Acknowledgements

Michelle Cleveland, CFE, CGAP, and Shannon Miller, CPA, conducted this audit. Please contact Ken Kleffner, County Auditor, at 913-715-1833 if you have any questions about this audit report.
Introduction

In accordance with our approved audit plan, we audited the Johnson County Juvenile Detention Center (JDC), a program of Johnson County Corrections Department, Juvenile Services Division. This audit focused on policy, procedures, and practices designed to maintain a safe environment for youth and staff in the facility. We also reviewed the performance measures used by leadership for decision making and to measure outputs and outcomes for the JDC.

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient and 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.

Audit Objectives

The audit objectives were taken from the program objectives to answer the following questions:

Are JDC administration and staff...

- Taking appropriate actions to maintain a safe and secure environment for youth and staff?
- Using standard performance measures as a management tool to improve success for Johnson County at-risk youth and the facility?
**Executive Summary**

**Why This Audit Matters**

Johnson County Juvenile Detention Center (JDC) serves the community by detaining high risk juvenile offenders while awaiting court action or by court sentencing. JDC offers programs for the youth designed to help them reintegrate and reduce risk in the community upon release.

**By the Numbers**

- 69 - Facility capacity
- 690 - Total admissions from 2018 - 2019
- $5.8 million - 2019 Budget Expenditures
- 66 - Budget FTE for Operations

**What We Found**

Leadership and management take the safety of youth and staff at the JDC seriously. There are policies, procedures, and practices in place designed to keep youth physically and psychologically safe while in detention. We found some risks to youth may remain because not all procedures were followed.

JDC needs management tools for tracking, analyzing, and reporting on incidents for Use of Force, Injuries, PREA, and Grievances. Review boards designed to determine if the facility needs improvements for systemic or staff patterns have not been convened. As a result, leadership has not had the reports and information needed to determine if the facility has safety issues in these areas needing to be addressed.

Leadership has recently implemented performance-based standards designed for best practices in juvenile detention centers. The performance measures for these standards apply to more areas than were previously measured. The performance-based standard measures will allow leadership to benchmark facility goals and performance with other facilities nationwide. However, JDC needs automated tools for collecting the 101 data points required for the performance-based standard measures. This will also ensure completeness and accuracy in reporting.

A significant gap existed in the number of overtime hours worked between the average YCA and the top six YCAs who worked 26% of all overtime hours.

**What We Recommended**

Request Justice Information Management System (JIMS) develop tools in the Correctional Management System (CMS) to document incidents of Use of Force, Critical/Injury, and PREA Incidents.

Collect and analyze incident data on a regular basis and report results to leadership, at least annually, to ensure patterns are detected and leadership is informed.

Update Department Use of Force Policy 3.18A to reflect current department practices and intent. Include criteria for convening the Review Board so problem areas can be recognized and addressed through training.

Modify procedures in JDC Policy 14.05 Youth Disciplinary Process to ensure Behavior Reports are reviewed by a third party, particularly if the youth has waived due process rights.

Request JIMS establish a kiosk for youth to submit grievances directly into the CMS system, with a workflow, to ensure grievances are addressed and that there is a reporting tool for analysis and reporting.

Request JIMS develop tools in CMS to collect data points required for performance-based standard measures.

Write guidance for staff collecting and reporting on performance-based standard measures.

Modify JDC Policy 9.20 Staff Coverage to include procedures for selection of voluntary overtime and establish a cap for overtime hours worked per staff per pay period. Policy revisions should ensure staff coverage and, within reason, consider how much overtime a person has worked and/or has signed up for future shifts.

**Noteworthy**

JDC leadership took precautions to address the spread of COVID - 19 at the detention facility. As of the end of our fieldwork, they did not have any positive cases reported.

JDC leadership periodically performed staffing analyses. In 2019, staffing analysis allowed JDC to reduce staff with an estimated cost savings of $509,239 per year.
Background & Scope

The Juvenile Detention Center (JDC) is a secure detention facility opened in 1999 to hold up to 69 youth, ages 10 – 17. These youth have been arrested and need to be detained pending further court action, based on assessment from the Juvenile Intake and Assessment Center (JIAC) or other court order. Various educational and treatment programs are offered to youth during their stay in detention. JDC’s 2019 budget includes nearly $5.8 million in expenditures with 65.75 FTE.

