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INTERNAL AUDIT DEPARTMENT

Audit Report
on

EXECUTIVE MANAGEMENT

Dwight Harris
Executive Director

Linda S. Reyes, PH.D.
Deputy Executive Director

Alleged Mistreatment

INTERNAL AUDIT DIRECTOR

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July 2006

Alleged Mistreatment

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INTERNAL AUDIT DEPARTMENT

TO: Texas Youth Commission Board Members
Pete Alfaro, TYC Board Chair
Stephen K. Fryer, TYC Board Member
Patsy Reed Guest, TYC Board Member
Don Bethel, TYC Board Member
Bill Mahomes, Jr., TYC Board Member
Gogi Dickson, Ph.D., TYC Board Member
Juan S. Munoz, Ph.D., TYC Board Member

Dwight Harris, Executive Director, Texas Youth Commission

FROM: Karin Hill, Internal Audit Director

DATE: July 27, 2006

RE: Results of the Alleged Mistreatment Audit

Attached for your approval is our report on the Texas Youth Commission's (TYC's) audit of Alleged Mistreatment. The objectives of this audit were to: identify trends in alleged mistreatments and evaluate the effectiveness of corrective action plans in addressing trends, as applicable.

Trend reporting is limited and does not provide management with needed information. There are two types of trend analysis being completed. Superintendents report alleged mistreatment information to executive management bi-monthly during the Executive Review Board meeting. However, these trends reflect a short timeframe (60 days) and are based on cases reported as closed, not the date the incident happened. In addition, the Inspector General's Office conducts analysis of the timeliness of investigations and reports this information to the General Counsel.

Review of information and surveys of management identified that it is difficult to extract information from the database and that fields are sometimes left blank, making analysis and identifying trends difficult. The Agency is currently developing a new Alleged Mistreatment database that will resolve these issues as well as collect additional information to aid in analysis of the information.

Corrective Action Plans are effective in addressing areas of concern. Review of the Corrective Action Plans submitted during the period under review identified that they were well thought out and included details on the process the facility had developed to address their concerns. Analysis of alleged mistreatments filed after the Corrective Action Plans were implemented also indicated that the numbers of like allegations were reduced.

Management concurs with the results of our work and has provided responses to the recommendations, which are included in the report. We appreciate the cooperation and assistance provided to us during our work.

cc: Linda Reyes, Ph.D., Deputy Executive Director

This report presents the results of our audit of the Texas Youth Commission's (TYC) Alleged Mistreatment program. TYC has defined three types of allegations of mistreatment: abuse – an intentional action that causes harm to a child; neglect – a negligent act or omission that causes harm to a child; and exploitation – the illegal or improper use of a child for personal gain. When allegations of these types are reported, they are investigated by the agency's Inspector General Department. Thorough review of these allegations is necessary to determine whether the allegation is true, to protect the youth, and to ensure that the agency takes appropriate actions to prevent similar allegations from occurring in the future.

The Texas Family Code specifically requires that the agency have a process for investigating allegations of mistreatment and that the Internal Auditor conduct periodic audits of this system. TYC's Board has established every two years as the timeframe to meet the Family Code requirement.

The objectives of this audit were to identify trends in alleged mistreatments and evaluate the effectiveness of corrective action plans in addressing trends, as applicable. To accomplish these objectives we interviewed both Inspector General (IG) and institution management staff and analyzed information from FY 2005 and the first six months of FY 2006 in the Alleged Mistreatment database to identify trends and results after implementation of Corrective Action Plans.

This audit was conducted in accordance with the *International Standards for the Professional Practice of Internal Auditing* and with *Government Auditing Standards*.

Trend reporting is limited and does not provide management with needed information.

Identifying trends in alleged mistreatments is important so that management has the data it needs to manage the system and to ensure that staff are properly trained and other appropriate steps are taken to ensure youth safety. By reviewing various aspects of confirmed allegations, management can focus their efforts to ensure youth safety and improve operations at TYC facilities. Local managers can use trend information to address issues at their facilities, while trends can also be reviewed at the Central Office to identify systemic issues and factors that impact allegations of mistreatment that cross facilities.

Limited reporting of trends is currently being conducted. There are two departments that develop trend information on alleged mistreatment data: Juvenile Corrections staff identify trends regarding the number and type of allegations filed, the personnel involved, and corrective actions taken, and the Inspector General's staff track trends regarding the timeliness of investigations.

- ***Information regarding alleged mistreatments is reported to the TYC Board by Executive Management bi-monthly.*** At each TYC Board meeting an Abuse, Neglect and Exploitation Report is presented informing Board members of the types and number of allegations closed and confirmed and the disciplinary actions taken for the investigations closed during the

preceding two months. Prior to the Board meeting, this report is discussed, via videoconference, by the Executive Review Board (ERB), which consists of executive management, and the facility superintendents. The Directors of Juvenile Corrections present statistics for each facility, including the number of allegations closed, the number and percentage of the closed allegations that were confirmed, the number and type of disciplinary actions as a result of the confirmations and the average amount of time required to close the allegations being reported. In addition, the superintendents report such items as the types of allegations currently being filed, the number of incidents and restraints during the previous two-month period and actions taken to address the current allegations.

