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INTERNAL AUDIT DEPARTMENT

Report on

EXECUTIVE MANAGEMENT

Ed Owens
Acting Executive Director

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

**Semi-Annual Implementation
Status of Audit Recommendations**

INTERNAL AUDIT DIRECTOR

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March 2007

Semi-Annual Follow Up

For additional copies of this report, please request 07-1A



INTERNAL AUDIT DEPARTMENT

TO: Texas Youth Commission Board Members
Don Bethel, TYC Board Chair
Stephen Fryar, TYC Board Member
Patsy Reed Guest, TYC Board Member
Bill Mahomes, Jr., TYC Board Member
Gogi Dickson, Ph.D., TYC Board Member
Juan S. Muñoz, Ph.D., TYC Board Member

Ed Owens, Acting Executive Director, Texas Youth Commission

FROM: Karin Hill, Internal Audit Director

DATE: March 6, 2007

RE: Semi-Annual Implementation Status of Audit Recommendations

Attached for your approval is our semi-annual report on the implementation status of audit recommendations.

Since June 1, 2006, management has implemented ten recommendations that were reported as “underway” or “planned” in the July 2006 report and ten that have been issued since. As of March 1, 2007, management has implemented 32 of the 36 (89%) recommendations included in this report. The table below details the status as of the cut-off date for recommendations included in this report.

Status	Status as of March 1, 2007	
	#	%
Implemented	32	89%
Underway	4	11%
Planned		
Non-Concur		
Not Applicable		
Total	36	

TYC’s Internal Audit Department has published two reports, with recommendations, since the July 2006 report: *Alleged Mistreatment* and *Human Resources – Hiring*; and the *External Quality Assurance Report on Internal Audit* were released. This report introduces 13 recommendations. It also includes 14 recommendations from 6 reports

published prior to December 2004 which were verified since the last follow-up report. These are summarized in the table below.

Status	Verified since December 2006	
	#	%
Implemented	12	86%
Implemented, Needs Improvement	2	14%
Not Implemented		
No Longer Applicable		
Total	14	

Scope and Methodology

Scope: This report covers nine TYC Internal Audit Department audits published from December 2004 to present, one published by the Texas State Auditor’s Office, one audit published prior to December 2004 for which a recommendation was implemented since the last report, the Internal Audit Department’s quality assurance review, and verification work completed for 14 recommendations from six reports issued prior to December 2004.

This report is organized as follows:

Section 1 – Recommendations implemented since the last follow up report

Section 2 – Outstanding recommendations as of March 1, 2007

Section 3 – Implemented recommendations from reports issued from December 2004 to present

Section 4 – Recommendations verified since the last follow up report

Methodology: We obtained status information from management for “open” recommendations – recommendations not already reported as implemented. We also performed an aging analysis to determine the number of recommendations by age.

This follow-up review was conducted in accordance with applicable *International Standards for the Professional Practice of Internal Auditing* and *Government Auditing Standards*.

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

SECTION 1

RECOMMENDATIONS IMPLEMENTED SINCE JUNE 1, 2006

04-6 Texas Administrative Code, Chapter 202 (Published 7/04)

Recommendation 2

To ensure information technology risks are appropriately identified and managed, the Assistant Deputy Executive Director for Information Resources should coordinate and compile risk analyses accomplished on individual systems, to arrive at an overall risk analysis for the agency. This should be presented to the Executive Director on an annual basis.

Final Response: The completed risk analysis was presented to the Executive Director in June. We will use this document as a template for future reviews and will also incorporate documentation provided by IBM as part of the data center consolidation.

Implemented: June 6, 2006

05-2 Special Education (Published 11/05)

Recommendation 2

To ensure that IEPs are effective at addressing the needs of Special Education youth, the Manager of Special Education should provide training on developing effective IEPs. This training should include:

- Goals customized to meet youth needs;
- Writing objectives that incorporate benchmarks or short-term objectives;
- The level of detail required for effective transition planning; and
- Other potential items identified by management.

Final Response: Training for teachers in IEP development was provided within the specified timelines at all 14 facilities.

Implemented: June 10, 2006

05-3 Staff Development (Published 9/05)

Recommendation 1

To ensure that the training requirements can be met, the Director of Staff Development should evaluate the timeframes established to complete training for sole supervision staff and make changes as determined necessary.

