



Community Justice Juvenile

December 15, 2021

**A Report to the
Jackson County
Board of Commissioners**

Commissioners

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**JACKSON
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MEMO
I N T E R - O F F I C E

Internal Audit

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To: Board of Commissioners
Re: Audit of the Juvenile Services Program of Community Justice
Date: December 15, 2021

The enclosed report presents the results of an audit over the Juvenile Services Program of the Community Justice Department.

Please feel free to contact me at your convenience if you have any questions or would like additional information not contained in the report.

C: Audit Committee
Moss Adams, LLP

IN A NUTSHELL

Audit Objectives

The objective of the audit was to evaluate whether controls provide reasonable assurance that Juvenile Services' programs are operating in compliance with state regulations and other requirements such as internal policies.

What We Found

Re-occurring state audits of detention and the residential program provide a reasonable level of assurance that these programs are generally operating in compliance with the applicable state requirements included within the scopes of those audits. By reviewing these audit reports and conducting our own tests, we did identify that a control is needed to assure compliance with nightly room inspection requirements. We also identified a minor and easy to correct issue with its grievance policy. We have discussed these areas with Juvenile Services and they have already taken steps to implement our recommendations.

Additionally, due to some uncertainty in interpreting a Department of Human Services audit finding and resulting expectation regarding case management documentation, we are not confident that the practices implemented by the program in response to the 2019 residential treatment audit are meeting the State's expectations. The next State review is scheduled for December 2021. This review will provide a timely opportunity to gain clarification as to whether further changes are needed.

Though the State does not audit juvenile probation, internal case management monitoring practices provide a reasonable level of assurance that case contact standards will be met.

What We Recommend

We recommended that on a daily basis, management monitor whether the prior night's inspections occurred at the required intervals. We also recommended that grievance procedure be changed so that the Detention Manager and not the Manager's subordinate supervisors be responsible for collecting any grievances reported by youth.

Introduction

Audit Authority

We conducted our audit in accordance with Codified Ordinance 218 pertaining to the County Auditor. This audit was included in our fiscal year 2021-22 Internal Audit Plan.

Compliance with Government Auditing Standards

We conducted this performance audit in accordance with generally accepted government auditing standards. These 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. Additionally, the standards address the importance that auditors be independent of management. The Internal Audit program operates in compliance with the generally accepted government auditing independence standard for internal audit shops.

Confidential or Sensitive Information

We did not withhold information that would be considered sensitive or confidential.

Audit Conclusion

There are appropriate controls to ensure probation officers meet case contact standards and appropriately manage their caseloads. Detention and the residential program are subject to numerous and varied state requirements. Biennial state audits provide assurance that compliance deficiencies in these areas will eventually be identified but management should increase its internal monitoring practices in key areas to ensure any deficiencies are identified and corrected in a timely manner.

Audit Objectives, Scope & Methodology

Our audit objective was to determine whether controls provide adequate assurance that Juvenile Service’s programs are operating in compliance with state regulations and other applicable requirements.

Our audit procedures included:

- Reviewing findings from reviews performed by the Department of Human Services, Department of Corrections, and Oregon Youth

Authority to determine which aspects of the Juvenile Program were already reviewed by outside entities.

- Reviewing ORS and internal policy pertaining to personal inspections.
- Reviewing personal inspection reports for both the Detention and Residential Programs to determine compliance with ORS.
- Reviewing Grievance Policies and discussing actual practices with management.
- Reviewing ORS, OAR, and internal expectations regarding case management for Probation, Detention, and Residential.
- Reviewing the design and implementation of controls to ensure compliance with State and internal expectations for case management.

Chapter 1: Background Information

Juvenile Services is one of the three programs of the Community Justice (CJ) Department. The scope of services provided by Juvenile Services can be divided into three broad categories: Probation (also referred to as Supervision), Detention, and Residential Treatment. Detention and Residential Treatment share the second floor of the Juvenile Services building but they are managed and operated separately from each other.

Probation. A juvenile arrested for a behavior that would be considered a crime if committed by an adult is referred to the probation office by the arresting law enforcement agency. Once referred, the juvenile will go through an intake process.

The intake process involves completion of a risk assessment, which is performed by a probation officer. The risk assessment is used to assess the situation and determine the appropriate course of action.