As a part of the ERB process, superintendents are asked to identify any trends at their facilities. Identifying trends is difficult for several reasons, but primarily due to the two-month window reviewed. Two months is not a long enough period of time to identify trends. As well, due to the time between allegations being filed and closed, cases closed during a review period may have actually occurred at different times, which may result in the appearance of trends that do not exist. For example, if an institution has one contraband allegation per month for six months, but all of the investigations are closed within the same two month period, it can make it appear that the facility has a larger and more immediate contraband problem than is actually the case. Because the cases being reviewed were not filed during a consistent time period there is no basis to identify trends. However, in attempting to track trends in more recent cases, managers must also be careful since these cases may not be confirmed and any trends they identify may not exist.

Finally, data limitations, which will be discussed in more detail later in this report, make it difficult for superintendents to pull information from the Alleged Mistreatment database. They are not able to use this system to determine trends and therefore the trend data reported at the ERB is often based on their perceptions rather than analysis of data.

- ***Two levels of reporting are prepared by the Inspector General's office.*** The IG's Office compiles the information reported to the Board in the Abuse, Neglect and Exploitation Report described above. The IG's Office uses the Alleged Mistreatment database to compile information on the cases closed during the period and disciplinary actions taken, and provides this information to the superintendents and Central Office staff for use in the Executive Review Board and eventual inclusion in the report to the TYC Board. It includes allegations from TYC operated facilities and contract programs that were closed during the reporting period. At the request of the TYC Board, the IG's office has developed graphs of the number of confirmed reports of abuse, neglect, and exploitation in six-month increments. However, this information has not been presented to the Board on a consistent basis and is rarely included in the Alleged Mistreatment Report.

With the timeliness of investigations always a concern to management, the IG's office also conducts analysis of the timeliness of investigations. In July of 2005, the Chief Inspector General started collecting information to report on the timeliness of investigation closures to the General Counsel. Reports were developed to track days outstanding and late, and the percentage of files past due, both by individual investigator and for the IG staff as a whole, to provide feedback to departmental staff as needed on their performance. Analysis of alleged

mistreatment cases filed between February 2005 and February 2006, identified that while the median time to complete investigations was 32 days - double the 15 days established in policy - the median time to complete investigations has improved from a high of 49 days in May 2005 to a low of 17 days in February 2006. This improvement in the timeliness of investigations not only brings the agency more in line with its investigation policies, but the faster closure of investigations provides management with more timely information for identifying trends.

Database limitations make it difficult to identify trends in alleged mistreatments. Basic information about each allegation is entered in the agency's Alleged Mistreatment database. Information from the database was used to determine if trends could be identified by the audit team. Several issues were identified that made trend analysis difficult.

- ***Some fields that could be used for trend analysis are not always complete.*** For example, numerous fields such as job title, tenure and gender of the staff involved, that are dependent on the identification of the perpetrator and can be populated from other data sources, were sometimes left blank. As well, the time and location of the incident were not always completed. While in some instances it is not possible to specify a location for the allegation, a review of the cases where the location field was blank identified that the location was often included in the narrative of the allegation or could have been easily determined by requesting more information. Blanks in the database make it difficult to determine whether data is missing or if the field does not apply to that particular case, impacting the reliability of reports generated from the data. Requiring data entry in all fields will increase the ability to determine whether patterns exist.
- ***Additional fields could also help facility management identify trends.*** Information such as phase and gender of the youth involved, supervisor of the alleged perpetrator, and more specific information on where the allegation occurred would provide local managers with a greater range of data to use in identifying patterns and addressing them to ensure they do not recur. For example, our analysis showed that 67 percent of a sample of alleged mistreatment investigations involve youth at Phase 0. While this may not necessarily cause concern, it raises the question of whether these are predominantly youth who are new to the TYC system or youth who are at Phase 0 due to behavior problems; the reason why Phase 0 youth are involved in allegations of mistreatment may vary depending on the answer to this question, as would the response from management to try to address the root cause. Tracking this type of data and answering the questions the results raise would provide management with a deeper understanding of the underlying factors that result in allegations of mistreatment and help them develop strategies for dealing with those causes.

In developing the new Alleged Mistreatment database, the agency should maximize participation by affected stakeholders. Proper planning is important to ensure that any Information Technology project will satisfy the needs of the users. In fiscal year 2004, the agency began a project to update the Alleged Mistreatment database. This new database would be web-based and allow input directly by field staff at the institutions. However, changes in personnel and the absence of standard planning documents resulted in the project not making

progress. As a result it was put on hold in March 2006 with the direction to identify management's needs and document the planning.