The objective of JDC is:

*To protect public safety from higher risk youth and ensure proper placement of lower risk youth, while maintaining a safe and secure environment while in detention.*

Profile of Admissions & Releases - 2018 through 2019

The JDC had 690 admissions in the two years. 21% of the youth were admitted two or more times in the same year. The facility served a total of 511 individual youth during that time. The average stay of admissions is 20 days.

Who was admitted?

Most youth admitted were male, age 17 years.¹

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¹ Source: Audit Services analysis of JIMS JDC admission/release data 2018 - 2019
Where were they from?

The majority of the youth were Johnson County residents. ²

Why were they there?

Most youth were brought to JDC for a new felony arrest and admitted based on JIAC’s assessment. ³

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² Source: Audit Services analysis of JIMS JDC admission/release data 2018 - 2019
³ Source: Audit Services analysis of JIMS JDC admission/release data 2018 - 2019
Where were they released?

The majority of youth were released from JDC to House Arrest.⁴

⁴ Source: Audit Services analysis of JIMS JDC admission/release data 2018 - 2019
Management and Process Improvements Would Reduce Risks

JDC administration has designed policies, procedures, and practices to maintain a safe environment for youth and staff. We found three management areas where potential risks remain, mostly due to policy and procedures not being followed. Enhancements in these areas would improve mental and physical safety for the youth while in detention. The three areas are:

- Incident Management for Use of Force, Critical/Injury Incidents, and Prison Rape Elimination Act (PREA) Reports: JDC does not have tools for tracking, analyzing, or reviewing incidents to determine if the facility has issues that need to be addressed. Management has not convened Review boards designed to review certain incidents and address problem areas.

- Disciplinary Report Review Process: 5% of Behavior Reports do not have a secondary review and could lead youth to accept undeserved disciplinary restrictions.

- Grievance Submission, Review and Reporting Process: The grievance process does not ensure all youth grievances are received and reviewed. Valid grievances and issues could go unaddressed.

Recommendations


2. Collect and analyze incident data on a regular basis and report results to leadership, at least annually, to ensure patterns are detected and leadership is informed.

3. Update Department Use of Force Policy 3.18A to reflect current department practices and intent. Include criteria for convening the Review Board so problem areas can be recognized and addressed through training.

4. Modify procedures in JDC Policy 14.05 Youth Disciplinary Process to ensure Behavior Reports are reviewed by a third party, particularly if the youth has waived due process rights.
5. Request JIMS establish an interactive computer terminal (kiosk) for youth to submit grievances directly into the CMS system, with a workflow, to ensure grievances are addressed and that there is a reporting tool for analysis and reporting.

Department and JDC policies and procedures were written to ensure leadership has the information needed to determine if the facility has issues that should be addressed. JDC policies and procedures require analysis and reporting of Use of Force and PREA incidents to leadership annually. Also, management is to convene review boards for certain Use of Force and all critical/injury incidents.

The Correction Department’s Use of Force policy 3.18A and JDC’s PREA Data Collection and Documentation policy 5.03 require annual incident data to be collected, analyzed and reviewed for patterns and trends in Use of Force and PREA incidents. They also require management to write annual reports of the review and analysis for leadership.

The Use of Force policy and JDC’s Critical Incident Review policy 9.19 also define review boards to be convened to review incidents and determine: incident causes, whether policies and procedures were followed, and if any improvements are needed to policy, procedures or training curriculum.

The Use of Force policy 3.18A allows the department’s Security and Investigations Specialist’s discretion for convening the Use of Force Review Board. The Critical Incident Review policy allows the Policy and Compliance Manager to convene a review board for any critical incident.

JDC’s Operations Critical Incident Review Policy 9.19 defines a critical incident as:

Any significant situation, incident, or event that compromises the safety and/or security of the facility, visitors, youth, and/or staff. This may include any occurrence deemed to be critical in nature. This also includes but is not limited to the following: A serious physical interaction/occurrence, a suspicion of excessive force being applied by staff towards a youth, any youth or staff injury as a result of an interaction, and any sexual misconduct involving a staff and a youth, or youth to youth.
Leadership should have incident analysis and review board reporting. Leadership has not received reports of incident analysis or review board results, described above, for at least two years. Management and leadership have reviewed and investigated incidents on a case-by-case basis. However, management has not performed analysis of incidents in total or convened review boards for reporting to leadership.

Management tracks the total number of Use of Force and Injury Incidents monthly. They are reported in performance measures to leadership by month and by year.

