



Internal Audit  
Department

301 W Jefferson  
Suite 660  
Phoenix, AZ 85003

[maricopa.gov/  
internalaudit](http://maricopa.gov/internalaudit)  
602.506.1585

---

# Juvenile Probation Department Detention Services

August 2017

*Internal Audit Report Authorized by the  
Maricopa County Board of Supervisors*

---

<b>Report Highlights</b>	<b>Page</b>
<u>Suicide Prevention</u> Suicide screening and prevention procedures will be enhanced.	1
<u>Prison Rape Elimination Act (PREA) Related Issues</u> Procedures for conducting PREA vulnerability assessments and unannounced security rounds will be improved.	4
<u>Counseling Services</u> Procedures to monitor response times for counseling services will be implemented.	8
<u>Medications</u> Procedures for securing, inventorying, and releasing medications will be enhanced.	10

---

**Background** Arizona Revised Statutes and Arizona Code of Judicial Administration requires the County Board of Supervisors to maintain a juvenile detention center, separate from adult facilities, for delinquent and incorrigible juveniles. The Juvenile Probation Department (JPD) administers the operations of the juvenile detention center. This report focuses on detention functions at JPD's two juvenile detention centers located in Phoenix and Mesa.

---

**Objectives** To determine if:

- Suicide prevention procedures adhere to policy.
- Detention staffing and supervision plans, including security rounds, are completed and documented according to policy and mandated requirements.
- Counseling and psychological services are provided to juveniles according to policy and mandated requirements.
- Controlled substances and medications are managed according to policy.

---

**Scope** Our scope included reviews of the following JPD detention activities: (1) suicide prevention, (2) unannounced rounds, (3) counseling referrals, and (4) medication storage and administration. In general, our work covered activities from July 2015 through December 2016. To achieve our objectives, we reviewed state statutes, state regulations, national standards, and JPD policies and procedures. We interviewed JPD personnel, toured facilities, and examined records, reports, and processes.

---

**Standards** This audit was approved by the Board of Supervisors and was conducted in conformance with International Standards for the Professional Practice of Internal Auditing. The specific areas reviewed were selected through a formal risk assessment.

---

**Auditors** Stella Fusaro, Audit Manager, CIA, CGAP, CRMA, CFE  
Scott Jarrett, Senior Law Enforcement Auditor, CIA, CFE, CGAP  
Brian Nesvig, Senior Law Enforcement Auditor, CFE, JD  
Megan McPherson, Senior Internal Auditor, MEd  
Lisa Scott, Senior Data Analyst, CISA, CFE

---

This report is intended primarily for the information and use of the County Board of Supervisors, County leadership, and other County stakeholders. However, this report is a public record and its distribution is not limited. We have reviewed this information with JPD management. The Action Plan was approved by Eric Meaux, Chief Juvenile Probation Officer, on August 7, 2017. If you have any questions about this report, please contact Stella Fusaro, Audit Manager/Interim County Auditor, at 602-506-1777.

## Audit Results

### **Issue #1: Suicide Prevention – Screenings**

**Observation:** JPD policy requires that each juvenile, over the age of 12, admitted to a detention facility take the Massachusetts Youth Screening Instrument (MAYSI) to determine if the juvenile should be placed under observation and monitored for suicidal tendencies. Juveniles under 12 years of age, or those juveniles who refuse to take the MAYSI, are required to be automatically placed on constant observation until it has been determined by a detention mental health professional that the youth's suicide risk has deescalated or is no longer present, and, if applicable, safety plans are in place. We reviewed a sample of 40 juveniles (8 under age 12, 32 over age 12) admitted to detention facilities to determine whether MAYSI screenings were administered. While we found most juveniles took a MAYSI, the following four juveniles were not placed on constant observation as required by policy:

- Two juveniles under the age of twelve.
- One juvenile over the age of twelve whose MAYSI triggered a warning.
- One juvenile over the age of twelve who did not take the MAYSI.