Options include:

Youth can avoid the court process if they qualify for diversion

- Diversion – This option is less severe than going through the court process and is generally offered only to first time offenders. To be deemed eligible for diversion, the juvenile must acknowledge responsibility for the offense, be considered a low or medium risk to re-offend, and agree to terms which may include some or all of the following: restitution, community service, counseling, alcohol/drug assessment and treatment program, and the Victim Assistance /Youth Accountability program. A Formal Accountability Agreement establishes what the juvenile must do to successfully complete the Diversion process.
- Probation – When Diversion is not appropriate, the Juvenile Court becomes involved. The Court may place the juvenile on probation and establish the terms and conditions of probation. Terms and conditions usually involve restitution, community service, required classes, and drug testing as appropriate. Required classes can include Victim Assistance/Youth Accountability, alcohol/other drug assessment and treatment, Anger Management, Family Counseling, Girls Circle, Personal Strategies, Theft Impact, mental health counseling, etc.

The Probation Officer holds the youth accountable for complying with terms and conditions

Youth on probation are categorized as requiring either high, medium, or a low level of supervision depending on factors such as risk to reoffend, adjudication history, current offense, age, etc.

The role of the probation officer is to monitor the juvenile and hold the juvenile accountable for complying with the terms and conditions of probation. The juvenile's assigned supervision level determines the frequency and time of

contact the probation officer must have with the juvenile. The following table provides the contact requirements established by Juvenile Services.

PROBATION SUPERVISION MINIMUM CONTACT LEVELS		
	Low and Medium Risk	High Risk
Youth Face-to-Face	Twice Monthly	Weekly
Parent / Family	Every Two Months	Monthly
Provider	Monthly	Weekly
School	Monthly	Weekly
Home visit	Every Three Months	Monthly

Source: Juvenile Deputy Director

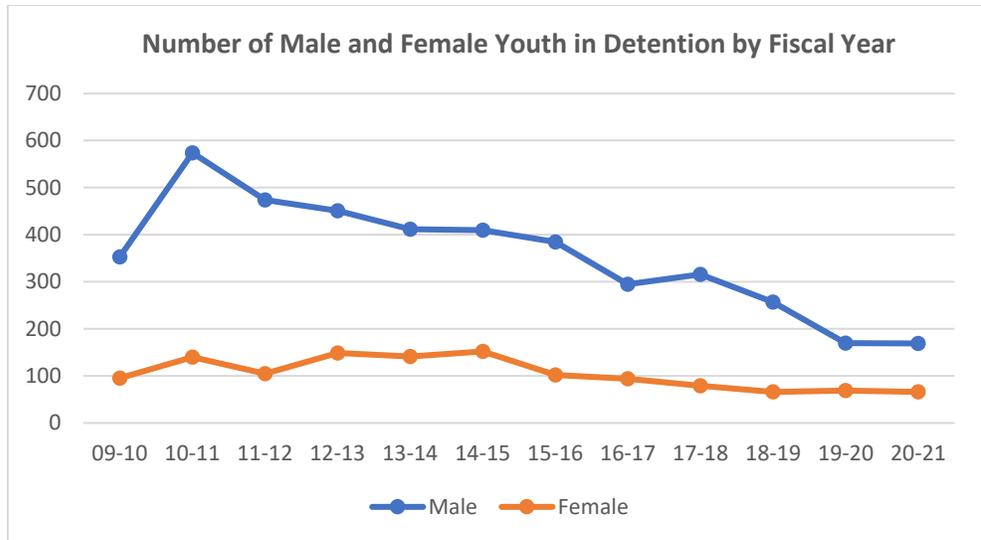
To assist juveniles in meeting required community service hours, Juvenile Services operates work crews. The work crews meet once a week on the weekend and perform grounds work at the Juvenile Department and clean County vehicles. Prior to the COVID 19 pandemic, youth could also perform community service work at the YMCA, Humane Society, Ashland Parks and Recreation, and Spartan Boxing.

Detention is imposed by court order or through statutory requirements. Most youth enter detention because of a serious offense, a probation/parole violation, a warrant, for violating a conditional release, or as an out-of-state runaway. They all have a hearing before the Court, which decides whether they remain or are released. Additionally, the Court provides Juvenile Services with the authority to make release decisions based on population management.