The Prison Rape Elimination Act (PREA) incidents are reports from youth alleging sexual harassment or assault. PREA incidents and reports have not been reported in total, by year, to leadership since 2016.

JDC staff send an email notification of incidents to management and leadership when they occur. Management and leadership review the reports and video saved in multiple locations. PREA incidents are investigated and the results saved in files, also on the shared drive. Hard copies of the documentation related to all types of incidents are also kept in the youth’s case files.

Management has not been tracking or trending the incidents or incident data to determine if there are any patterns. Also, they have not convened review boards which could help uncover potential problems or risks.

Management needs tools for analysis and reporting. Management has been unable to analyze incidents and report results to leadership, ultimately, due to a lack of automated tools.

JDC does not compile the data, such as; date of incident, incident type, youth involved, staff involved, or outcome of the incident. Consequently, they are unable to determine if there are any patterns to the incidents occurring in the facility. It is also difficult to validate the performance measures reported for Use of Force or injuries without such a tool.

Changes in management approach led to delays in review boards and reports to leadership. Management has delayed convening review boards and reporting due to changes in personnel and implementing new organizational approaches to Use of Force and PREA incidents.
The organization experienced changes in management and leadership in 2017. A new Security and Investigations Specialist began to make changes to the Use of Force approach and practice in the Corrections Department. The Operations Commander position at JDC was changed to a Deputy Director position with more responsibilities in Juvenile Services separate from the JDC. At the end of the year, the Department Director retired, and the current Department Director was appointed.

In 2017, leadership decided changes were needed to reduce risk and injuries sustained during the Use of Force incidents and training. They consulted the Sheriff's Office in developing some of these changes. The Security and Investigations Specialist’s changes to the Use of Force approach included:

- Changing the definition of Use of Force recognized by the department,
- Changing the composition of the Use of Force review board to make it a peer review rather than management or leadership review,
- Adding training for all Corrections personnel on the legal aspects of Use of Force, and
- Simplifying the forms used to report Use of Force incidents.

Since October 2018, the review board has not been convened to review any specific Use of Force incidents. The department policies and procedures were not updated to reflect the new practices. And annual incidents of Use of Force were not analyzed for reporting to leadership while changes were occurring to the organizational approach.

The Policy and Compliance Manager has not convened the Critical Incident Review Board since 2015. Management reasoned most Critical Incidents result from an incident that also involves the Use of Force. So, they relied on the Use of Force review board to address any needs for improvement that would have been addressed by the Critical Incident Review Board.

JDC stopped collecting and reporting PREA incident data in 2017. The Kansas Department of Corrections (KDOC) stopped requiring PREA reporting from JDC when they discontinued JDC’s PREA audits. Management concluded because reporting to KDOC was not needed, the regulation no longer applied.
Youth and Staff May Be At-Risk of Injury in the Absence of Incident Analysis and Review

The Prison Rape Elimination Act (PREA) was passed in 2003. The act requires facilities maintain “zero tolerance” for sexual abuse of those in detention and implement policies and procedures for the prevention, detection, and response to sexual abuse incidents. PREA regulations still apply to both adult and juvenile detention facilities. Leadership needs annual reports of these incidents to determine if prevention, detection, and response practices are working.

Review boards, in addition to incident analysis, are designed to allow the management and staff involved to review incidents and learn from potential mistakes or patterns that could lead to injuries. From 2018 - 2019, 13% of youth injuries and 36% of staff injuries were the result of Use of Force incidents.

<table>
<thead>
<tr>
<th>Injury Cause</th>
<th>Youth Injuries</th>
<th>Staff Injuries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altercation</td>
<td>32</td>
<td>-</td>
</tr>
<tr>
<td>Use of Force</td>
<td>18</td>
<td>5</td>
</tr>
<tr>
<td>Use of Force Training</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Recreation</td>
<td>32</td>
<td>-</td>
</tr>
<tr>
<td>Self-Inflicted</td>
<td>24</td>
<td>-</td>
</tr>
<tr>
<td>PE</td>
<td>15</td>
<td>-</td>
</tr>
<tr>
<td>Other</td>
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<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>135</strong></td>
<td><strong>14</strong></td>
</tr>
</tbody>
</table>

Source: Audit Services Analysis of JDC Performance Measures and Work Comp Claims.

