



An Audit Report on

# Healthcare Services at the Juvenile Justice Department

- Youth in custody at the Department's state-operated secure facilities received healthcare services according to its contract.
- The Department should verify that documentation is completed when youth refuse medication.
- The Department performs on-site reviews of its facilities to ensure that youth receive required services.

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State Auditor

The Juvenile Justice Department (Department) established processes to help ensure that youth in custody at state-operated secure facilities received healthcare services in accordance with requirements outlined in its contract with The University of Texas Medical Branch at Galveston (UTMB). However, auditors identified areas where processes could be improved.

The Department established contract monitoring processes to perform on-site monitoring of state-operated secure facilities, halfway houses, and contract care facilities. However, the Department should ensure that issues identified as a part of those on-site reviews are adequately addressed with corrective action plans.

- [Background](#) | p. 4
- [Audit Objective](#) | p. 19

*This audit was conducted in accordance with Texas Government Code, Section 321.013.*

## LOW

### HEALTHCARE SERVICES

The Department established processes to ensure that youth in custody at its state-operated secure facilities receive healthcare services required by its contract.

[Chapter 1-A | p. 7](#)

## MEDIUM

### POLICY AND PROCESS IMPLEMENTATION

The Department had processes to administer medication but did not always ensure that UTMB completed the required documentation when youth refused medication. Additionally, pre-release exams were performed inconsistently for youth transferring to halfway houses.

[Chapter 1-B | p. 9](#)

For more information about this audit, contact Audit Manager Courtney Ambres-Wade or State Auditor Lisa Collier at 512-936-9500.

May 2023 | Report No. 23-027

**MEDIUM****FACILITY MONITORING AND CONTRACT MANAGEMENT**

The Department performs on-site monitoring reviews at facilities housing youth in custody; however, the Department did not ensure that all issues were addressed by corrective action plans.

[Chapter 2 | p. 12](#)

**LOW****INFORMATION TECHNOLOGY**

The Department established processes to manage and maintain youth data; however, the Department should ensure that annual user access reviews are performed.

[Chapter 3 | p. 17](#)

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## Summary of Management Response

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Auditors made recommendations to address the issues identified during this audit, provided at the end of certain chapters in this report. The Department agreed with the recommendations.

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## Ratings Definitions

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Auditors used professional judgment and rated the audit findings identified in this report. The issue ratings identified for each chapter were determined based on the degree of risk or effect of the findings in relation to the audit objective(s).

**PRIORITY:** Issues identified present risks or effects that if not addressed could *critically affect* the audited entity's ability to effectively administer the program(s)/function(s) audited. Immediate action is required to address the noted concern(s) and reduce risks to the audited entity.

**HIGH:** Issues identified present risks or effects that if not addressed could *substantially affect* the audited entity's ability to effectively administer the program(s)/function(s) audited. Prompt action is essential to address the noted concern(s) and reduce risks to the audited entity.

**MEDIUM:** Issues identified present risks or effects that if not addressed could *moderately affect* the audited entity's ability to effectively administer the program(s)/function(s) audited. Action is needed to address the noted concern(s) and reduce risks to a more desirable level.

**LOW:** The audit identified strengths that support the audited entity's ability to administer the program(s)/function(s) audited or the issues identified do not present significant risks *or* effects that would negatively affect the audited entity's ability to effectively administer the program(s)/function(s) audited.

For more on methodology for issue ratings, see [Report Ratings](#) in Appendix 1.