Interviews with institutional superintendents indicated that they find the current database difficult to use and that it does not provide them with the information they need to track trends. Until recently, IG staff have been the primary contact for Information Resources staff regarding the alleged mistreatment database. However, development of the new database presents an opportunity to include management in the process and improve its usefulness. Including them in the design process will help to ensure that the database is user friendly and contains the information they find useful in managing alleged mistreatments at their facilities.

Another opportunity in this redesign is to develop standardized reports. The current database standard reports consist primarily of counts of the various types of allegations and are not considered helpful. Improved standardized reports and the ability to create customized reports are needed to provide the agency with more useful information for managing alleged mistreatments. Again, including field management in the design process would help to ensure that the system includes those reports that would be helpful to them in identifying trends over time to address local issues.

Finally, in conjunction with the development of the web-based database, the agency should develop a users' manual for data entry. Users' manuals are a basic control that helps ensure data is entered accurately and consistently. Currently data on alleged mistreatments is entered by Central Office staff with plans to decentralize the data entry. As this responsibility is moved to the field, the potential for data entry errors and inconsistencies increases. To minimize the impact of this change, it is important to provide the field IGs with training and guidance on how to enter data into the system. The manual should include instructions for data entry as well as definitions and the required format of information to be included in each field.

Corrective Action Plans are effective in addressing areas of concern.

Corrective Action Plans (CAPs) are used to address patterns in alleged mistreatments. Corrective Action Plans are developed by the institutional management and submitted to Juvenile Corrections in Central Office for approval. These plans may be developed to address results reported to the Board, because of more recent allegations that have been filed, or a combination of the two.

Focused Corrective Action Plans are successful at addressing patterns identified by management. During the 18-month period reviewed for this audit, five Corrective Action Plans were submitted by three institutions. Review of these CAPs identified that they were well thought out and included details on the process the facility had developed to address their concerns.

The main subject of the five corrective actions was contraband being found on the campus. Analysis of alleged mistreatments filed after these Corrective Action Plans were implemented indicated that the number of like allegations at these facilities was reduced. Some components of

the CAPs, such as increased random searches of youth and dorms and random youth drug testing, could be expected to increase contraband finds in the short term as increased attention leads to increased finds, then eventually decreasing contraband as the deterrent effect takes hold. Other components of the CAPs can have a more immediate deterrent effect, such as changes to pill line procedures to decrease “cheeking” of medications, increased searches at the gatehouses, only allowing see-through containers on campus and increased oversight of youth use of razors. The CAPs used a combination of these techniques to address contraband.

RECOMMENDATION	MGT RESPONSE CURRENT STATUS PROJ. COMPLETION DATE
<p>1. To ensure that the new Alleged Mistreatment database provides management with the information it needs, the Assistant Deputy Executive Director for Juvenile Corrections should work with the Chief Inspector General and the Director of Network Applications in developing the database.</p>	<p style="text-align: center;">CONCUR UNDERWAY December 31, 2006</p> <p>Detailed requirements and specifications documents along with a project plan have been completed with input from both the Chief Inspector General and the Assistant Deputy Executive Director of Juvenile Corrections.</p> <p>Audit findings and recommendations regarding AMI reporting are currently being implemented as part of a larger agency tactical objective and in conjunction with development of the new database application. The Assistant Deputy Executive Director of Juvenile Corrections and the Chief Inspector General along with several other team members have been/are being asked for their input on continued development of this holistic reporting system. Reports will be developed as needs are identified and deployed as completed (i.e. ongoing implementation).</p>
<p>2. To ensure adequate guidance exists for data entry in the Alleged Mistreatment database, the Chief Inspector General and the Director of Network Applications should collaborate in developing a users' manual for the database and provide training on how to use the system.</p>	<p style="text-align: center;">CONCUR PLANNED December 31, 2006</p> <p>Development of a users' manual is included as part of the larger project plan for the new AMI database application. Training on the new system will be planned and conducted with identified users when application is ready for use. In addition to the Chief Inspector General, we will also consult with the Assistant Deputy Executive Director of Juvenile Corrections or his designee(s) for input on a users' manual, as additional field facility staff will be conducting initial data entry into the new AMI system.</p>

PLANNED: Management concurs with the recommendation but actual implementation of the recommendation has not begun.

UNDERWAY: The implementation process of the recommendation has been started.

IMPLEMENTED: All new procedures, policies, systems, processes, related documents, and other elements relevant to the audit recommendation have been prepared, approved, and put into operation.

UNABLE TO IMPLEMENT: Management concurs with the recommendation; however, due to resource constraints and competing priorities is not able to implement or can only partially implement the recommendation.