We reviewed 15 Use of Force incidents in months where injuries were reported due to Use of Force and youth altercations. This review included 3 incidents where 4 staff reported injuries. We noted:

- Most Use of Force incidents occurred due to youth altercation. There is a possibility that injuries sustained by youth were double counted in both categories.
- Injuries to youth were mostly superficial cuts, scrapes, and bruises.
- All documentation was available for review. It was difficult to trace and validate the numbers reported on the performance measures to specific incidents.
- Not all Use of Force incidents were caught on the facility cameras due to blind spots located at the back of pods. This issue was recently corrected with the installation of a new camera and monitoring system.
Risky Practices May Continue Without Convening a Review Board

- Interviews with the Security and Investigations Specialist and review of video revealed a potential issue with staff continuing to hold youth face down after mechanical restraints (handcuffs and ankle shackles) have been applied.

Training to reflect the new Use of Force approach was not completed for all staff until the end of 2019. Once training was complete, management updated JDC policy and procedures to reflect current JDC responsibilities. However, the new Use of Force Review Board has not met to review and address practices that may be risky.

The JDC Use of Force policy 9.08 reflects the most current definitions. It includes the following:

**Use of Force:** The amount of effort required to compel compliance by an unwilling subject.

**Use of Force Model:** Guidelines that help staff determine a reasonable response to various types of behavior.

**Objective Reasonableness:** Actions are objectively reasonable when facts and circumstances of the event are considered without regard for a person’s underlying intent or motivation.

**Mechanical Restraints:** Devices used to restrict physical activity including handcuffs, leg restraints, soft restraints, and belly belt.

The policy and procedures prohibit these two techniques:

- Hogtying youth or intentionally placing youth in restraints in other uncomfortable positions.
- Restraining youth in a prone position and putting pressure on the youth’s back.

In three of the Use of Force incidents reviewed, youth were held down on the ground on their stomachs after mechanical restraints were applied. In two incidents, youth were left on the floor on their stomach shackled and cuffed after staff left the room. In one of these incidents, a staff person was injured by another staff laying weight on them as staff were piled on top of each other holding the youth down.

The Use of Force Review Board would include the staff involved in these practices. Staff would have the opportunity to learn from the review and the board could recommend any further training that might be needed.
We reviewed a compilation of the youth reported PREA incidents and investigation results from 2017 through 2019. We noted the incidents reported increased from three in 2017 to five in 2019. Only four of the reported incidents were substantiated (1 in 2017, 3 in 2019) and all were youth on youth incidents. This information was not compiled or reported to leadership, leaving them at a disadvantage to determine if any training or improvements were needed in the facility.

Youth behavior at JDC is managed through a program called Positive Behavior Supports. Youth earn rewards for showing positive behavior and meeting expectations. If youth violate facility rules or expectations, staff issue a disciplinary report called a Behavior Report. Youth can only use rewards or participate in extra recreational and gym time if they have not received any disciplinary reports in the past 8 - 16 hours, depending on the severity of the violation.

JDC Policy 14.02 states: *It will be the policy of the Johnson County Juvenile Detention Center (JDC) to provide a process for the discipline of youth that ensures accountability for violation of facility expectations and allows for an objective review of the factual and procedural basis for the discipline.*

Youth may receive Behavior Reports for any of the following Level 1 or Level 2 violations (the following does not include all violations):

- Not following Staff Directives (Level 1)
- Disrespect to Staff/Youth/Visitor/Court (Level 1)
- Intimidation or bullying (Level 1)
- Damage or Destruction of Property (Level 1)
- Misuse of Communication (Level 1)
- Contraband (Level 2)
- Lewd acts (Level 2)
- Disruptive behavior (Level 2)
- Discriminatory comments (Level 2)
- Physical threat (Level 2)
- Battery (Level 2)

JDC staff issued 1,632 Behavior Reports to youth from 2018 - 2019. Behavior Reports were mostly issued for Level 2 - Disruptive Behavior (28%) or Level 1 - Disrespect to Staff/Youth/Visitor/Court (16%).
Our analysis found that 81 (5%) of the Behavior Reports issued from 2018 - 2019 were reviewed by the same Shift Supervisor issuing the report. These reports did not have a secondary review unless due process was requested. We reviewed the Due Process tracking records for 2019 and found 70% of the Behavior Reports issued and reviewed by the same Shift Supervisor, also had due process review waived.

The procedures require the Behavior Report to be completed by the end of the shift on which the behavior occurred. Youth will receive a notice of the Behavior Report. They have the opportunity to request a due process review of the report or sign off on the notice that they waive their right to the due process review. If the youth refuses to sign the notice to waive their right to the due process review, the issuing Youth Care Advisor (YCA) or Shift Supervisor will initial the notice for them.