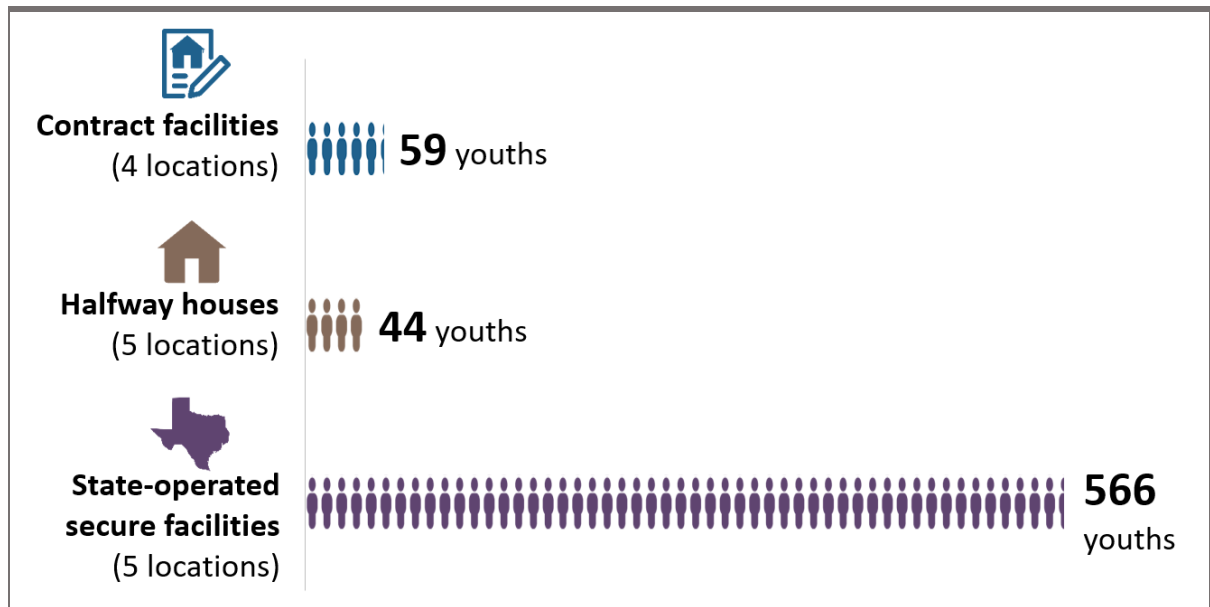
# Background Information

## Youth in Custody

The Juvenile Justice Department (Department) houses youth in its state-operated secure facilities, halfway houses, and contract care facilities. The Department is responsible for the welfare of the youth in custody and coordinates healthcare services for youth at secure facilities and halfway houses. Contract care facilities coordinate healthcare for youth in their care. Figure 1 shows the number of youths at each type of facility.

Figure 1

*Population at Each Department Facility Type as of August 31, 2022*



Source: The Department.

## Healthcare Services





The Department contracts with The University of Texas Medical Branch at Galveston (UTMB) to provide healthcare services to youth in custody at its five secure facilities. That contract requires UTMB to provide youth with all




medically necessary healthcare, including the use of off-site, local medical providers when adequate care cannot be provided at Department facilities. The Department and UTMB use an electronic healthcare record system to maintain all records related to healthcare services provided to youth.

At halfway houses and contract care facilities, according to the Department, on-site staff enroll youth in the Health and Human Services Commission’s Medicaid program upon arrival, and youth receive healthcare services through local providers contracted with Medicaid health plans. Figure 2 shows the healthcare services audited for this report.

Figure 2

### Healthcare Services Audited at Secure Facilities

Healthcare Service Type	Description	Timeline
 <p>Initial Assessment</p>	<p>The initial health assessment includes at least the following:</p> <ul style="list-style-type: none"> <li>• Inquiries into current illness and health problems, including mental, dental, and communicable diseases.</li> <li>• Review of medications prescribed and/or taken and special health requirements.</li> </ul>	<p>Upon admission</p>
 <p>Physical Examination</p>	<p>The health examination includes at least the following:</p> <ul style="list-style-type: none"> <li>• Review of the initial assessment and hearing and vision screening examination results.</li> <li>• Medical examination with comments about mental status.</li> <li>• Laboratory and/or other diagnostic tests as appropriate.</li> <li>• Initiation of treatment when appropriate.</li> </ul>	<p>Not to exceed 14 days after admission</p>
 <p>Medication Administration</p>	<p>Routine dispensing, distribution, administration, accounting, and disposal of pharmaceuticals.</p>	<p>As prescribed</p>
 <p>Psychiatry</p>	<p>Case consultation, psychiatric evaluation, diagnosis, medication management, and other treatment recommendations and interventions to address a youth’s identified mental disorder(s).</p>	<p>As prescribed</p>