While in detention youth attend school and also receive medical screening and counseling services

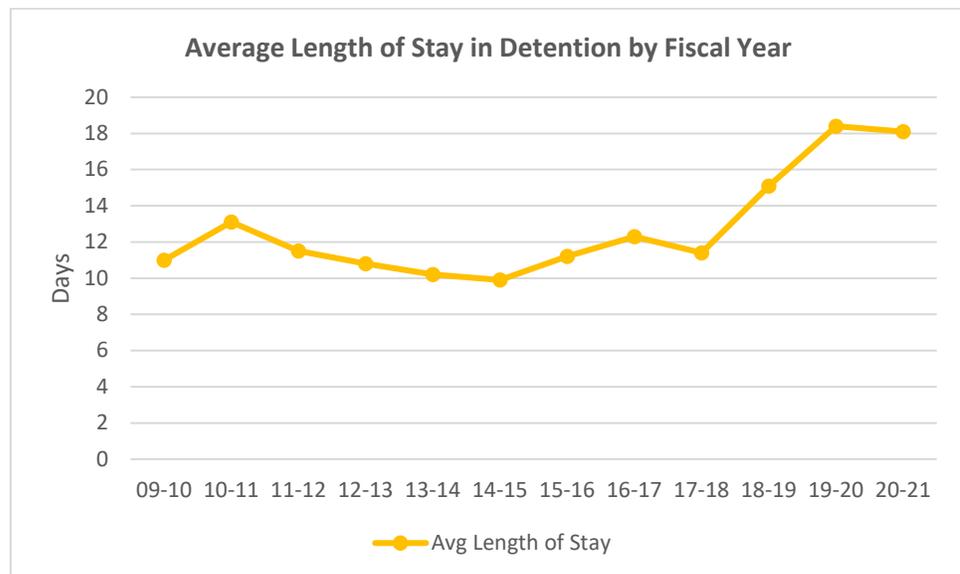
The detention pod consists of twenty individual cells that operate as a single pod. While in detention, juveniles attend school and also receive drug/alcohol assessment, evidenced-based skill building, recreation, medical screening, and counseling services.

The number of detained juveniles has been trending downward. In FY 10-11, 715 unique juveniles were detained and in FY 20-21, 235 were detained. The chart on the next page shows the number of male and female youth ordered to detention by fiscal year.



Source: Detention Facility Twelve Year Data Trend Reports

However, while the number of youths assigned to detention has been decreasing, the average length of stay in detention has been trending upward.



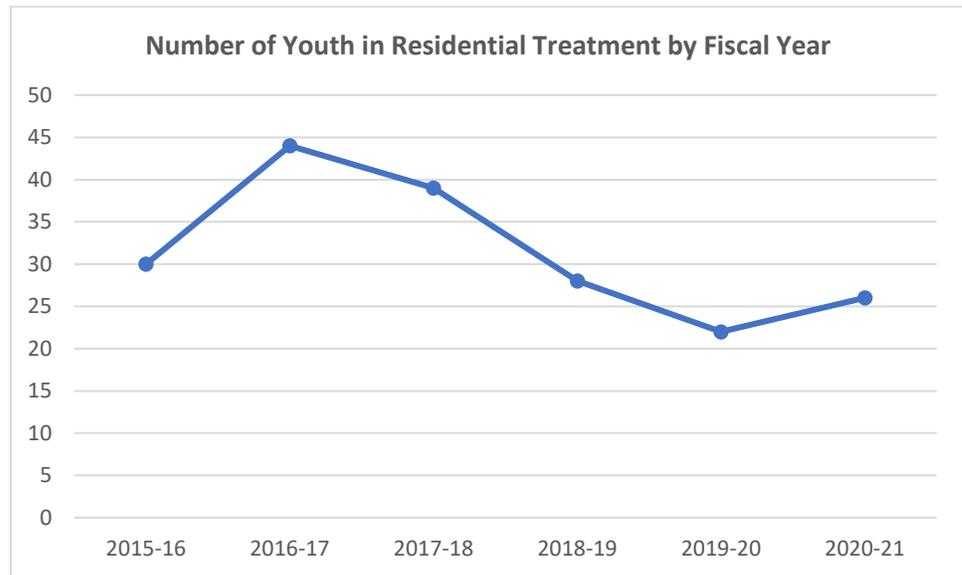
Source: Detention Facility Twelve Year Data Trend Reports

Most youth stay in detention less than 18 days; however, a few stay as long as 8

Though the average is trending upward it may be due to a few youths spending very long amounts of time in detention. For example, during the months of July through September 2021, 25% of the youths in detention during that period were released within 12 days of entering detention, but one youth was still in detention as of September 30th and had been for over 8 months, and another still in detention has been there for over 4 months. Since this data is being presented for background and not planning purposes, we did not further analyze the data to determine whether or to what extent there is a shifting trend in how long youths stay in detention.