The procedures do not require a secondary review of the Behavior Reports. If a Shift Supervisor issues the report and is the only Shift Supervisor on duty for that shift, the procedures require him/her to complete the report by the end of the shift without the opportunity for a secondary review.

This could lead to youth accepting consequences that may not be deserved and restrict their access to rewards for good behavior.

JDC processes Youth Requests and Grievances in the same manner. Youth can write Request forms for housekeeping and maintenance issues, programs and scheduling requests, or concerns about rules, regulations, or policies. They can also submit Request forms to the case manager for court information, room moves, no contact orders, and property releases. Youth can submit Grievance forms about specific incidents or treatment within the facility they perceive to be unfair or inappropriate.

The process requires youth to request the appropriate form they need from the YCA on duty in their pod. Once they have completed the form, the forms are filed in a box located behind the YCA station and the youth must request the YCA on duty to place it in the box for them.
Policy and procedures require youth requests and grievances be picked up daily from the boxes and distributed to the appropriate recipients. The procedures do not designate which staff or supervisors will gather the forms.

Staff are in possession of the forms at least twice during the process. Leadership does not have any guarantee that they are receiving all requests and grievances for review. Youth are not allowed to submit a second request or grievance for the same issue for 5 days. Without a copy of their original form, they lack support that the form was submitted and reviewed by appropriate staff or management.

Since the audit began, staff have started entering the grievance form information into CMS. However, the process for collecting the forms is still the same. Interactive computer terminals, or kiosks, installed in the pods would allow youth to submit their requests and grievances directly to the CMS system. This would improve the process and ensure JDC is receiving and addressing facility issues. Management and leadership could also collect data for analysis to determine if there are any staff behaviors or systemic issues that may need to be addressed.

Conclusions

JDC management should have the proper tools for analysis, review, and reporting to ensure the safety of the youth and staff in the facility. Review boards should be convened to ensure proper practices are followed. Leadership needs incident analysis and review board reports to address issues and reduce risks to staff and youth. Leadership also needs assurances that review of youth disciplinary and grievances processes occur to ensure staff and systemic issues are being addressed.

Leadership’s Response

1. Concur. In process
2. Concur. Will be implemented
4. Concur. Already completed. Policy and Compliance Manager is the reviewer and overseer.
5. Concur. We concur that unimpeded client access to the forms and submission are essential. The forms and lock boxes were moved so that clients have open access and do not have to request YCA assistance.
We do not concur that a kiosk is immediately necessary. The request for the kiosk was made a few years ago. It currently sits at priority 5 on the long-term JIMS projects list. Grievances are tracked in the Client Management System (CMS).

The report is a fair assessment of our processes and areas for improvement for the period of the audit, 2018 through 2019. Most notably our inability at that time to easily sort, filter, and analyze data and make trending analysis and aggregate reports more readily available. We have always been data rich; collecting all sorts of data points and information. The challenge was not having data centralized and automated as indicated in this report. We began the process of automation and centralizing data in late 2017 and have continued to build on this working in partnership with JIMS.

We have moved away from paper forms and electronic files spread across servers to a centralized data system, the Client Management System (CMS). This will allow us to run queries, download data into spreadsheets, set up monthly, quarterly, and annual reports, etc. Most everything now resides in CMS; the last major component is our Use of Force information which and should be completed before the end of 2020.
Accurate Performance-based Standard Measures will Assist Leadership in Setting Goals and Benchmarking

JDC management and leadership were tracking performance measures for safety, security, and order in the facility during the scope of the audit. However, we noted these performance measures were not always accurate or complete. Additionally, the measures reported through the budget and public dashboards did not show JDC performance.

JDC Management did not have automated tools to ensure performance measures were complete and accurate. Also, management has not developed written guidance identifying the sources of data or processes used for reporting performance measures.

The Juvenile Services Director recently implemented nationally recognized performance-based standards. These standards will allow leadership to better measure and benchmark outputs and outcomes for decision making. However, if previous issues are not corrected, leadership may not have reliable and accurate information for decision making or reporting purposes when the performance-based standards are fully implemented.