Healthcare Service Type	Description	Timeline
 <p>Emergency</p>	<p>Healthcare services provided in a hospital emergency room, at a minor emergency facility, or on-site at a Department facility to evaluate and stabilize medical conditions of a recent onset and severity.</p>	<p>As needed</p>
 <p>Sick Calls</p>	<p>Each youth can request and receive appropriate medical services for non-emergency illness or injury. Sick calls are held at a scheduled time as designated for each facility.</p>	<p>As requested</p>
 <p>Annual / Prerelease Exams</p>	<p>The annual/prerelease examination includes at least the following:</p> <ul style="list-style-type: none"> <li>• Completion of the physical examination for the youth.</li> <li>• Breast exam and gynecological exam for females.</li> <li>• Laboratory tests as indicated.</li> </ul>	<p>Annually or 60 days prior to release to parole or discharge from the Department</p>



**LOW**

## Chapter 1-A Healthcare Services

The Juvenile Justice Department (Department) implemented processes to help ensure that youth in custody at state-operated secure facilities received healthcare services according to its contract with The University of Texas Medical Branch at Galveston (UTMB) in fiscal year 2022. However, the Department should strengthen its processes for documenting certain healthcare services.

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**The Department established processes to provide healthcare services to youth at its secure facilities.**

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Overall, the Department's processes at its secure facilities ensure that the youth in its custody receive healthcare services as required. Specifically:



**Initial Assessment and Physical Exam.** Youth received these examinations within the timelines outlined in the contract. For example, for all 60 records tested, the youth received an initial assessment upon arrival at the facility and a physical examination within 14 days after admission, as required. In addition, the Department's documentation for those records shows that it provided all additional monitoring or follow-up visits that the medical provider ordered.



**Psychiatry.** For the applicable records tested, the Department completed the initial psychiatric evaluations in accordance with selected contract requirements. For example, each evaluation resulted in an individualized treatment plan that addressed the diagnosis, treatment interventions, and the youth's short-term treatment goals. In addition, the Department performed psychiatric follow-ups within the timelines established in the youth's treatment plan and consistently documented treatment plan updates. It also documented the appropriate refusal form for all 28 records tested that pertained to a youth refusing psychiatric services.



**Emergency Services.** For all 10 instances tested in which youth received emergency services, the Department ensured that (1) the service was authorized by a medical provider, (2) the emergency room discharge was documented, which is important for continued care, and (3) parents or guardians and the Department's Medical Director or Director of Nursing were notified, as required.



**Sick Calls.** The Department generally addressed sick calls within the timeframes outlined in the contract. For example, the sick calls tested were completed using the Department's required forms and triaged for severity within a day, as required. All but one youth were seen by a nurse within the required timelines; the remaining youth was seen by a nurse one day after the required follow-up date. In addition, the Department completed all but one of the referred follow-ups tested within the required timeframes. The Department asserted that the follow-up for one youth tested was completed late due to a miscommunication between UTMB nurses and Department staff.



**Annual Exams.** The Department ensured that annual exams for youth in custody were completed in accordance with contract requirements and the Department's policies. For example, for the youth records tested, the Department conducted all but one face-to-face or alternative annual exam within required timeframes. The remaining youth received an annual exam more than 2 months after the required date; the Department asserted that this delay occurred because of a combination of the youth's refusals and time constraints experienced by UTMB staff. In addition, for all three youth who refused an annual exam, the Department appropriately completed the refusal documentation.



**MEDIUM**

## Chapter 1-B Policy and Process Implementation



The Department should strengthen its processes for documenting when a youth refuses medication.

The Department's processes ensured that youth in custody were administered medications according to the prescribing medical provider's directions as documented in its electronic healthcare records (EHR) system. However, when youth in custody refused medications, the Department did not always ensure that the required refusal documentation was completed (see text box for requirements).

Auditors tested 25 prescriptions administered to youth in custody at secure facilities, comprising 447 medication administration and medication refusal records. All 375 instances in which medicine was administered had documentation showing the successful administration of prescribed medications that was consistent with the dates, frequency, dosage, and medication names prescribed by medical providers.

However, of the 72 instances in which a youth refused medication, 30 (42 percent) were missing at least one required element of documentation. For example, some were missing at least one witness signature, documentation of the reason for the youth's refusal, or notification of the youth's case manager in cases where the youth refused three consecutive times. According to the Department, medication administration is at higher risk of refusal because attempts to administer medication can occur throughout the day, including times when the youth are participating in recess or other outdoor activities.