Residential Treatment serves male youth age 10-18, operating as a single pod with both single and shared rooms. In total, there are 15 beds in the pod. However, the program has internally set the population at 10 youth as it believes this is the most appropriate number based on the physical space and also for which to provide treatment services.

The population limit of 10 juveniles at a time and the pandemic explain the decline in the number of youths in residential treatment, as shown on the following table.



Source: Custody Summary Statistics

Most youth in the Residential Program stay 6 months; however, a few stay as long as 15 months.

The program is designed with the intent that youth will spend approximately 6 months in the program. However, some youth stay longer for reasons such as they incur a new probation violation or they are not making enough progress. Youth may also stay longer if no appropriate transitional housing options are available. Additionally, some youth are terminated from the program early because they are unwilling to engage in treatment, for acts of physical violence, or for other similar reasons. In FY 2020-21, 54% of the youth stayed for around 6 months. Five (26%), stayed more than 7 months, with the longest stay being 15 months, and six youth (23%) stayed for 3 or fewer months.

Budget and Staffing

Juvenile Services operates its programs with a FY 21-22 budget of \$6,884,994. The County’s General Fund provides 78% of the funding and the remaining 22% comes from State contracts and grants.

Personnel accounts for 72% of the budget, as detention and residential treatment need to be staffed 24 hours a day, 7 days a week. In total, Juvenile Services is budgeted with 45.61 FTE and additionally utilizes overtime and Extra Help. The chart below details the staffing configuration.

Juvenile Staffing FY 21-22	Probation	Detention	Residential	Total
Allocated Staff ¹	1.49	1.02	0.6	3.11
Program Manager III	1	1		2
Supervisor V			1	1
Supervisor II		1.6	0.4	2
Office Assistant III	3	0.5	0.5	4
Juvenile Probation Officer	10			10
Juvenile Justice Spec I		12.2	5.3	17.5
Juvenile Justice Spec II		2.8	3.2	6
Total Regular Staff	15.49	19.12	11	45.61
Other - Temp	0.9	1.2	0.8	2.9
Work Crew Coordinator		4.9	2.1	7
Total Temporary Staff	0.9	6.1	2.9	9.9
Total All Staff	16.39	25.22	13.9	55.51

Source: Detail of Personnel Services Request B-2 for FY 21-22

As needed, overtime and Extra Help are used to ensure there is appropriate staffing of the Detention and Residential Programs. About \$70,000 in overtime was expended in FY 20-21. As included in the chart above, Extra Help positions are also used. Extra Help personnel primarily serve in the capacity of Work Crew Coordinators for the Detention and Residential Programs, but Probation utilizes Extra Help personnel as well.

¹ This includes management and administrative staff who serve all three programs.

Chapter 2: Controls Needed in Detention and Residential

Inspections

The Juvenile Program has not always been in compliance with State and internal inspection requirements, which increases the risk that staff will not identify safety or security issues in a timely manner. However, as will be discussed below, a new control is being implemented to address the issue.

ORS 169.077 requires a lockup facility to make a personal inspection of each person confined at least once each hour.² Jackson County's Personal Inspection of Youth policy for the Juvenile Detention Program exceeds the State's requirement by requiring a safety inspection at least once every 15 minutes when the juveniles are confined to their rooms and more often if the youth is on suicidal or other watch. The County's Residential Program Personal Inspection of Youth Policy matches the State's requirement of an inspection at least once every hour.

Inspections are only required when the youth are in their rooms, which is usually 10 pm to 7 am.

The Juvenile Program uses the Guard 1 Plus Rounds Tracker system to track personal inspections. The system records the room number, time, and staff member performing each inspection. System-generated reports can be produced and the reporting system has the capability to highlight when the time between inspection rounds exceeds a specified amount of time.

Our review of Rounds Tracker data for the month of July 2021 indicated that inspections are not consistently occurring at the required intervals. However, technology issues may have prevented some inspections from being recorded in the system, though the technology issues would not account for all the instances in which an inspection did not occur at the required intervals. Additionally, the system does not know when a room is occupied so if an empty room is not inspected, the report will show a missed inspection.

In Detention, the State requires hourly inspections but Juvenile Services established a policy requiring inspections at 15-minute intervals.