Final Response: Changes have been made to training completion requirements as determined necessary and put into practice. Management is working closely with IRD to automate the Training Requirements Manual, which will be available on-line by January 31, 2007.

Implemented: June 30, 2006

Recommendation 2

To ensure training is consistently reported, the Director of Staff Development should review the Training Requirements Manual and ensure that it provides instructions for documenting, tracking and reporting all required training.

Final Response: The necessary information has been added to the Training Requirements Manual. Trainers were informed of the new procedure during the Trainers meeting held this past August and instructed to begin following it immediately. Management is working closely with IRD to automate the Training Requirements Manual, which will be available on-line by January 31, 2007.

Implemented: August 15, 2006

Recommendation 3

To provide for professional improvement the Director of Staff Development should develop additional job related annual requirements for the institutional field trainers. At a minimum, this should include a specified number of hours in:

- Course work specific to training.
- “Shadowing” dorm staff to observe the day-to-day situations direct care staff are required to handle.

Final Response: The necessary information has been added to the Training Requirements Manual. Trainers were informed of the new requirements and are being monitored by the Staff Development Department. Management is working closely with IRD to automate the Training Requirements Manual, which will be available on-line by January 31, 2007.

Implemented: August 15, 2006

Recommendation 4

To ensure the new training tracking system meets the agency's needs, the Assistant Deputy Executive Director for Human Resources should work closely with IRD through the implementation of the system.

Final Response: Trainers began using this application on September 1, 2006.

Implemented: September 1, 2006

05-4 Staffing and Coverage (Published 5/06)

Recommendation 2

To provide management with data on actual time JCO staff are not available, the Assistant Deputy Executive Director for Human Resources should develop an annual report of actual leave taken and training hours attended for direct-care staff.

Final Response: The automated leave taken and training attended report has been completed and is currently located on-line with the other HR management reports.

Implemented: February 28, 2007

Recommendation 4

To ensure that Case Managers are able to complete their job duties in the time available to them, the Assistant Deputy Executive Directors for Rehabilitation Services and Juvenile Corrections should review the case management and non-case management responsibilities for Case Managers and collaborate to ensure that agency expectations can be met with the resources available.

Final Response: Management has streamlined Case Management responsibilities by changing timeframe requirements for individual case plans (ICPs) from monthly to every 60/90 days, depending on youth classification, and trained staff on this change. In addition, the Marlin Assessment ICP was streamlined to reduce redundancies and increase efficiency.

Non-Case Management duties have been streamlined. A survey of facility administrators identified agency-wide utilization of ancillary duties assumed by Case Managers with the reasons for using those staff. Management reviewed the ancillary duties and identified those to be discontinued and others to be reduced. A memorandum was sent to the Superintendents and Assistant Superintendents that outlined detailed limitations of assigning ancillary duties to Case Managers effective November 27, 2006. Juvenile Corrections and Rehabilitation Services will monitor compliance during facility reviews and agency One-Team Program Reviews as a control measure.

Implemented: December 1, 2006

05-6 Student Transportation (Published 11/05)

Recommendation 3

To enhance youth and staff safety, management should research and establish standards for transporting youth long distances on extended work hours.

Final Response: A directive outlining standards to be complied with when transporting youth long distances was issued by the Assistant Deputy Executive Director for Juvenile Corrections.

Implemented: July 1, 2006

05-7 Maintenance (Published 7/05)

Recommendation 2

To enhance monitoring and forecasting of facility maintenance, the Director of Maintenance and Operations should identify and implement a maintenance management system to be used by all institutions. Central Office should have the capability to review and analyze the information in this system.

Final Response: All facilities installed and operationalized their modules.

Implemented: October 30, 2006

06-3 Human Resources – Hiring (Published 11/06)

Recommendation 1

To ensure applicants are informed prior to submitting an application, the Assistant Deputy Executive Director, Human Resources should include the requirement to pass a physical exam prior to beginning employment on the job posting for JCOs.

Final Response: All pre-employment requirements have been added to the job descriptions.

Implemented: December 15, 2006

Recommendation 2

To strengthen the interview process, the Assistant Deputy Executive Director, Human Resources should develop and distribute minimum requirements for conducting interviews.