### Refusal Policy

Texas Family Code, Section 32.003, allows youth in custody to consent to their own healthcare services, medication, and treatments. As a result, the Department implemented policies to require a refusal form to be completed in the event a youth refuses prescribed healthcare services.

To document the refusal of any type of healthcare service, youth are asked to complete a refusal form. If a youth refuses to complete the form, the Department requires a nurse to complete the refusal form. A second witness signature is required if a nurse did not personally witness or hear the youth's refusal.

Additionally, in an effort to address concerns about the treatments youth receive, nursing staff are required to notify the youth's case manager after three consecutive refusals.

Sources: Texas Family Code, Section 32.003, and the Department.



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## The Department should clarify its policy for conducting prerelease exams.

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The Department's contract with UTMB requires that youth receive prerelease and placement exams at least 60 days before being released to parole or from a secure facility. While the Department had processes to help ensure that those exams were conducted as required, those exams were not performed consistently.

Specifically, the Department provided timely pre-release exams and placement exams for 20 (80 percent) of the 25 youths whose records were tested. For the other five:

- Two youths had their releases moved to dates preceding their scheduled exam dates.
- Three youths were transferred to a Department-supervised halfway house. Neither the contract with UTMB nor the Department's policies state whether youth being transferred to halfway houses are required to receive prerelease and placement exams. However, auditors identified instances in which the Department did provide prerelease and placement exams to youth being transferred to halfway houses.

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## Recommendations

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The Department should:

- Ensure that medication refusal documentation is completed according to its requirements.
- Clarify its policy for when prerelease and placement exams must be completed for youth being transferred out of secure facilities, including those being transferred to halfway houses.

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## Management's Response

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**Management Action Plan Part 1:** The Department concurs with the recommendation. UTMB will implement a performance indicator where refusal documentation will be monitored. On a monthly basis, nurse managers at each facility will review 5% of the monthly total of refusal forms, (minimum of 10, maximum of 20) to insure all aspects of the form are completed correctly. These compliance reports will be forwarded to TJJD Health Services monthly for review and will be discussed at bi-annual CQI meetings. The monitoring will be ongoing until 6 consecutive months of 90% or better occurs.

- Responsible Party: Medical Director
- Completion Date: June 1, 2024.

**Management Action Plan Part 2:** The Department concurs with the recommendation. Although efforts have been made to ensure physical exams are completed prior to youth's release to parole or discharge from TJJD, time constraints have made it difficult to complete the physical exam prior to youth's departure. Once the decision has been made to release a youth to parole or discharge, the youth must depart a secure facility within 15 days. There is not always enough time to schedule a provider's exam prior to the youth leaving. Efforts will continue to complete a physical exam prior to youth departure, however the Department will revise policy, HSP.04.04, to state, "All youth receive a health examination by a provider within 60 days prior to release to parole, (i.e. home or HWH), or discharge from TJJD. Discharge physical examinations are dependent upon timely notification of release date and/or provider availability." Additionally, the contract with UTMB will be amended to reflect this expectation. The contract with UTMB is to be renewed September 2023.

- Responsible Party: Medical Director
- Completion Date: October 2, 2023

## Chapter 2

**MEDIUM**

# Facility Monitoring and Contract Management

The Department performed annual on-site reviews, but did not always obtain the necessary corrective action plans.

The Department places youths at three types of facilities (see text box for definitions).

**Secure Facilities.** The Department performed annual on-site monitoring reviews at all (100 percent) of its 5 secure facilities in fiscal year 2022, in accordance with its contract monitoring policy. The monitoring tool used for these reviews included procedures to review significant contractual and Texas Administrative Code requirements related to medication administration, clinic operations, health screenings, and sick calls. According to the Department, nurses select a sample of youth medical records to review to determine whether certain services were provided in compliance with those requirements.

However, while the Department identified instances of noncompliance at three of the five secure facilities, it did not ensure that those issues were addressed with corrective action plans. The Department has an informal policy that requires that each facility submit a corrective action plan within 30 days of receiving the on-site review summary. Those three facilities did not submit plans to the Department after receiving notification of the issues. Without a corrective action plan, the Department cannot verify that issues identified by the on-site reviews are addressed at the secure facilities.