<b>Conclusion #1A:</b> JPD should review and improve procedures to ensure juveniles are reliably screened for suicidal tendencies prior to being admitted into detention facilities.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>1A-1</b> Develop a review process and/or automated system that ensures: (1) suicide risk assessments are completed and reviewed during intake, and (2) proper action is taken if the assessment cannot be administered or the juvenile is under age.	Concur – In progress Procedures will be revised to address the following activity: If the MAYSI or other suicide risk assessment is not documented in Techcare, it will be assumed that a MAYSI assessment was not completed and youth will remain on constant observation status until such time as the youth is assessed for an appropriate level of supervision. Target Date: 10/31/2017

### **Issue #2: Suicide Prevention – Risk Status Referrals and Contacts**

**Observation:** If juveniles exhibit behaviors that present a danger to themselves or others, policy requires that they be placed under observation, also known as risk status. JPD's Department of Psychology and Counseling Services (Counseling Services) is required to meet with and observe juveniles placed on risk status. We sampled 25 juveniles who had been placed on risk status to determine whether: (1) Counseling Services had been properly notified, (2) notifications had been accurately recorded in

contact logs, and (3) juveniles had received initial and subsequent counseling visits within department established timeframes. We found the following:

- Notifications were processed for all 25 juveniles, but not always by email as required.
- Contact logs were not updated for 5 juveniles.
- Initial assessments were not completed within the required 48 hours for 2 juveniles.
- Follow-up counseling visits did not meet the required frequency for 2 juveniles.

<b>Conclusion #2A:</b> JPD has established procedures to ensure Counseling Services is notified when juveniles need an initial risk status assessment.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A
<b>Conclusion #2B:</b> JPD's procedure of requiring notifications using email should be reviewed for alignment with the current practice of sending automated notifications.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>2B-1</b> Update procedures to reflect the current use of the medical records system for notifications rather than email.	Concur – In progress JPD Procedures will be amended to include Techcare as the means of referring youth for crisis and counseling services. Target Date: 10/31/2017
<b>Conclusion #2C:</b> JPD did not consistently update the contact log when a juvenile was placed on risk status.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>2C-1</b> Develop and document a procedure to verify that all necessary parties are notified and contact logs are updated when a juvenile is placed on risk status.	Concur – In progress JPD Procedures will be amended to add a quality control measure for random review of contact logs on a routine basis. Discrepancies found will be reported by the Mental Health Supervisors to the Mental Health Director. Target Date: 10/31/2017

<b>Conclusion #2D:</b> Procedures need strengthening to ensure juveniles on risk status are seen by Counseling Services within department established time frames.	
<b>Recommendations</b>	<b>JPD Action Plan</b>
<b>2D-1</b> Develop a process to prioritize risk status visits with other counseling services to ensure there are no extended delays in providing required visits.	Concur – In progress JPD Procedures will be amended to add a quality control measure for random review of requests for crisis abatement services and routine counseling services to ensure services are provided within required timeframes. Discrepancies found will be reported by the Mental Health Supervisors to the Mental Health Director. Target Date: 10/31/2017
<b>2D-2</b> Develop a notification process that alerts Counseling Services when juveniles on risk status are not seen within required timeframes.	Concur – In progress JPD Procedures will be amended to add a quality control measure for random review of requests for crisis abatement services and routine counseling services to ensure services are provided within required timeframes. Discrepancies found will be reported by the Mental Health Supervisors to the Mental Health Director. Target Date: 10/31/2017

**Issue #3: Suicide Prevention – Prevention and Intervention Plan**

**Observation:** JPD has established a Suicide Prevention and Intervention Plan as required by department policy. However, JPD has not documented that the plan is approved by a licensed medical professional, in accordance with policy. The Operations Manual for Counseling Services, which includes suicide prevention procedures, is reviewed and updated by a licensed medical professional. However, the Operations Manual has not been formally approved and distributed to staff members.