Final Response: Minimum requirements were developed and distributed to the Human Resource Administrators.

Implemented: January 31, 2007

Recommendation 4

In an effort to improve management/ supervisory skills and reduce turnover, the Assistant Deputy Executive Director for Human Resources should develop training requirements for staff that supervise/ manage other staff. This training should include subjects such as:

- legal/policy requirements ;
- communicating as a supervisor ;
- relationship building ;
- interview skills, and
- annual requirements to continue professional growth.

Final Response: Minimum training requirements and courses have been developed and approved by the Executive Council. Completion of these requirements is being monitored.

Implemented: February 1, 2007

Recommendation 5

To ensure recruitment plans are useful and reviewed/updated as required, the Assistant Deputy Executive Director, Human Resources should implement a process to ensure recruiting plans are received as required and review and provide feedback on the plans to the field HRAs. The purpose of this review should be to ensure recruitment plans are useful and reviewed/updated as required.

Final Response: The Human Resource Management Department has implemented a process to acquire and review field recruitment plans in accordance with policy.

Implemented: November 1, 2006

06-10 External Quality Assurance Review of Internal Audit (Published 7/06)

Recommendation 1

Consider adding a statement to the Charter that Internal Audit reports will be issued to the outside organizations as required by the Texas Internal Auditing Act.

Final Response: The Charter was amended, to specify where internal audit reports are distributed, and approved by the Board at the July 27, 2006 meeting.

Implemented: July 27, 2006

Recommendation 2

Consider expanding the Charter to address contracting for services.

Final Response: The Charter was amended, to state that audit services can be contracted for when warranted, and approved by the Board at the July 27, 2006 meeting.

Implemented: July 27, 2006

Recommendation 3

Utilize a formal scope document that includes the major focus of the audit and the time period to be audited.

Final Response: Scope information is specifically and explicitly communicated to management during update briefings and in handouts provided during those briefings.

Implemented: August 1, 2006

Recommendation 4

Reference audit reports to the working papers where the evidence is documented.

Final Response: Emphasis on referencing the final report has been increased through quality assurance reviews conducted by the Director of Internal Audit.

Implemented: June 1, 2006

Recommendation 5

Expand work done in the information technology area to include more than just examining the output of the information systems.

Final Response: In addition to output of information systems, reviews of data integrity and input controls on information systems are being included in current audit work.

Implemented: June 1, 2006

Recommendation 6

Ensure that audit reports explain more of the scope and methodology used in reaching the conclusions in the report.

Final Response: The scope and methodologies used to reach the conclusions of audit work are clearly reported through a combination of written and oral reports.

Implemented: June 1, 2006

SECTION 2

OUTSTANDING RECOMMENDATIONS

04-2 Case Management (Published 5/05)

Recommendation 1

Current Status: Underway

To ensure staff are provided timely training to conduct quality case management, the Director of Treatment and Case Management and the Director of Staff Development should establish a training plan that:

- provides case management training to new staff within 60 days of hire and establishes the expectation that they do not work independently until this training has been provided, and
- develops on-the-job training modules for caseworkers and sets a timeframe for them to be completed.

Initial Management Response: To ensure that TYC youth receive individualized and quality case management services to progress in the agency's Resocialization program and successfully transition to the community, the Director of Treatment and Case Management and the Director of Staff Development will:

- align newly developed Professional Development Academy behavior management training and Interpersonal Communication (IPC) training into existing Resocialization training,
- separate correctional therapy and case management training contents from 44 hour Resocialization curriculum with enhanced applied practice and PowerPoint slides,
- develop on-the-job training (OJT) modules to be completed by newly hired caseworkers in preparation for agency Resocialization training and/or subsequently, within specified time frames, under the supervision of a Program Administrator,
- develop Case Management Standards (CMS) restricting the independent case management prior to completion of agency Resocialization training, requiring specified OJT modules, and documenting compliance with CMS 13.01 relating to requirements for progressive development of core group service delivery,
- implement a system for central office oversight, including the development of mid-level administrators (Program Administrators) to provide on-going quality assurance monitoring and consultation with assigned TCM treatment specialist,
- train key administrators in Behavior Management, IPC (Training of Trainers), IPCS and incorporate into Resocialization training, and
- implement a training schedule to ensure the provision of Resocialization training, including Phase Assessment and Phases Data Entry within 60 days of initial hire, to include operational plan (training sequencing, scheduling, and utilization of newly hired caseworkers prior to completion of all required training).