**Halfway Houses and Contract Care Facilities.** The Department performed annual on-site monitoring reviews at all (100 percent) of the 4 contract care facilities and 4 (80 percent) of the 5 halfway houses in fiscal year 2022. Similar

### Facility Types

**Secure Facilities:**

For youth in custody with significant convicted offenses or rehabilitation needs that cannot be met at a local level.

**Halfway Houses:**

These facilities provide youth in custody with the opportunity to make gradual transitions back into their home communities.

**Contract Care Facilities:**

These facilities are operated by private nonprofit or for-profit corporations or organizations that can provide services such as vocational training.

Source: The Department.

to reviews conducted at secure facilities, the monitoring tool used for halfway houses and contract care facilities included procedures to review significant Texas Administrative Code and Department requirements related to medication administration, off-site medical appointments, and sick calls. According to the Department, nurses on staff examine youth medical records to determine if services were provided in compliance those requirements. However, the Department did not perform a review of one halfway house; it stated that the location had a low youth population level and high staff turnover during that fiscal year.

One issue identified by the Department during these reviews was communicated to the affected facility and was addressed with corrective action plans.

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## The Department had processes to monitor the volume of healthcare services and staffing levels.

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**Access-to-care Reports.** The Department relies on access-to-care reports prepared by UTMB, in its ongoing monitoring efforts; these monthly reports provide information on the volume of healthcare services provided to youth at secure facilities. Specifically, this report tracks the number of appointments provided and missed for healthcare services such as nursing services, off-campus services, medication appointments, and sick call services. All (100 percent) of the 4 access-to-care reports sampled by auditors accurately reconciled to the EHR system.

The Department also uses these reports as a part of its periodic Joint Continuous Quality Improvement Committee meetings with UTMB. These meetings occur twice a year and include a review and discussion of the healthcare data required by the contract and current trends in healthcare services provided to youth.

**Staffing Reports.** The contract requires UTMB to provide staffing reports to the Department every two weeks. These staffing reports give the Department information needed to monitor the impact of proposed staffing changes at secure facilities. All (100 percent) of the 8 biweekly staffing reports sampled by auditors were accurate when compared with UTMB payroll data, which is the system of record for these reports.

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## The Department developed and implemented processes to monitor the contract.

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**Background Checks.** The Department performed background checks on all UTMB employees tested who provided healthcare services at the secure facilities. However, it did not perform background checks on local provider subcontractors as required by the contract. The Department stated that it did not verify that background checks for these local providers were performed because it does not consider them subcontractors as defined in the contract, since these providers did not perform services on-site at the secure facilities.