<b>Conclusion #3A:</b> JPD has a Suicide Prevention and Intervention Plan, but it has not been formally approved by a licensed medical or mental health professional.	
<b>Recommendations</b>	<b>JPD Action Plan</b>
<b>3A-1</b> Finalize and distribute the Operations Manual.	<p>Concur – In progress</p> <p>The Operations Manual, which includes a Suicide Prevention and Intervention Plan, will be approved by the Mental Health Director and distributed to staff within Detention Counseling and Psych Services. A footer consistent with JPD Policy and Procedures will indicate a control number, approval date and last revised date.</p> <p>Target Date: 10/31/2017</p>
<b>3A-2</b> Formally document that a licensed medical or mental health professional has approved the Suicide Prevention and Intervention Plan.	<p>Concur – In progress</p> <p>The Operations Manual, which includes a Suicide Prevention and Intervention Plan, will be approved by the Mental Health Director and distributed to staff within Detention Counseling and Psych Services. A footer consistent with JPD Policy and Procedures will indicate a control number, approval date and last revised date.</p> <p>Target Date: 10/31/2017</p>

**Issue #4: Prison Rape Elimination Act (PREA) – Vulnerability Assessments**

**Observation:** In order to comply with the Federal Prison Rape Elimination Act (PREA), JPD must assess each juvenile for sexual assault vulnerability while in custody. JPD requires these assessments be completed within 24 hours of intake, a shorter timeframe than the 72 hours required by PREA. We found that in September 2015, due to limited staff resource availability, JPD discontinued performing a newly developed PREA vulnerability instrument designed to supplement existing procedures and assessments. By discontinuing the PREA vulnerability assessment tool and relying on other assessments, JPD no longer complies with department established procedures and has not assessed whether current procedures meet federal requirements.

<b>Conclusion #4A:</b> JPD's policy of performing vulnerability assessments within 24 hours exceeds Federal PREA requirements.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A
<b>Conclusion #4B:</b> To reduce the risk of sexual assault on youth, JPD should review its current vulnerability assessment practices to ensure compliance with PREA standards.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>4B-1</b> Develop and document procedures that ensure vulnerability assessments are completed timely for each juvenile admitted to detention.	<p>Concur – In progress</p> <p>Compliance with the new PREA standards became effective August 2012 and required juvenile facilities to complete a certified audit for 1/3 of an agencies facilities within 3 years beginning August 2013. JPD was certified to be in compliance with all standards in May (Phoenix) and June (Mesa) of 2016. During that PREA audit period, JPD put in place a new pilot vulnerability assessment instrument (VAI) intended to standardize and capture through a stream-lined process numerous assessment related information that is ordinary collected during a juvenile's intake processing into the detention center, thus the 72-hour requirement. This new instrument was eventually suspended due to staff resources.</p> <p>JPD will review procedures related to the intake process and medical and mental health screenings; classification assessments; review of court records, case files, facility behavioral records, and other relevant documentation from the resident's files to ensure compliance with PREA Screening for risk of sexual victimization and abusiveness. Such review will include a review of resource availability to ensure on-going implementation of procedures without interruption.</p> <p>Target Date: 10/31/2017</p>

## Issue #5: PREA - Unannounced Rounds

**Observation:** We found that JPD’s formal procedures for conducting unannounced rounds (i.e., observations by supervisors) to deter sexual abuse aligns with Federal PREA requirements. To determine that unannounced rounds were performed according to policy and federal requirements, we selected a sample of 55 dates which included 1,182 shifts. Each shift should have had an unannounced round performed by a detention supervisor and should be recorded in unit log books. We found the following:

- 39 (3%) shifts did not have an unannounced round completed.
- 90 (8%) shifts had log book entries recorded without required information.
- 145 (12%) shifts had log book entries that were illegible, though they appeared to be unannounced rounds.
- 204 (17%) shifts were missing the unit log books and documentation could not be obtained to determine if unannounced rounds were completed.