The Director of Treatment and Case Management and the Director of Staff Development will include, in the above, a tracking system for all required training and HR notification

of new hires to ensure scheduling, OJT module tracking, and Central Office oversight and mentoring for new employee caseworkers and mid-level managers.

Projected Implementation Date: March 31, 2006

Management Update: *Case Management Resocialization Training has been implemented and is being provided to Case Managers as they are hired. Since March 1, 2006, 88 of the 91 (97%) completed Resocialization Part 2 within 60 days of hire.*

Resocialization Behavior Management training has been implemented at Al Price, John Shero, Giddings, and Mart. Additionally, in an effort to strengthen their behavior management groups, Victory Field, Gainesville, and Corsicana have sent select staff to other facilities to attend this training. Interpersonal Communication Skills (IPC) training is in full implementation at Al Price, John Shero, and Marlin. Mart, Evins, and Giddings will implement IPC training by spring 2007. Agency-wide implementation is contingent on the LAR exceptional item number 4, Increase Training Hours for Direct Care Staff.

Key modules of the Case Manager on-the-job training have been developed and are planned to be piloted for Case Managers and Program Supervisors at Evins in March 2007. Feedback from the pilot will be incorporated, and an agency-wide implementation completed by May 30, 2007. Agency training on Case Manager OJT will be completed for identified staff by August 31, 2007.

Completion of this recommendation has been delayed due to resource diversion subsequent to the Hurricane Rita evacuation which required Rehabilitation Services support for intake at the site of evacuation, evaluation, and release review.

Projected Implementation Date: August 31, 2007

05-4 Staffing and Coverage (Published 5/06)

Recommendation 3

Current Status: Underway

To improve the agency's capability to manage JCO duties, the Assistant Deputy Executive Director for Juvenile Corrections should collaborate with the Assistant Deputy Executive Director for Finance to develop a procedure to periodically check actual coverage at the dorm level against information in Schedule Soft and the achievable ratio (based on the number of staff and youth) to determine where management assistance may be needed.

Initial Management Response: Management concurs with the recommendation. The Assistant Deputy Executive Director for Juvenile Corrections will develop and implement a policy for the Institutions Manual to ensure a reliable procedure for comparing ScheduleSoft data against actual staffing coverage at the dorm level. The

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procedures will include how the analysis is used by Juvenile Corrections Directors and superintendents for the most effective staffing patterns at each facility.

Initial Projected Implementation Date: July 31, 2006

Management Update: *This plan has been developed and is awaiting further ScheduleSoft refinement before implementation.*

Control Center staff at all institutions currently complete form INS-262 every shift. The necessary data is collected by telephone contact with each dorm/area every shift to identify how many youth are in each program area and which staff are working which posts. With some minor additions and adjustments, this form should be able to serve as an independent check of the ScheduleSoft data shift by shift. HR and JC are currently in the process of re-defining the post assignments in ScheduleSoft in a way that facilitates calculation of key coverage ratios as defined by Research. Once this post definition is finalized, JC will coordinate a revision of the INS-262, and associated instructions, so that this form is comparable in information structure to the ScheduleSoft data and therefore supports a direct comparison of information.

Projected Implementation Date: April 30, 2007

06-4 Alleged Mistreatment (Published 7/06)

Recommendation 1

Current Status: Underway

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.

Initial Management Response: 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.

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).

Initial Projected Implementation Date: December 31, 2006

Management Update: *Progress on the new AMI database system has continued as scheduled. Multiple training sessions for the various levels of staff – institutional administration, youth care investigators, central office administrators – that will be using the new system have been scheduled beginning the last week in March.*

Projected Implementation Date: April 30, 2007

Recommendation 2

Current Status: Underway

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.

Initial Management Response: 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.

Initial Projected Implementation Date: December 30, 2006

Management Update: *Initial portions of a user's manual for the new AMI system have already been developed and used by field staff participating in the testing process. A completed user's manual will be completed for use during training beginning the last week in March.*

Projected Implementation Date: April 30, 2007

SECTION 3

RECOMMENDATIONS IMPLEMENTED FROM REPORTS PUBLISHED DECEMBER 2004 TO PRESENT

04-2 Case Management (Published 5/05)

Recommendation 2

Summary of Recommendation: Develop a standardized process for removing youth from other activities for individual counseling.

