress are already tracked at an individual level, ADJC is committed to making continual improvements, and will therefore explore options for programming an easily accessible report of youth attendance information and maintaining the information in a centralized location.

**Recommendation 1b:** Developing and implementing policies and procedures outlining staff responsibility for overseeing the results of its fidelity-monitoring efforts, including identifying the staff responsible for overseeing fidelity-monitoring efforts and ensuring identified deficiencies are corrected, and outlining time frames and procedures for doing so.

Department response: The finding of the Auditor General is not agreed to but the audit recommendation will be implemented.

Response explanation: ADJC has developed and implemented policies and procedures outlining staff responsibility for overseeing the results of its fidelity monitoring efforts consistent with the recommendation. Additionally, ADJC is automating monthly fidelity assessments and will include documentation of follow-up and corrective action in the Behavioral Health Monitoring and Quality Improvement database system.

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

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

Department response: The finding of the Auditor General is agreed to and the recommendation will be implemented.

Response explanation: ADJC agrees with the finding that it has not completed certain items within corrective action plans to address treatment programming improvements and will implement revised CPC evaluation policies and procedures. ADJC's CPC policy was updated March 29th, 2021, but ADJC will further revise and implement our policy to align it with the CPC manual.

While ADJC agrees that some CPC recommendations were not implemented, we remain concerned about the way the finding is presented. We would like to emphasize that all 3 follow-up evaluations were completed and documented, although 1 follow-up evaluation did not include details indicating the date the follow-up was completed. Additionally, all 3 reports were provided to the ADJC director, consistent with policy, although only 1 of the reports was accompanied by a memo, which was not required by policy. ADJC has since updated the policy to require the report to be accompanied by a memo to better document that the report is actually being provided to the Director.

**Recommendation 3:** The Department should further revise and implement its CPC evaluation policy and procedures for addressing CPC evaluation report recommendations to include:

- Requirements for addressing areas needing improvement that Department staff determine to be nonactionable.
- Requirements for staff to retain documentation demonstrating progress toward completing CAP action items.

- How CIB staff should monitor, assess, and document their review of reported progress toward completing CAP action items during the 12-month monitoring period, such as reviewing documentation or taking other steps to verify reported progress.

Department response: The finding of the Auditor General is agreed to and the recommendation will be implemented.

Response explanation: ADJC will further revise its current policy and procedures to incorporate the recommendations. During the audit process, ADJC compared the CPC policy to the University of Cincinnati Corrections Institute (UCCI) CPC manual. According to the manual, facilities should *not* attempt to address all recommendations at once, but should prioritize them. The manual also cautions that not all areas of deficiency may have actionable recommendations for improvement. Therefore, further revisions are being made to bring the policy into alignment with the manual. ADJC will also implement a process to review recommendations and prioritize and schedule implementation for those that are feasible and reflect agency priorities. The policy will be updated to require continued monitoring of recommendations that are prioritized for implementation beyond the 12-month CPC follow-up period or that may take longer than 12-months to complete.

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

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

Department response: The finding of the Auditor General is agreed to and a different method of dealing with the finding will be implemented.

Response explanation: Although we already have a number of outcome measures in place, we agree that there are opportunities to track additional outcome measures related to our treatment programming. We would like to emphasize that ADJC is aligned with industry standards and consistently tracks and reports recidivism on an annual basis, which is the primary approach employed by criminal justice agencies to measure outcomes. ADJC has also employed numerous other performance measures appropriate for a juvenile correctional system. For example, ADJC regularly calculates, reports, and tracks length of stay and successful completion of parole. We also calculate and report outcome measures in line with the federal Juvenile Justice Delinquency and Prevention Act (sec. 251 xii). Per the Act, states should measure "positive outcome measures, such as attainment of employment and educational degrees" and use those measures to "evaluate the success of programs aimed at reducing recidivism." ADJC tracks and reports educational progress and degree attainment for youth at Adobe Mountain School and youth attainment of employment or enrollment in school after their release to community supervision.

In response to this finding, we will explore aggregating data from our Phase system to better understand and demonstrate youth outcomes, and we will expand our recidivism measure. While there are no standard outcome measures directly related to treatment programming, we will survey other juvenile justice agencies over the course of the next year to determine whether there are other measures that may be meaningful, and we are committed to implementing additional outcome measures that show potential. ADJC will develop and implement a plan related to outcome measures that includes goals, action items, completion time frames/deadlines, and the individual(s) assigned to complete each action item.

However, conducting outcome evaluations is much more complex than the audit report suggests. Outcome evaluations are large-scale, multi-year studies of programs. ADJC agrees that there are potential benefits to conducting outcome evaluations, but ADJC cannot commit to doing so without first narrowing our focus on what may be realistic to evaluate and what may add value to and inform our programming choices. We are committed to pursuing an outcome evaluation, but we cannot commit to creating a detailed action plan at this time, as those details cannot be determined until we are able to identify what types of studies may be possible.

**Recommendation 5:** The Department should, based on the implementation of Recommendation 4, and as applicable:

**Recommendation 5a:** Establish and track additional outcome measures related to its treatment programming's goals to address criminogenic risk factors, including outcome measures related to youths' treatment programming progress while in the Facility.

Department response: The finding of the Auditor General is agreed to and the recommendation will be implemented.

Response explanation: In addition to the outcome measures ADJC already tracks, ADJC plans to aggregate data from our Phase system, which tracks individualized youth progress toward addressing criminogenic risk factors, and expand our recidivism measure. We will also survey other states and adopt outcome measures that appear to be viable measures of rehabilitation.

**Recommendation 5b:** Prioritize and conduct outcome evaluations it identifies through its planning process.

Department response: The finding of the Auditor General is agreed to and another method of dealing with the finding will be implemented.

Response explanation: ADJC is committed to pursuing outcome evaluations in the future, and will seek out partnerships, if necessary, to conduct such evaluations. Due to the complexity of conducting these types of evaluations, ADJC cannot commit to doing so until we conduct initial research to determine what may be realistic and valuable to inform our agency operations. ADJC will prioritize conducting this research during the next 18 months.