We also noted that JPD’s guidelines and practice of performing one unannounced round per shift does not align with JPD policy which requires two unannounced rounds per shift. Additionally, JPD does not perform unannounced rounds of unoccupied or vacant units, which could be used by staff or juveniles to conceal an assault. This limited surveillance decreases the effectiveness of sexual abuse deterrence activities.

<b>Conclusion #5A:</b> JPD’s formal procedures for conducting unannounced rounds align with PREA requirements.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A
<b>Conclusion #5B:</b> Unannounced rounds are not always completed, recorded, and documented according to department procedures and guidelines.	
<b>Recommendations</b>	<b>JPD Action Plan</b>
<b>5B-1</b> Review procedures for conducting unannounced rounds and ensure the department policy and practices are consistent.	Concur – In progress The Protocol for unannounced rounds will be reviewed to address specific requirements including legible documentation. A quality control measure for random review of records will be conducted to ensure unannounced rounds are completed, with any discrepancies reported to the facility director. Target Date: 10/31/2017

Recommendations	JPD Action Plan
<p><b>5B-2</b> Review JPD guidelines for documenting unannounced rounds with JPD supervisors to ensure log entries are complete, legible, and accurate. Consider implementing an electronic system for logging unannounced rounds.</p>	<p>Concur – In progress</p> <p>The Protocol for unannounced rounds will be reviewed to address specific requirements including legible documentation. A quality control measure for random review of records will be conducted to ensure unannounced rounds are completed, with any discrepancies reported to the facility director.</p> <p>Target Date: 10/31/2017</p>
<p><b>5B-3</b> Establish written procedures to ensure all unit log books are retained according to record retention policies.</p>	<p>Concur – In progress</p> <p>The Protocol reviewed and modified for unannounced rounds will include references to the appropriate record retention policies. A quality control measure for random review of records will be conducted to ensure all logs are retained per the schedule.</p> <p>Target Date: 10/31/2017</p>
<p><b>Conclusion #5C:</b> JPD should consider performing unannounced rounds of all unoccupied areas of detention facilities.</p>	
Recommendation	JPD Action Plan
<p><b>5C-1</b> Document and implement procedures for conducting unannounced rounds on unoccupied/vacant units and areas within detention facilities.</p>	<p>Concur – In progress</p> <p>The Protocol for unannounced rounds will be reviewed and, as determined appropriate, will include checks of unoccupied/vacant units and areas within the detention facilities.</p> <p>Target Date: 10/31/2017</p>

**Issue #6: PREA – Staffing Plan**

**Observation:** We reviewed JPD’s staffing plan which was created as a result of 2016 Federal PREA audit reports to address adequate levels of staffing, supervision, and video monitoring. We found the plan was documented and included the required elements. However, the plan does not list the issue date, version numbers, approving authority, or that it was issued by JPD.

<b>Conclusion #6A:</b> JPD has created and documented a staffing plan to meet PREA audit findings and recommendations.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A
<b>Conclusion #6B:</b> JPD should consider formalizing the staffing plan to include document origination information.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>6B-1</b> Revise the staffing plan to include issuing organization and issue date. Add version numbers to reflect the plan has been updated annually as required.	Concur – In progress The staffing plan will be reviewed, and as appropriate, will include certain origination information. Target Date: 10/31/2017

### Issue #7: Counseling Services – Requests for Services

**Observation:** In addition to court ordered and suicide-related counseling services, JPD provides general psychological and counseling services to non- status<sup>1</sup> detained juveniles based on requests from the juvenile, JPD staff members, or other concerned persons for non-urgent requests. We selected a sample of 25 general counseling referrals to determine whether Counseling Services met with the juvenile within seven days as required by policy. While all youth were seen, we found 2 of 25 juveniles that were seen beyond the departmental expected timeframe of seven days or less. One juvenile was seen 18 days after the request and the other was seen in 13 days.