Final Response: Educational procedures have been developed, distributed to principals, and posted in the Educational Manual on the TYC Intranet.

Implemented: March 14, 2005

05-2 Special Education (Published 11/05)

Recommendation 1

Summary of Recommendation: To ensure staff have adequate time to complete review ARDs, the Manager of Special Education should review existing requirements and make changes as necessary.

Final Response: Survey results indicated a need for a 30 working day time frame for ARD meetings for incoming students. Revisions were made to operating guidelines and approved by the Superintendent of Education. Revised guidelines (i.e., to increase from 30 calendar days to 30 “school” days the amount of time a campus has to finalize a youth’s IEP after transfer) has been shared with the field and is currently being implemented.

Implemented: May 1, 2006

Recommendation 3

Summary of Recommendation: To increase the efficiency of managing Special Education activities, the Manager of Special Education should enforce the use of Special Education Manager through routine monitoring and reporting.

Final Response: The documentation catalog for targeted compliance reports has been finalized. The Superintendent of Education has reviewed and approved the notebook of

reports and local reports are generated for on-going monitoring of timeliness and implementation of special education operating procedures.

Implemented: June 1, 2006

05-3 Staff Development (Published 9/05)

Recommendation 5

Summary of Recommendation: Streamline the monitoring process and increase the frequency in which it is conducted.

Final Response: The monitoring tool has been streamlined. Additionally, to increase the frequency in which facilities are monitored, the Staff Development Department has been reorganized. Facilities will be monitored at least every two years and more frequently if needed.

Implemented: October 1, 2005

05-4 Staffing and Coverage (Published 5/06)

Recommendation 1

Summary of Recommendation: To improve the agency's planning abilities and better identify resource needs, Juvenile Corrections and Finance should collaborate to update the relief factor.

Final Response: The relief factor has been updated and is being used to develop the Legislative Appropriations Request for the upcoming Legislative session.

Implemented: June 1, 2006

05-5 Quality Assurance (Published 7/05)

Recommendation 1

Summary of Recommendation: Develop a review process that evaluates the completeness of monitoring activities and files.

Final Response: The Guidelines for the Monitoring System for Youth Service Contracts were revised to include a review process for evaluating the completeness of monitoring activities and files.

Implemented: September 20, 2005

05-6 Student Transportation (Published 11/05)

Recommendation 1

Summary of Recommendation: Develop and implement a plan to replace the vans used for statewide transportation with vehicles designed for use by correction organizations.

Final Response: The first vehicle is in service at the statewide transportation unit in Brownwood. A second vehicle, with improvements noted through evaluation of the first, has been ordered. Management will continue to budget for and replace existing vehicles for statewide transportation.

Implemented: May 30, 2006

Recommendation 2

Summary of Recommendation: Develop a procedure that requires inspection of vehicles to ensure mandated safety equipment is in the vehicle and in working order on a routine basis.

Final Response: All vehicles in the statewide transportation fleet were reviewed for the required safety equipment, and assistance was provided for immediate compliance. A feature of the Fleet Focus System has been activated for safety inspection reminders to every facility maintenance staff. Inspections are required at least monthly on all TYC vehicles that transport youth effective as of November 15, 2005. The Fleet Focus System will be used to monitor compliance.

Implemented: November 15, 2005

Recommendation 4

Summary of Recommendation: Require all facilities to reinstate the medical trip log.

Final Response: A memo was distributed to all facilities directing them to maintain information related to travel activity and associated costs for medical services for analysis and decision-making.

Implemented: November 8, 2005

Recommendation 5

Summary of Recommendation: Utilize the Fleet Focus System to monitor and report on maintenance activities.

Final Response: In January 2006, all TYC vehicle records in the fleet system were modified to reflect an individual preventive maintenance tracking system in accord with the BSD-200 form/schedule. The first monitoring report for preventive maintenance compliance occurred in January. As a result, follow-up recommended actions as appropriate were sent to the Vehicle Control Officer and data entry staff at each facility.