Recommendations

6. Request JIMS develop tools in CMS to collect data points required for performance-based standard measures.

7. Write guidance for staff collecting and reporting on performance-based standard measures.

Previous Performance Measures Were Incomplete and Had Some Inaccuracies

The performance measures reported internally from 2018 - 2019 were not complete and some measures were not accurate. We found the following in our review and validation of performance measures:

- The number of grievances and number of grievances upheld were reported as 0 in 2018 and again in 2019. A tool for tracking and reporting grievances accurately did not exist.

- The level of violation for behavior reports was not accurately reported. Medium (Level 1) and High (Level 2) disciplinary reports were not tracked. Consequently, leadership did not have accurate information about the types of behavior reports being issued.
We were unable to validate the numbers reported for Use of Force and injury incidents due to the lack of tools to track incidents. PREA incidents were not reported.

We found the remainder of the measures were within a reasonable tolerance.

JDC did not have written guidelines for data source and performance measure tracking. As turnover occurred, management unintentionally dropped the reporting of some performance measures. Additionally, management reporting tools were not available in CMS to ensure the accuracy of some information.

The performance-based standards are a system of best practices for juvenile detention facilities. They were originally designed by Department of Justice’s Office of Juvenile Justice and Delinquency Prevention for youth to better succeed when returning to the community. This program is now administered by the Performance-based Standards (PbS) Learning Institute. The PbS Learning Institute has 192 participants in 36 states. Participants can benchmark performance of their facility's goals with other participants' performance. PbS has uniquely designed data definitions and a quality assurance process that creates the most timely, comprehensive, and accurate national database of its kind.

The PbS system collects 101 output and outcome measures to promote and support best practices. The areas measured include:

- Safety
- Order
- Security
- Health
- Behavioral Health
- Family and Social Supports
- Justice
- Programming
- Reintegration

JDC performance measures from 2018 - 2019 contained 25 of 101 data points included in the performance-based standards. The Juvenile Intake and Assessment Center was tracking 8 more of the performance-based standards.
The performance measures that were tracked are used to measure Safety, Security, and Facility Order in the performance-based standards.

Staff should automate as many reporting elements as they can in the JIMS Corrections Management System to ensure efficiency and accuracy of the data elements. JDC Management should document the processes to collect the data. They will also need to identify the data source elements for the standard measures. This will prevent gaps and inaccuracies in reporting as new staff assume these responsibilities.

Stakeholders depend on performance measures to understand how the program is working and stay informed on program outcomes. According to the Government Performance and Results Act of 1993, performance measures promote:

- Public confidence in agencies,
- Program effectiveness, service delivery, and accountability by focusing on results,
- Service quality and customer satisfaction, and
- Enhanced decision making.

JDC does not report any performance measures on the JoCo Pulse site for Public Safety. There are two measures reported for Juvenile Services, but neither are related to JDC. Reporting outcome measures specifically related to the JDC program would inform stakeholders of JDC’s efforts in Public Safety.

Stakeholders want performance measures to determine whether JDC’s programs are working in the community. JDC leadership has taken the initiative to improve the performance-based standards and measurements for the facility. Once the performance-based standards are fully implemented, they should provide decision makers and other stakeholders with appropriate reported program outcomes.

6. Concur. This is already in process to the greatest extent possible. Should be noted that not every single data point can be collected or captured in CMS.

7. Concur. In process, however, the auditors may not fully understand the new performance measure processes (Performance-based Standards).
For the period in which this audit was to examine (2018 thru 2019) our tracking performance relied more heavily on manually counting and building spreadsheets with formulas which allowed for human error. On top of this many reports or data elements to measure performance may be spread among several different files and on different servers. It was a very cumbersome process. Working with JIMS, we began migrating data collection and reporting into CMS and other like computer data bases for our then performance measures in 2018. It is also a process and has taken time. We now have most everything incorporated into these systems which allows us to create canned reports, run queries, etc., with reliable and accurate data. As mentioned earlier, building our Use of Force data in CMS is still in process with about 50% completion at the time of this report.

As is reported, we began participation in the Performance-based Standards (P-bS) initiative through the P-bS Learning Institute in January 2020. P-bS is a data-driven continuous improvement process for juvenile justice facilities to improve conditions and quality of life in juvenile facilities. P-bS offers research-based standards and performance measures that focus on making facilities safe, monitoring program effectiveness, and achieving positive outcomes. While we believe we already do this, we also believe that we can do better in all areas. With 60 performance standards and more than 100 data points, we now will be better situated to benchmark our goals and compare ourselves to detention centers nationwide.