Personal inspections are not always occurring (or being documented) as required by policy

² "Confined" refers to the time confined to a room, not confined within the facility. Confinement in a room typically happens during the hours from 10 PM until 7 AM or when sick, though juveniles can be confined at other times for other reasons.

The July data indicated that there were 57 hours during the month in which no inspection occurred. This equates to a 20% non-compliance rate with the State requirement.³

The table below shows data from a representative night for rooms 1 – 10 of the 20-bed detention pod. As you’ll see, there were hours with no inspections, hours in which the program was in compliance with the State requirement but not the program’s policy, and also one hour in which five inspections occurred.

Sample of Inspection Report from Rounds Tracker for Detention on 7/9/21

	00	01	02	03	04	05	06	22	23
216									
216-RM01	4	4	1	0	0	4	3	1	3
216-RM02	4	4	1	0	0	4	3	1	3
216-RM03	4	4	1	0	0	5	2	1	3
216-RM04	4	4	1	0	0	5	2	1	3
216-RM05	4	4	1	0	0	5	2	1	3
216-RM06	4	4	1	0	0	5	2	1	3
216-RM07	4	4	1	0	0	5	2	1	4
216-RM08	4	4	1	0	0	5	2	1	4
216-RM09	4	4	1	0	0	5	2	1	4
216-RM10	4	4	1	0	0	5	2	1	4

The internal policy is to have inspections every 15 minutes, which equates to four inspections per hour between 10 PM and 7 AM. In the month of July 2021, there were 365 hours, or 33%⁴, that had three or fewer inspections.

Staff will be reviewing inspection reports and notifying management if required inspections are missed

The Residential Program is also required by the State to conduct hourly inspections. The data indicates there were 63 hours during the month in which no inspection occurred during one of the overnight hours. This equates to a 23% non-compliance rate.⁵ However, the technology issues discussed above would also pertain to inspections in the residential pod.

As mentioned above, a new control is being implemented to address this deficiency. Administrative staff will run and review the system-generated inspection report for the purpose of identifying instances when an

³ 31 days x 9 hourly inspections equals a required 279 inspections. 57 / 279 = 20% non-compliance rate.

⁴ 31 days x 9 hours x 4 inspections per hour = 1116 expected inspections. 365/1116 = 33%

⁵ 31 days * 9 hours per night = 279 inspections that should have occurred. 63 / 279 = 23%

inspection does not occur within the required timeframe. The detention manager or residential supervisor, as appropriate, will be notified if there are instances of non-compliance.

In audit terminology, this is termed a 'detective control' as compared to a 'preventative control.' It will not prevent non-compliance from occurring but the report provides management the opportunity to be made aware of and address non-compliance in a timely manner.

We recommend that the report be run and reviewed on a daily basis.

We also recommend that Juvenile Services re-evaluate the frequency at which inspections should occur so that it can determine whether the policy should be updated to reflect the state requirement or kept at a more frequent interval.

Grievances

We made one minor recommendation to better align practice with policy.

As required, Juvenile Services has a grievance policy that ensures juveniles the right and ability to submit a grievance. The procedure establishes that there shall be a locked grievance box in both Detention and Residential where youth can turn in their grievance. The policy appropriately specifies that staff who do not have routine contact with youth must be the ones to collect all grievance forms from the locked boxes into which they are submitted.

Prior to this audit, the Detention Supervisor had been tasked with checking the Detention grievance box daily and then submitting any grievances to the Detention Manager.

After we discussed this with the Juveniles Services Program Manager, the practice has been changed so that now the Detention Manager will be the one to check the box. This will better align with the intent of having the task performed by an individual who does not have routine contact with youth.

Residential Case Management

We are not certain that current practices are meeting the Department of Human Service (DHS) expectations regarding case management documentation practices. Our uncertainty is due in part because of

ambiguity in the wording of the last DHS audit and in part because of the multiple case management documents that are required.

Oregon Administrative Rule 410.170 *Behavior Rehabilitation Services Program General Rules* contains requirements for case file documentation. Each case file must include an Assessment and Evaluation Plan, a Master Service Plan, Aftercare and Transition Plan, and a Discharge Summary. Regulations specify what must be included in each plan.

The 2019 DHS audit contained multiple findings pertaining to case management documentation. As required, Juveniles Services provided DHS with a corrective action plan and the plan was accepted by DHS.