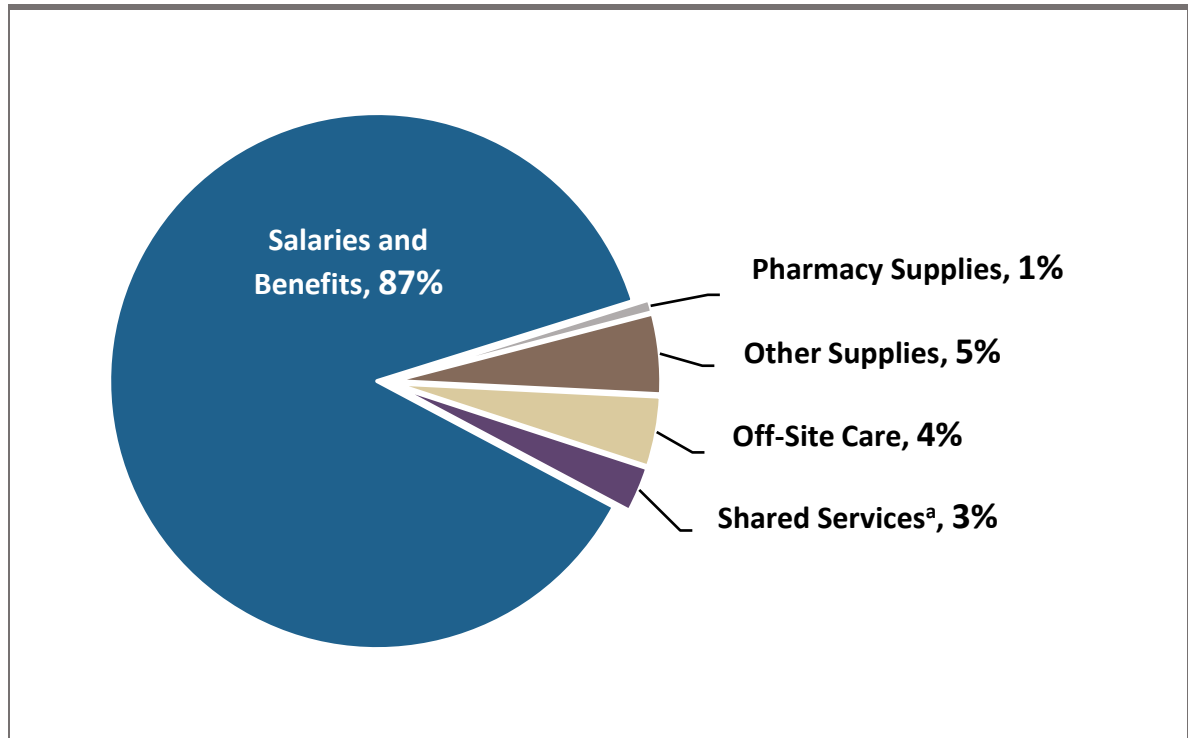
**Medical Grievances.** Under Human Resources Code, Section 203.10, the Department is required to maintain a system to promptly and efficiently act on complaints received by the Department made by or on behalf of a juvenile relating to the programs, services, or facilities of the Department or a local juvenile probation department. The Department had a process to confirm that medical grievances were investigated in alignment with its *Youth Rights Procedures* manual. All 18 (100 percent) of the random samples and all 4 (100 percent) of the risk-based samples of the medical grievances tested were investigated according to the *Youth Rights Procedures* manual requirements related to documentation and resolution timeliness.

**Invoices.** The Department implemented a review and approval process for paying invoices. Between September 1, 2021, and August 31, 2022, the Department paid invoices submitted by UTMB totaling \$9,714,687 for healthcare services provided to youth. Those invoices reported expenses such as salaries and benefits, supplies, off-site care, and shared services in fiscal year 2022 (see Figure 3 on the next page).

The Department obtained appropriate management approvals for all 4 (100 percent) of the invoices selected for testing, which totaled approximately \$2.5 million. Also, the Department's processes helped ensure that selected expenses were accurately reflected in its financial information systems.

Figure 3

*Percentage of Expense Categories Paid to UTMB in Fiscal Year 2022*



<sup>a</sup> “Shared services” refers to administrative and organizational services provided to support UTMB functions at Department facilities, such as compliance, human resources, finance, and logistics.

Source: UTMB invoices.

In addition, auditors analyzed the transactions supporting the accounts tested and did not identify any accounts or cost centers where unallowable expenses were reported.

**Policies.** The Department appropriately included key Texas Administrative Code requirements in its *Health Services Procedure Manual* and its contract with UTMB. The Department’s *Health Services Procedure Manual* provides further clarification and guidance on healthcare service requirements for the Department and UTMB staff.

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## Recommendation

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The Department should strengthen its process for ensuring that corrective action plans are submitted within the timeframe specified in the contract.

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## Management's Response

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**Management Action Plan:** The Department concurs with the recommendation. The Department will continue to instruct facility administrators, either TJJJ facility superintendent and/or UTMB Nurse Managers of the expectation of completion and submission of a corrective action plan (CAP) to TJJJ Health Services within 30 days. This expectation is documented on the cover letter accompanying the monitoring review. The Department will continue to include the Director of Secure Facilities or Deputy Director of Operations as well as UTMB-CMC Nursing Program Manager on the distribution of monitoring reviews and cover letters. If 30 days have passed and the CAP has not been received by TJJJ Regional Nurse Manager(s) (RNM), the Director of Secure Facilities and/or UTMB Nursing Program Manager will be alerted by the RNM. If the submission of the CAP continues to be delinquent after 7 days notification, TJJJ Chief of Staff and/or UTMB-CMC Director of Operations of Youth Services will be notified by TJJJ Director of Nursing. Disciplinary action will be taken as indicated until the CAP is submitted.