Additionally, the fleet manager worked with TBPC for system improvements. Three new services are now in place to consolidate preventive maintenance tasks due at the 15,000, 30,000, and 60,000-mile intervals for tracking purposes.

Based on system reviews since January by Central Office fleet staff with field staff feedback, the tasks on the BSD-200 schedule were adjusted so that each could be tracked separately. These improvements were made in the fleet system and filed personnel were notified of the changes. The monitoring reports are on track for routine monthly reviews.

Implemented: January 15, 2006

05-7 Maintenance (Published 7/05)

Recommendation 1

Summary of Recommendation: Standardize the coding of maintenance expenditures.

Final Response: Revised standard procedures were sent to the Superintendents and Business Managers on September 22, 2005 with the FY 2006 Operating Budget Instructions. The Budget Analysts provided technical assistance and compliance review to ensure that new procedures were implemented with the facility budgets and expenditure plans finalized on October 30, 2005.

Implemented: October 30, 2005

SAO 05-030 Performance Measures at Five State Agencies (Published 3/05)

Recommendation 1

Summary of Recommendation: Implement and document a quarterly review process of the measure calculations and data entered into ABEST to ensure their accuracy.

Final Response: Management staff has implemented a documented review process to ensure the accuracy of measure calculations and ABEST report data.

Implemented: January 13, 2005

SECTION 4

RECOMMENDATIONS VERIFIED SINCE JUNE 1, 2006

98-10 Ethics (Published 9/98)

Recommendation 1

Implemented: March 22, 2000

Summary of Recommendation: To emphasize the ethical values of the agency, coordinate representatives from staff and line functions to develop an agency ethics policy.

Final Response: The Code of Ethics was approved for distribution by the Executive Team on February 28, 2000. The HRM Department sent it to all supervisors on March 22, 2000, with instructions to have it distributed and signed by all staff for placement in their personnel files.

Verification Result: Implemented

00-5 Employee Grievance (Published 9/00)

Recommendation 2

Implemented: June 20, 2002

Summary of Recommendation: Training for supervisors should include information and experiential exercises.

Final Response: Actual delivery and training was done during the Joint Juvenile Corrections and Human Resource Conference held on June 20, 2002. Each field office started training the new version during the month of July 2002.

Verification Result: Implemented

Recommendation 3

Implemented: November 15, 2001

Summary of Recommendation: Increase staff awareness of alternative means of resolving grievances.

Final Response: The Office of General Counsel has delivered additional material to the Human Resources Division to add to New Employee Orientation which addresses these alternative means of resolution. Training modules for the "Supervision Just for Starters"

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mandatory supervisor training have been updated and expanded to cover these alternative means of resolution in detail.

Verification Result: Implemented

00-9 Chaplaincy Services (Published 11/01)

Recommendation 1

Implemented: June 1, 2002

Summary of Recommendation: Ensure that all necessary Chaplaincy Services policies are included in the Institution Operations Manual.

Final Response: A new chapter has been added to the Institutional Manual to include the religious services policies.

Verification Result: Implemented

Recommendation 2

Implemented: February 28, 2002

Summary of Recommendation: Develop criteria to support the scoring used and timeframes for the delivery of and response to the evaluation.

Final Response: New monitoring form was created with instructions.

Verification Results: Implemented, Needs Improvement

Chaplaincy Services created an evaluation tool using specific criteria to support the scoring used. The tool lists timeframes on the first page concerning when a Corrective Action Plan will be expected. While the Corrective Action Plan requires due dates, there are no standards as to when the Administrator of Chaplaincy Services will follow-up with facility management to ensure that corrective actions have been taken.

Subsequent Management Response: A requirement has been added to the evaluation form for the Administrator of Chaplaincy Services to follow-up 90-days after the due date on Corrective Action Plans.

Recommendation 3

Implemented: March 11, 2002

Summary of Recommendation: Evaluate each TYC institution and halfway house annually as required by policy.

Final Response: The Administrator of Chaplaincy Services has either monitored or will monitor all institutions. Halfway house Assistant Superintendents will receive training in July with the halfway houses being monitored in August.

Verification Results: Implemented, Needs Improvement

A tool was developed to evaluate institutions and Quality Assurance has a tool to evaluate halfway houses. However, policy requires annual evaluations whereas they are actually planned to be conducted every two years for institutions.