However, as mentioned earlier, from our perspective there is some uncertainty as to the expectations of the State. To clarify – this has to do with documentation practices, specifically where certain pieces of information are documented within the case file, and not with service provision. For example:

- Service Goals must be developed for each client and our understanding from reviewing the state audit report was that these goals are supposed to be documented in the Assessment and Evaluation report. However, we found the program is listing goals on the Master Service Plan instead.
- Similarly, there is a requirement that the program plan for and develop specific goals for the aftercare/transition period. Our understanding was that this should be documented within the Master Service Plan. However, we found the program used a separate form that it would complete shortly before the client's release from the program.

The next review is scheduled for December and we informed Juvenile Services that the site visit should be used as an opportunity to ensure the program fully understands the expectations regarding documentation processes.

Each youth in the Residential Program has a hard copy case file where these documents are maintained. In addition, these items are also documented in the JJIS system. However, JJIS does not have the ability to produce exception reports to identify missing documents. Instead, a Residential Program Supervisor periodically selects 3 case files to review.

The Supervisor performs periodic case file reviews, but these are not documented

There are normally around 10 youth in the facility at any one time, so this is a review of approximately 30% of the files. The Supervisor reviews the files to ensure all required paperwork has been completed satisfactorily.

The review process serves as a reasonable control to ensure that case file documentation requirements are met. However, we did note that the supervisor's review of case files is not documented.

Juvenile Services will be implementing a formalized quarterly review process. The Residential Treatment Supervisor will conduct quarterly reviews using the same form used by DHS during its biennial reviews. After completing the reviews, the Residential Treatment Supervisor will then meet with the Juvenile Services Program Manager VIII to discuss the results. This practice will conform to requirements being established for a residential treatment accreditation process that is in the development stages.

Chapter 3: State Audits of Detention and Residential Treatment

As mentioned in the introduction, state audits of detention and residential treatment occur on a recurring basis, though the pandemic did interrupt the scheduling of these audits. As discussed below, the Department of Human Services Children’s Care Licensing Division (DHS) and the Oregon Youth Authority (OYA) audit the residential treatment program. The Department of Corrections’ Community Corrections Division performs an annual inspection of detention that encompasses many areas of the Juvenile Detention Guidelines. Additionally, the state detention manager’s association is planning and preparing to implement a biennial detention peer review process.

Audits of Residential Treatment

There are two separate biennial audits of the Residential Treatment Program. Typically, these audits are conducted concurrently, but the pandemic has disrupted the schedule.

One of the audits is jointly conducted by OYA and DHS. This audit is conducted to verify compliance with the treatment service delivery requirements established in OAR 410-170. It encompasses 16 areas of review. Within each area there are multiple specific requirements that are evaluated for compliance. The table below summarized what is included in this audit.

Scope of OAR 410.170 Treatment Service Delivery Audit

		OAR 410-170-subsection
1	Personnel/Program Requirements (staff credentials, background checks, training, etc)	0030
2	Minimum Direct Care Staffing levels (requires 1 staff per 5 clients when awake and 1 staff per 10 clients when asleep)	0030
3	Intake Procedure (establishes how quickly admission decisions must be made and what policies and other documents must be given to the parent/guardian)	0040-0050
4	Initial Service Plan (Specifies the details that must be included in the plan)	0070-1

5	Assessment and Evaluation Plan (Establishes that this plan must be completed within 45 days and specifies what must be included in the plan)	0070-2
6	Master Service Plan (Establishes that this plan must be completed within 45 days and specifies what must be included in the plan)	0070-3
7	Master Service Plan Update/Review (Requires this plan to be updated every 90 days)	0070-4
8	Aftercare and Transition Plan (Establishes timeframe and requirements for this plan)	0070-5
9	Discharge Summary (Establishes timeframe and requirements for this plan, which discusses progress made towards service plan goals)	0070-6
10	Aftercare Summary (The summary addresses the 90-day period following discharge and describes the client's adjustment to the community and includes any further recommendations. The Summary must be completed within 120 days of discharge)	0070-7
11	Service Documentation (Requires weekly recordation of services provided to youth while in residential treatment)	0080-0090
12	Incident Reports (establishes requirements pertaining to documenting incidents and crisis interventions)	0030-12-b
13	Home and Transitional Visits (Establishes criteria that must be met for a visit to qualify as a home/transitional visit)	0110-4
14	Physical Facility (Requires that applicable safety, health, and general environmental standards be met and establishes requirements relating to sleeping arrangements)	0030-9
15	Placement Related Activities (Requires provider to have systems in place that provide for transportation to medical appointments; educational and vocational needs; and recreational, social, and cultural activities. Also requires that clients be given a physical exam within 30 days of placement).	0100
16	Policies (Requires the provider to have written policies regarding various topics)	0030-11