The first year of participation is called the “Candidacy Program.” We receive training and technical assistance on the P-bS standards and measures and receive year round coaching. A “blue print” is provided that is very prescriptive on what data elements to collect, how, and when for each of the 60 standards. There are two reporting cycles per year. We completed our initial reporting period in April 2020 and will begin our next reporting cycle in October. As recommended in the report, we are working with JIMS where necessary to capture as many data points in CMS as possible. However, not everything can be captured in CMS.
PbS requires a source mapping questionnaire be completed after the first full year of candidacy (February 2021) and is assigned by the P-bS Coach. This is a 33-page source mapping questionnaire that is a written guide for where staff collect the information from for the audits. They purposefully set it up for after the first year of candidacy because they understand that the process for collecting data is going to change as the site becomes familiar with the collection process and changes over practices to match P-bS standards. As we have already seen with two targeted areas of our initial Facility Improvement Plan there is a significant amount of work that has to go into changing practices and proper implementation in order to meet the PbS standards.

When it comes to reporting P-bS data, we simply input the prescribed data points into the P-bS data system. Some data points are used across different performance measures. P-bS then generates a report piecing all the data points together for each performance measure showing our outcomes and where we compare against the national average. This is a far superior process and better information on performance than we have ever had in the past.
Improvements in Managing Overtime Could Reduce Risk to Youth and Staff

JDC leadership tries to prevent mandatory overtime through voluntary overtime as much as possible. In 2018 and 2019, six Youth Care Advisors (YCAs) worked 26% of the total overtime hours worked by all YCAs. The disparity in overtime authorized and worked can be attributed to a lack of:

- Formal procedures (controls) for supervisors to use prior to authorizing overtime, and
- A cap on overtime hours earned per pay period.

Excessive overtime can potentially lead to shift fatigue and sleep deprivation putting staff and youth at risk.

Recommendations 8.

Modify JDC Policy 9.20 Staff Coverage to include procedures for selection of voluntary overtime and establish a cap for overtime hours worked per staff per pay period. Policy revisions should ensure staff coverage and, within reason, take into consideration how much overtime a person has worked and/or has signed up for future shifts.

Significant Gap Existed Between Average Overtime Hours and the Top Overtime Earners

Overtime can be expected in a facility operating 24 hours per day, 7 days per week. Voluntary overtime is preferred before requiring mandatory overtime of staff to maintain staff morale. JDC’s overall overtime hours for 2018 - 2019 were reasonable; however, a significant gap existed in the number of overtime hours worked between the average YCA and the 6 YCAs who worked 26% of all overtime hours.

In 2018 and 2019, YCAs, on average, worked overtime in 9 pay periods averaging 6 hours overtime per pay period. However, six of the YCAs worked overtime in 21 pay periods averaging 13 hours overtime per pay period. In 2018, one YCA worked over 40 hours overtime in one pay period. In 2019, three YCA’s worked over 40 hours overtime in one pay period, with one working 53.75 overtime hours in a single pay period.

Overtime Procedures Can Be Improved

The procedures in Policy 9.20 Staff Coverage for selecting YCAs to work voluntary overtime are vague. In practice, there are two overtime lists. One overtime list is the mandatory overtime list. This list is sorted in order of tenure, with the least tenured YCAs at the top of the list, and most tenured YCAs at the bottom of the list. The list is constantly rotated as overtime is worked and new YCAs are hired.
The second list is a schedule of available voluntary shifts requiring overtime coverage. If a YCA signs up and works at least 4 overtime hours on a voluntary shift, then their name is moved to the bottom of the mandatory overtime list. The only formal instruction to supervisors regarding voluntary overtime is that they should make every attempt to use voluntary staff prior to mandating staff.

YCAs can sign up for voluntary overtime shifts by emailing the supervisor of the shift available. Some YCAs may sign up for as many voluntary overtime shifts possible. JDC leadership expects supervisors to take into consideration how much overtime a person has already worked and/or has signed up for future shifts when authorizing the YCA to work overtime. However, this consideration is not currently defined in the procedures. Consequently, shift supervisors may assign voluntary overtime on a first come, first serve basis only, resulting in some YCAs working far more overtime hours than the average YCA.

Policy 9.20 sets only one limitation on overtime. YCAs and Shift Supervisors are not allowed to work over 16 consecutive hours. For those working 8-hour shifts, this allows for a double shift in a 24-hour period. For those working 12-hour shifts, it allows a 4-hour overtime period either before or after their regularly scheduled shift. The policy does not limit the number of consecutive days a YCA or Shift Supervisor may work a 16 hour day.