- Responsible Party: Medical Director
- Completion Date: October 2, 2023



**LOW**

## Chapter 3 Information Technology

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The Department ensured that access to the EHR system was appropriately restricted.

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**Automated Upload to UTMB.** The Department maintains a database of youth in custody in its internal system to record information such as youth demographics and facility assignments. To share this information with the EHR system, which is maintained by UTMB, the Department implemented a process to accurately transmit the pertinent data to UTMB.

**User Access.** While youth healthcare records are maintained in the EHR system, the contract requires UTMB to manage the system and the access to the data stored in it. As of December 31, 2022, access to modify the EHR system was appropriately restricted. For example, UTMB users who had the ability to modify records in the EHR system were current employees, and their access was appropriate for their job responsibilities.

**Lack of Annual Access Review.** However, the Department did not ensure that UTMB performed its annual user access review during fiscal year 2022. According to UTMB, the software used to manage EHR accounts lost the capabilities required to perform the annual user access review in fiscal year 2022.

Texas Administrative Code, Title 1, Section 202.22, requires information owners or designated representative(s) to be responsible for approving access to information resources and periodically reviewing access lists based on documented risk management decisions.

Establishing a process to confirm that UTMB is performing periodic user access reviews will help ensure that access continues to be restricted to appropriate personnel.

**Change Management.** Upgrades to the EHR system were reviewed and approved in accordance with UTMB policies and procedures. For example, both upgrades deployed during the audit scope were tested and approved in accordance with those policies and procedures.

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## Recommendation

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The Department should implement a process to ensure that EHR system user access reviews are performed regularly.

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## Management's Response

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**Management Action Plan:** The Department concurs with the recommendation. As UTMB's computer system is no longer able to complete user access audits, a manual review of users will be completed by UTMB Information Technology department before the conclusion of FY 23. Results will be forwarded to UTMB Trusted Requestor for TJJJ Pearl access to validate findings. Users no longer with UTMB will be deleted from the system. Status of the access review(s) will be addressed at bi-annual CQI meetings. Additionally, UTMB is expecting Capital Funding within FY 24 to update the system to allow efficient access reviews. Going forward, UTMB will complete reviews and submit findings to TJJJ Health Services annually. TJJJ Health Services will continue to conduct quarterly reviews of TJJJ employees with access to the electronic health record by comparing TJJJ's list to UTMB's list of active users. Employees determined to no longer be employed with TJJJ or whose job duties do not require access to the electronic health record will have their access deleted.

- Responsible Party: Medical Director
- Completion Date: September 1, 2023



## Appendix 1

# Objective, Scope, and Methodology

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### Objective

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The objective of this audit was to determine whether the Juvenile Justice Department (Department) had processes and related controls to help ensure it provides health services to youth in custody and administers related contract management functions in accordance with applicable requirements.

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### Scope

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The scope of this audit included: (1) healthcare services provided to youth in custody at state-operated secure institutional facilities from September 1, 2021, through August 31, 2022, (2) contract management processes performed by the Department's Medical Services Division, and (3) the Department's on-site reviews of secure facilities, halfway houses, and contract care facilities.

The scope also included a review of significant internal control components related to the Department's contract management processes.

The following members of the State Auditor's staff performed the audit:



- Scott Labbe, CPA (Project Manager)
- Benjamin Hikida, CFE (Assistant Project Manager)
- David Johnson
- Lauren Ramsey
- Mark Snyder, CFE
- Robert G. Kiker, CFE, CGAP (Quality Control Reviewer)
- Courtney Ambres-Wade, CIA, CFE, CGAP (Audit Manager)

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## Methodology

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We conducted this performance audit from August 2022 through April 2023 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives. In addition, during the audit, matters not required to be reported in accordance with *Government Auditing Standards* were communicated to the Department's management for consideration.

### Addressing the Audit Objectives

During the audit, we performed the following:

- Interviewed Department management and staff, as well as staff at The University of Texas Medical Branch at Galveston (UTMB), to gain an understanding of the Department's healthcare services and contract management processes, including internal controls and information that supports those processes.
- Identified the relevant criteria:
  - Texas Government Code, Chapter 2261.
  - Texas Administrative Code, Title 37, Part 11, Chapter 380.
  - *State of Texas Procurement and Contract Management Guide*, version 2.0.
  - Interagency cooperation agreement for healthcare services between the Department and UTMB.
  - Department policies and procedures.
- Reviewed the Department's on-site monitoring tool used annually to review the state-operated secure facilities, halfway houses, and contract care facilities.
- Reviewed policies and procedures for compliance with applicable statutory requirements.