Subsequent Management Response: Religious services in halfway houses are monitored annually by Quality Assurance staff. Management is adding a requirement for Quality Assurance to notify the Administrator of Chaplaincy Services if a concern about religious services is raised during a monitoring visit so he can follow-up on corrective actions.

Due to limited resources, annual review of institutional religious programs is not feasible. Management is recommending a change to the annual requirement in policy to conducting evaluations of religious services every two years.

Recommendation 4

Implemented: February 28, 2002

Summary of Recommendation: Enhance the monitoring process.

Final Response: New monitoring form was created with instructions,

Verification Result: Implemented

02-6 Population Management (Published 5/02)

Recommendation 1

Implemented: August 30, 2002

Summary of Recommendation: To increase internal controls and provide for continuity of operations, the Centralized Placement Unit (CPU) Administrator should develop written procedures for the screening and placement process.

Final Response: Written procedures were completed August 30, 2002.

Verification Result: Implemented

Recommendation 2

Implemented: July 15, 2003

Summary of Recommendation: To provide more planning time for the CPU to make placements add the CPU into the institution prerelease/parole notification requirements.

Final Response: A memo was sent requesting institutions to notify the CPU of each week of projected releases for the upcoming week.

Verification Result: Implemented

Recommendation 3

Implemented: August 31, 2004

Summary of Recommendation: Eliminate notification requirements that are more restrictive than statute and instruct institutions to send pre-release notifications to the committing court before final release approval by the Special Services Committee (SSC).

Final Response: Documentation requirements preparing for release in the Case Management Standards were aligned with State statute to minimize delays in youth release and communicated to the filed during the training process. Case Management Standards training was completed in August 2004.

Verification Result: Implemented

03-2B Medical Services – Quality of Services (Published 1/04)

Recommendation 1

Implemented: June 1, 2004

Summary of Recommendation: Increase expectations and monitor for improved substances and quality of documentation of education/counseling in the medical records.

Final Response: Health Services has monitored and noted health teaching on Chronic Care Clinic forms and has requested eight videos to review. Additionally, UTMB and TTUHSC have added “Patient Instructions: to the Nursing Assessment Protocols, which provide for youth education during sick call.

Verification Result: Implemented

Recommendation 2

Implemented: February 29, 2004

Summary of Recommendation: Increase the focus of the Health Services monitoring activities for health screens for sexually transmitted diseases (STDs).

Final Response: Health Services has added an evaluation of compliance with STD screening requirements into its monitoring tools.

Verification Result: Implemented

Recommendation 3

Implemented: March 15, 2004

Summary of Recommendation: Investigate the feasibility of administering the flu shot at the beginning of each flu season.

Final Response: Health Services has added a review to determine whether flu vaccines are offered to youth with specified chronic conditions. In addition, the Health Services Administrator contacted the Texas Department of Health to research options to provide access to flu vaccines to staff at the beginning of each flu season and will advise Superintendents closer to that time.

Verification Result: Implemented

03-7 HRIS – Data Integrity (Published 5/03)

Recommendation 1

Implemented: April 1, 2003

Summary of Recommendation: Strengthen access controls to ensure only authorized users have access and the requirements of agency policy are met.

Final Response: The TYC HRIS Abra Enterprise security permissions were deleted during the month of March 2003 and re-established by following the process listed below in accordance with GAP.05.07 and PRS.01.31:

- 1) The IRD provided HRM with a list of current users listed in the security permission.
- 2) The list was sent to HRAs throughout the agency to verify who should or should not be authorized to have access to the Abra Enterprise System. Each person authorized had to be justified by the HR Administrator.
- 3) The IRD HR Systems Analyst re-established security permissions based upon the new list as approved by the Assistant Deputy Executive Director for Human Resources.
- 4) Each employee authorized has completed an Abra Permission Security form and signed by the Director of HRM.
- 5) All new additions must complete the agency's logon form, along with the Abra Permission Security form, which is forwarded to the Director of HRM for final approval to add to the users list.
- 6) To protect the security of the Abra Permission Security the IRD HR Systems Analyst, under the direction of the Director of HRM will run quarterly reports to insure that the list is current. This will be done through a process of employment/position verification.

Verification Result: Implemented