The audit occurs on a biennial basis, with the last one having occurred in October 2019. The program was found to be out of compliance with a handful of case file documentation requirements. Steps have been implemented to bring the program into compliance but due to some ambiguity in the audit report wording, we could not determine if the State's expectations have been met. The next audit is schedule for December 1, 2021 and we have informed Juvenile Services of the need to use the audit as an opportunity to gain clarity regarding the State's expectations, though we recognize the State's expectations can change

when and if there is turnover of State employees with program oversight responsibility.

The other audit is conducted by DHS to verify compliance with OAR 413-215-0001 to 413-215-0131, Licensing Umbrella Rules and OAR 413-215-0501 to 413-215-0586, Licensing Residential Care Agencies Rules.

The scope of this audit includes 30 distinct areas. The areas include but are not limited to: discipline, behavior management, and suicide prevention; physical plant; room and space requirements for bedrooms, kitchen, and living areas; food services; safety; medication and health services; staffing requirements, personnel files, orientation, and ongoing training; and consents, disclosures, and other records and documentation.

The October 2019 audit had several findings that included a variety of topics. Fire drill evacuations were either not occurring or were not being documented as happening at the required monthly frequency. Annual performance evaluations were not consistently documented as having occurred. There was no documentation of new employee orientation training for nearly all the new staff. Likewise, some other required trainings were not documented as having occurred. Youth files were missing consent forms for discipline and behavior management, missing pre-approval for activity specific authorizations and did not contain information on discharge planning and instructions or information regarding religious preferences.

Subsequent to the October 2019 audits, Juvenile Services made changes in its management structure and personnel. At the time of these audits, one manager oversaw both detention and residential treatment and two detention supervisors and one residential treatment supervisor reported to this manager. This manager reported directly to the Juvenile Services Program Manager VIII position that is responsible for all of Juvenile Services.

A restructuring occurred. Now, the supervisor of Residential Treatment Supervisor (Supervisor V) reports directly to the Juvenile Services Manager (Program Manager VIII). A new Program Manager III was hired and this person is only responsible for Detention.

In addition to the biennial audit of OAR 413-215 compliance, OAR requires that DHS perform at least one unannounced site visit a year. In December 2020 DHS conducted its site visit and found that all findings from 2019 had been addressed.

Department of Corrections Audit

The Department of Corrections (DOC) typically conducts a biennial audit, but did not conduct one in 2020. The last audit occurred in April 2018 and one is schedule for November 2021.

The DOC audit verifies that detention standards established by ORS 419 are being met. Items reviewed include various aspects of the physical plant and requirements regarding separation of juvenile detainees from adult detainees.

There were no findings in the 2018 audit.

The Juvenile Detention Facilities Guidelines, which per ORS 169.090 (2) are developed and revised by the Youth Development Council and the Oregon Department of Corrections, include the best practice that a peer review be conducted biennially.⁶ A checklist of what will be included in the peer review has been developed. The peer reviews, which will be conducted by members of the statewide detention association, haven't begun yet. These reviews, which will be more comprehensive than the DOC audits, will be in addition to the DOC audits.

⁶ The Youth Development Council was established in 2012 by House Bill 4165 and is associated with the Youth Development Division of the Dept. of Education.

Chapter 4: Probation

Probation Case Management

Management has designed and implemented a satisfactory method of monitoring Probation Officer performance to help ensure expectations are met.

Probation Case Management expectations are set by management

Juvenile Services has established standard operating procedures (SOPs) that establish the expectation that Risk Assessments will be updated every 6 months and Initial Case Plans will be completed within 30 days and updated every 3 months. There are no corresponding state requirements. In addition, as discussed in the Introduction, minimum contact levels have been established by Program Management.

The Program Manager III over the Supervision (Probation) Program performs quarterly reviews of each Probation Officer's performance. The program's Caseload Audit Form is used to document the results of the review. The form has a section to note any late Risk Assessments and a separate section for late Case Plans. Expected and actual contacts are also reflected on the form. All Risk Assessments, Case Plans, and contacts are notated in the Juvenile Justice Information System (JJIS) system, which the Program Manager utilizes to complete the Caseload Audit Form.