- Tested certain controls over the transfer of youth data to the electronic healthcare record (EHR) system.
- Tested samples of youth medical records described in Figure 4 for compliance with the Texas Administrative Code, Department policies, and contractual requirements.
- Tested the effectiveness of controls over invoice approvals.
- Reconciled certain monitoring reports to system of record.
- Reviewed background checks the Department performed on UTMB staff.

Figure 4

**Total Populations and Samples Selected for Testing**

Description	Population	Sample Size	Methodology <sup>a</sup>
Initial Health Screenings	367	61	60 random <sup>b</sup> and 1 risk-based samples <sup>c</sup>
Annual Physical Exams	402	25	Random samples
Physical Exams for Released Youth	508	25	Random samples
Psychiatric Services	880	25 <sup>d</sup>	Random samples
Sick Call Requests	7,859	25	Random samples
Emergency Calls	102	10	Random samples
Pharmaceutical Services	16,447	25 <sup>e</sup>	Random samples
Medical Grievances	183	27	18 random and 4 risk-based samples
Background Checks	125	13	Random samples
Invoices	12	4	Random samples
Access-to-care Reports	12	4	Random samples
Staffing Reports	27	8	Random samples

<sup>a</sup> The samples listed in this figure were not necessarily representative of the population; therefore, it would not be appropriate to project the test results to the population.

<sup>b</sup> Random sample methodology was chosen to ensure the sample could be evaluated in the context of the population.

<sup>c</sup> The risk-based items were chosen to address specific risk factors identified in the population.

<sup>d</sup> Auditors tested 155 records associated with 25 youth receiving psychiatric services.

<sup>e</sup> Auditors tested 25 prescriptions administered to youth comprising 447 medication administration and medication refusal records.

Source: State Auditor’s Office

## Data Reliability and Completeness

Auditors determined that the following data sets were sufficiently reliable for the purposes of the audit:

- **Correctional Care System (CCS).** Auditors used the Department’s CCS data to determine the population of youth entering custody, the population of youth in custody for a year, and the population of youth released from a secure facility during fiscal year 2022. To determine the reliability of the data, auditors (1) reviewed the parameters used to extract the data from the system and (2) reconciled the CCS data to the healthcare encounter data contained in the EHR system.
- **EHR System.** Auditors used EHR data, managed by UTMB, to determine the population of youth receiving psychiatric services, sick call requests, emergency calls, and pharmaceutical services. To determine the reliability of the data, auditors (1) reviewed the parameters used to extract the data from the system, (2) reviewed record completeness, and (3) reconciled the EHR data to the CCS data.
- **Medical Grievances.** To determine the reliability of the data, auditors (1) observed Department staff extract the requested data population from the Department’s Youth Grievance Manager System, (2) reviewed record completeness, and (3) analyzed the data and grievance categories to determine whether the values had appropriate information and conformed to auditor expectations.

## Report Ratings

In determining the ratings of audit findings, auditors considered factors such as financial impact; potential failure to meet program/function objectives; noncompliance with state statute(s), rules, regulations, and other requirements or criteria; and the inadequacy of the design and/or operating effectiveness of internal controls. In addition, evidence of potential fraud, waste, or abuse; significant control environment issues; and little to no corrective action for issues previously identified could increase the ratings for audit findings. Auditors also identified and considered other factors when appropriate.



Copies of this report have been distributed to the following:

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The Honorable Dade Phelan, Speaker of the House, Joint Chair

The Honorable Joan Huffman, Senate Finance Committee

The Honorable Robert Nichols, Member, Texas Senate

The Honorable Greg Bonnen, House Appropriations Committee

The Honorable Morgan Meyer, House Ways and Means Committee

## **Office of the Governor**

The Honorable Greg Abbott, Governor

## **Juvenile Justice Department**

Members of the Juvenile Justice Department Board

Ms. Shandra Carter, Executive Director



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