---

<sup>1</sup> Non-status detained juveniles includes detained youth who are not currently under risk status observation. Juveniles who exhibit behaviors that present a danger to themselves or others are placed under risk status observation.

<b>Conclusion #7A:</b> JPD needs to improve the response times for counseling referrals.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>7A-1</b> Develop and document procedures to ensure that counseling requests and referrals are responded to within timeframes outlined by policy. Consider implementing a process that uses automated alerts or reminders.	<p>Concur – In progress</p> <p>JPD will develop procedures to ensure scheduling of counseling referrals and subsequent appointments meet standards of time as outlined in Policy. A quality control measure for random review of requests and referrals will be conducted to ensure the department meet established timeframes for service, with any discrepancies reported to the mental health director.</p> <p>Target Date: 10/31/2017</p>

**Issue #8: Counseling Services – Court Ordered Evaluations**

**Observation:** JPD is required to coordinate the steps needed to perform a Court Ordered Evaluation for juveniles who may be: (1) suffering from a mental disorder, (2) posing a danger to self or others, and/or (3) unable to make treatment decisions and/or take care of basic needs. We selected a sample of seven Court Ordered Evaluations that occurred during our audit period and found that Counseling Services notified appropriate parties and completed the required initial evaluations and follow-up assessments. However, required case file documentation was not retained in two instances.

<b>Conclusion #8A:</b> JPD coordinates Court Ordered Evaluations and corresponding follow-up assessments according to policy.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A

<b>Conclusion #8B:</b> JPD did not consistently retain Court Order Evaluation records needed for detention case files.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
<b>8B-1</b> Develop a process that ensures all pertinent records for Court Ordered Evaluations are obtained and/or retained on file to assist with the care of higher risk juveniles.	Concur – In progress JPD will address with staff the consistent retention of necessary Court Ordered Evaluation documentation including evaluation reports and follow up assessments. This documentation retention requirement will be incorporated into annual training for applicable staff.  Target Date: 10/31/2017

**Issue #9: Medications – Controlled Substances Inventories**

**Observation:** JPD’s policy requires that controlled substances, as defined by the Arizona State Board of Pharmacy, be inventoried twice daily by two different registered nurses. We reviewed the inventory records for all 11 controlled substances that were stored at both detention facilities on the date of our onsite visits. We found inventories were completed as required by policy.

<b>Conclusion #9A:</b> JPD has established adequate procedures to inventory and manage controlled substances.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A

**Issue #10: Medications – Inventory and Management**

**Observation:** We reviewed JPD’s process for receiving, administering, tracking, and releasing personally prescribed and stock medications to determine if procedures align with department policy. Using County purchase records, JPD medical records, and onsite observations, we selected multiple audit samples to track medications ordered and used through JPD’s various inventory and receiving processes. We found that JPD has established procedures to accurately record medication quantities when received directly from County vendors. Additionally, inventory procedures for stock medication were performed in accordance with JPD policy requirements. However, we found that JPD does not perform a complete reconciliation of pill counts when medications are returned to guardians during a juvenile’s release from detention.

We selected a random sample of 40 juveniles booked into JPD custody to verify the returned pill counts matched intake and administration records. There were 55 personally prescribed medications. We identified the following discrepancies:

- 7 of 55 (13%) medications had reconciliation errors between the intake, administration, and release entries.
- 2 of 55 (4%) medications had insufficient records to determine if release counts reconciled with intake and administration records.

Additionally, JPD does not consistently record if a pill is discarded or wasted. In addition, the Techcare (medical records system) release form includes a signature, but does not clearly identify the person who received the medications during the return process.