Working long shifts, consecutively, can lead to fatigue and sleep deprivation. Sleep deprivation from shift work may lead to performance that not only jeopardizes the individual but also other YCAs, Shift Supervisors, and the youth. Fatigue from long shifts can reduce one’s attention to detail, affecting critical thinking and performance. The more hours a person works, the longer it takes to complete a task, more mistakes are made, and one may experience a decrease in alertness.

Appropriate shift coverage and maintaining minimum staffing to youth ratio requirements are the priority for JDC management and leadership. Leadership can further reduce the risks of fatigue and sleep deprivation for staff by modifying their procedures to mirror their expectations.
Leadership’s Response

8. Concur

Our departmental policy covers overtime usage and limits.

Corrections Administrative Policy 03.05A states:

“Employees will not exceed thirty-two (32) hours of overtime in a pay period.
   a. Exceptions may be made during times of staffing shortages.”

We will update our policies to reflect not allowing staff to work two (2) 16-hour shifts on consecutive days. This exists as a mandate published to all JDC Shift Supervisors via an email memorandum but it is not currently written in policy. As stated, we will make this a formal administrative policy as this should apply to both juvenile and adult facilities in Corrections.

We are also in the process of adding to our policy the procedures (process) for YCAs to sign up for voluntary overtime, selection, and supervisor oversight.
Noteworthy Accomplishments

Leadership Took Action to Help Prevent COVID - 19 Infection

This audit was performed during the outbreak of the novel coronavirus or COVID - 19. As of the end of our field work on July 1, 2020, JDC did not have any reported cases of positive COVID - 19. This is due to the considerate and immediate actions taken by leadership and management. These actions included:

1. Youth newly admitted to the JDC were screened for any signs or risks for COVID.
2. Youth were isolated and/or quarantined during the first 14 days after admission to a single pod or quarantined to sleeping rooms in that pod.
3. Youth were provided masks, as requested.
4. Movement of youth through the facility was restricted and meals were served in the pods.
5. Staff were screened daily in the same manner youth were screened on admission.
6. Staff had full PPE (personal protective equipment) available to them.
7. Visitation was limited to remote video visits. They noticed an increase in visitation sessions due to the availability of the remote visits.

JDC Administration has performed regular staffing analyses and adjusted shift scheduling in order to reduce staff. Staffing analyses included:

- Well defined post assignments,
- Identified shift requirements and ratios,
- Standardized shift relief factors, and
- Adjustments to shift hours (from 8 hour shifts to 12-hour shifts) to accommodate the facility needs and number of shifts required.

The last shift analysis was performed for 2019 which reduced staff from 75 FTE to 65.5 FTE. Management reported this staff reduction resulted in an estimated cost savings of $509,239 per year.
Methodology

We took the following actions to come to our conclusions in this report:

- Interviewed leadership (Department Director, Juvenile Services Director, and Juvenile Services Deputy Director) to discuss concerns, risks, and goals.
- Reviewed and analyzed the JDC performance measures and validated most performance measures with CMS operations and administrative data.
- Reviewed JDC staffing analysis and overtime records from Oracle (County’s HR and Financial Records).
- Toured the JDC Facility.
- Observed operations and reviewed supporting documentation to determine compliance with policy and procedures related to the safety and security of staff and youth.
- Reviewed and analyzed training records.
- Interviewed staff and management to verify processes and practices for all areas of the audit.
- Reviewed and analyzed Risk Management records for Worker’s Compensation claims for staff injuries.
- Observed the Legal Aspects Use of Force training and interviewed the Department’s Security and Investigations Specialist.
- Reviewed incident reports, supporting documentation, and video of Use of Force incidents.

Our audit liaison was the Policy and Compliance Manager for the Juvenile Services Division.

Scope

The scope of the audit was related to the safety of youth and staff in the JDC facility and processes and support for developing the JDC’s performance measures.

Throughout the field work, we concentrated on the period from 2018 - 2019, but occasionally also reviewed data and information from 2017.

Limitations

We did experience limitations in validating some of the performance measures because the JDC lacked appropriate tools to track incidents discussed in the report.

Data Sources

We used data obtained from JIMS Corrections Management System and the County’s Oracle System during the audit.
We used selective and judgmental sampling during field work when the entire data set was not available for analysis. We did not use any statistical sampling in the audit.

Fieldwork and verification phases of this audit took place from February 2, 2020 through July 15, 2020