All Probation Officers met at least 90% of the required contacts during the last two quarters of FY 20-21

The expectation is that staff will be meeting at least 90% of the required contacts each month. If they fall below 90% the Supervisor starts monthly monitoring. If staff fall below 80% of contact standards, they are placed on a workplan and meet with their Supervisor weekly until improvement is consistently achieved.

We reviewed the Caseload Audits for FY 20-21. For the first 2 quarters they did not calculate the percentage of contacts met due to the COVID 19 pandemic. For the last 2 quarters they allowed phone calls to be counted as contacts, and started calculating the percentage again. None of the staff fell below 90% during the last 2 quarters of FY 20-21.

Summary of Recommendations

1. We recommend that Juvenile Services implement the control of having system-generated inspection reports reviewed the next business day to ensure any instances of non-compliance are identified and corrected in a timely manner.
2. We also recommend that Juvenile Services re-evaluate the frequency at which inspections should occur so that it can determine whether the policy should be updated to reflect the state requirement or kept at a more frequent interval.
3. We recommend that the Detention Manager and not the manager's subordinate supervisors be tasked with the collection of juvenile grievances in order to comply with the policy requirement that grievance forms be collected by an individual who does not have routine contact with the youth.
4. We recommend that Residential Treatment review with DHS the expectations DHS has regarding case documentation practices to ensure Residential Treatment understands and is in compliance with state requirements.

Management Response



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December 15, 2021

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We appreciate the opportunity for the juvenile division's audit process to ensure and improve controls that we are operating in compliance with state regulations and other requirements such as internal policies. We have addressed the audits four specific recommendations which are listed below with our plan of action.

1. We recommend that Juvenile Services implement the control of having system-generated inspection reports reviewed the next business day to ensure any instances of non-compliance are identified and corrected in a timely manner.

Facilities throughout Oregon that utilize an electronic system for room checks have established a weekly review to ensure compliance with facility policy and State statute. It is believed that utilizing this timeframe will provide appropriate oversight to ensure staff are conducting room checks per State Statute and facility policy. We will be working on updating current facility policy to reflect running a weekly report to verify that all checks are complete according to facility policy and State statute. Any deviation from this, will result in a supervisor contacting staff and determining why the check was outside of the requirement.

2. We also recommend that Juvenile Services re-evaluate the frequency at which inspections should occur so that it can determine whether the policy should be updated to reflect the state requirement or kept at a more frequent interval.

State statute requires at least hourly checks when youth are in their rooms. Detention facilities throughout Oregon use this statute or have implemented a more stringent check between 15 and 30 minutes. Locally, the majority of the time youth are in their room is during sleeping hours (10pm-7am). The room check electronic system reports will be run at 30-minute intervals to ensure the facility is meeting statutory requirement of at least every hour and the most stringent facility policy of 30-minute checks for when youth are in their rooms and continue with a 15-minute check for special circumstances around suicide or medical watch which require more frequent checks. Additionally, staff will conduct checks on all unoccupied rooms since the system does not differentiate between occupied and unoccupied rooms. Policy is being updated to reflect this change.

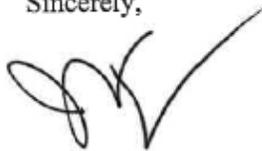
3. We recommend that the Detention Manager and not the manager's subordinate supervisors be tasked with the collection of juvenile grievances in order to comply with the policy requirement that grievance forms be collected by an individual who does not have routine contact with the youth.

The process of reviewing grievances has been updated so that these go directly to the Detention and Residential Program Managers to handle instead of the facility supervisors. If there is a grievance against a program manager, then the grievance would go to the deputy director (Program Manager VIII). Program Managers will review and decide if the grievance can be delegated to a facility supervisor for follow up or handled themselves. Program Managers will track and record all grievances received, including the outcome. Policy is being updated to reflect this change.

4. We recommend that Residential Treatment review with DHS the expectations DHS has regarding case documentation practices to ensure Residential Treatment understands and is in compliance with state requirements.

The Residential Treatment Program completed a review with DHS on December 1, 2021, which the final results are pending but it is felt that the review went well. The program feels it has a good understanding of what the expectations of DHS is regarding specific documentations and where this should occur in regards to reports and service plans. Continued communication with DHS will occur to ensure that all documentation and service delivery is being completed accurately and in the appropriate locations, especially is there is a change in review personnel.

Sincerely,



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Jackson County

Internal Audit Program

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