<b>Conclusion #10A:</b> JPD has established procedures to accurately record and inventory medications purchased from County vendors.	
<b>Recommendation</b>	<b>JPD Action Plan</b>
None	N/A
<b>Conclusion #10B:</b> JPD should review and improve intake, inventory, and release procedures for medications received from juveniles and guardians.	
<b>Recommendations</b>	<b>JPD Action Plan</b>
<b>10B-1</b> Document and implement a process to inventory personally prescribed medications and reconcile counts with intake and administrative records. Include a process that would alert staff of discrepancies.	Concur – In progress JPD will review and modify as appropriate current Procedures for intake, inventory and release of personal medications received from juveniles and guardians, including the requirement that medications are inventoried by an RN in the presence of the guardian or person from whom custody is being released or from whom custody is being taken.  Target Date: 10/31/2017

Recommendations	JPD Action Plan
<p><b>10B-2</b> Establish a verification process to ensure pill quantities received from juveniles and guardians are accurately recorded in Techcare.</p>	<p>Concur – In progress</p> <p>JPD will review and modify as appropriate current Procedures to include that all medication quantities received will be verified by an RN, with any discrepancies in counts reported to the nurse manager.</p> <p>Target Date: 10/31/2017</p>
<p><b>10B-3</b> Update procedures to ensure discarded pills are recorded in administrative records.</p>	<p>Concur – In progress</p> <p>JPD will review and modify as necessary current Procedures for recording discarded pills within one location in the Techcare electronic records system.</p> <p>Target Date: 10/31/2017</p>
<p><b>10B-4</b> Establish a procedure to document the identity of the person who received pills returned during a juvenile’s release.</p>	<p>Concur – In progress</p> <p>JPD will address with staff communications or training that guardians of youth released from detention will sign the Personal Release Form, indicating their name and role (parent, guardian) on the electronic signature form.</p> <p>Target Date: 10/31/2017</p>

**Issue #11: Medications – Restricted Access**

**Observation:** We reviewed JPD procedures for restricting access to controlled substances and medications stored at the Durango (Phoenix) and Southeast (Mesa) Detention Centers. We found that JPD maintains medications and controlled substances in a locked medication storage room. Inside this room, controlled substances are retained in a locked cabinet. However, JPD keeps the keys to the controlled substances cabinet in an unlocked drawer in the medication storage room. We also found five unauthorized individuals had keys to the Durango medication storage room. Additionally, both facilities were missing keys, neither facility performed routine inventories of unassigned keys, and neither documented key authorizations.

<p><b>Conclusion #11A:</b> JPD should review and improve procedures to ensure that access to controlled substances and medications in the medication storage rooms are appropriately restricted.</p>	
Recommendations	JPD Action Plan
<p><b>11A-1</b> Perform an inventory and reconciliation of high risk (i.e., medication storage room) keys with locksmith records.</p>	<p>Concur – In progress</p> <p>The department will control access and monitor entry to the Medication Storage Room(s) via badge reader access, restricting access to the medical professionals and key facility staff.</p> <p>Target Date: 12/31/2017</p>
<p><b>11A-2</b> Establish a process to document and track key authorizations, approvals, and assignments.</p>	<p>Concur – In progress</p> <p>The department will control access and monitor entry to the Medication Storage Room(s) via badge reader access, restricting access to the medical professionals and key facility staff.</p> <p>Target Date: 12/31/2017</p>
<p><b>11A-3</b> Document and implement a process to inventory assigned and unassigned keys to ensure they are accounted for, secured, and appropriately assigned.</p>	<p>Concur – In progress</p> <p>The department will control access and monitor entry to the Medication Storage Room(s) via badge reader access, restricting access to the medical professionals and key facility staff.</p> <p>Target Date: 12/31/2017</p>
<p><b>11A-4</b> Attempt to locate missing keys. If all keys cannot be located, re-key the medication storage rooms.</p>	<p>Concur – In progress</p> <p>The department will control access and monitor entry to the Medication Storage Room(s) via badge reader access, restricting access to the medical professionals and key facility staff.</p> <p>Target Date: 12/31/2017</p>