



OFFICE OF THE STATE AUDITOR



November 20, 2017

DIANNE E. RAY, CPA
STATE AUDITOR

DEPARTMENT OF CORRECTIONS – BEHAVIORAL HEALTH PROGRAMS (NOVEMBER 2016) – STATUS REPORT

Members of the Legislative Audit Committee:

Attached is the status report from the Department of Corrections (Department) on the implementation of recommendations contained in the Office of the State Auditor's (OSA) *Department of Corrections – Behavioral Health Programs* performance audit.

OSA REVIEW OF DOCUMENTATION

As part of the status report process, we requested and received supporting documentation for each recommendation that the Department reported as having been implemented. Specifically, we reviewed the following documentation:

- Department manual audit tools (e.g., methodology, results, reviewer remarks) used to review the appropriateness and timeliness of offender mental health assessments, coding, and screenings; offender treatment plans and staff contacts; restrictive housing placements; and risk assessments for sex offenders.

OFFICE OF THE STATE AUDITOR
1525 SHERMAN STREET
7TH FLOOR
DENVER, COLORADO
80203

303.869.2800

- A sample of Department training records related to offender mental health assessments and coding; treatment plans and staff contacts; offender out-of-cell time tracking; and sex offender risk assessment requirements.
- Updated written Clinical Standards and Administrative Regulations related to staff licensure and supervisory duties; offender treatment plan requirements; transition form use for offenders releasing to the community; screening form use for offenders moving into or between Department facilities; restrictive housing placements; and risk assessment requirements and treatment prioritization for sex offenders.
- A sample of emails and database screenshots related to notifying staff and system administrators when updates are needed for offender mental health assessment and coding information.
- A sample of reports regarding restricted housing placements; weekly and monthly offender out-of-cell time for offenders housed in Residential Treatment Programs (RTPs); management assessments of ways to increase out-of-cell time; and Department staff retention.
- Department performance goals and measures for the mental health program and sex offender treatment and monitoring program.
- Updated implementation information on the new Electronic Health Record (EHR) and the Department's new electronic offender management information system, including draft business rules for the new system specifications.

Based on our review, the supporting documentation substantiates the Department's reported implementation status.



COLORADO
Department of Corrections
Office of the Executive Director

Kellie R. Wasko | Deputy Executive Director
1250 Academy Park Loop
Colorado Springs, CO 80910
P 719.226.4507 / kellie.wasko@state.co.us

November 9, 2017

Dianne E. Ray, CPA
State Auditor
Colorado Office of the State Auditor
1525 Sherman St., 7th Floor
Denver, CO 80203

Dear Auditor Ray:

In response to your request, we have prepared an updated status report regarding the implementation of audit recommendations contained in the November 2016 *Behavioral Health Programs Performance Audit*. The attached report provides a brief explanation of the actions taken by the Department of Corrections to implement each recommendation.

The DOC embraced the recommendations of this audit which resulted in a thorough and analytical assessment of the policies and clinical standards related to the behavioral health services provided to the offender population. The audit more importantly provided the groundwork for a closer examination of community standards as it relates to clinician autonomy. The audit revealed to us that existing policies and expectations of clinical practice are too limited to clinical judgment and decision making related to the delivery of care. In response to this introspection, the Department is currently pursuing steps to change this way of doing business in order to improve patient treatment outcomes and overall job satisfaction by behavioral health clinicians.

Additionally, it is important to note that the implementation of the Electronic Health Record has experienced numerous delays and this has challenged the Department in efficiently obtaining reports electronically. The Department continues to collect the necessary reports to meet the expectations of the audit; however, it is accomplished through manual process in some areas.

If you have any questions, please do not hesitate to contact me at 719-226-4507 or by email at kellie.wasko@state.co.us.

Sincerely,

Kellie R. Wasko
Deputy Executive Director
Colorado Department of Corrections



AUDIT RECOMMENDATION STATUS REPORT

AUDIT NAME: Behavioral Health Programs

AUDIT NUMBER: 1556P

DEPARTMENT: Corrections

DATE OF STATUS REPORT: November 20, 2017

SUMMARY INFORMATION

Rec. Number	Agency's Response	Original Implementation Date	Implementation Status	Revised Implementation Date (If applicable)
1a	Agree	March 2017	Partially Implemented	December 2017
1b	Agree	March 2017	Implemented	
1c	Agree	November 2016	Partially Implemented	December 2017
2	Agree	March 2017	Implemented	
3a	Agree	March 2017	Implemented	
3b	Agree	March 2017	Implemented	
3c	Agree	May 2017	Implemented and Ongoing	
3d	Agree	December 2017	Partially Implemented	
4a	Agree	March 2017	Implemented	
4b	Agree	March 2017	Implemented	
4c	Partially Agree	March 2017	Partially Implemented	
5a	Agree	November 2016	Implemented	
5b	Agree	March 2017	Implemented	
5c	Agree	August 2016	Implemented	
5d	Partially Agree	November 2015	Not Implemented	
5e	Agree	September 2016	Implemented	
6a	Agree	March 2017	Implemented	
6b	Disagree		N/A	
6c	Agree	March 2017	Partially Implemented	December 2017
7a	Agree	March 2016	Implemented	
7b	Agree	March 2016	Implemented	
8a	Agree	March 2017	Implemented	
8b	Agree	March 2017	Implemented	
9a	Agree	June 2016	Implemented	
9b	Agree	December 2018	Partially Implemented	
10	Agree	November 2016	Implemented	

Rec. Number	Agency's Response	Original Implementation Date	Implementation Status	Revised Implementation Date (If applicable)
11a	Partially Agree	December 2017	Implemented	
11b	Agree	December 2017	Partially Implemented	
11c	Agree	December 2018	Not Implemented	

DETAIL OF IMPLEMENTATION STATUS

Recommendation No. 1:

The Department of Corrections (Department) should strengthen its controls to better ensure that its staff conduct timely mental health assessments of offenders and accurately enter assessment information and coding into its offender management database, per requirements, by:

- A. Implementing information system and/or manual controls to identify instances of when staff change offender coding and assessment results.

Current Implementation Status for Rec. 1, part a: Partially Implemented.

Revised implementation date: December 2017.

Agency's Update:

Manual controls were implemented in the form of manual audit tools developed by Quality Management Program (QMP) staff to review instances when staff change offender coding and assessments and assess the changes for compliance with applicable standards. Audits are conducted by QMP staff on a quarterly basis, and reports are provided to the chief of clinical operations, facility health services administrators, and facility mental health supervisors. When the results fall below a 100% compliance threshold, a plan of action is required within 14 days to address identified issues. Regional health services administrators ensure actions defined in the plan are implemented.

Due to limited capabilities of the new Electronic Health Record (EHR), audits of Intellectual and Developmental code changes have been placed on hold until EHR programming is completed in December 2017. The EHR is the first phase of the Department's new electronic offender management information system that will completely replace DOC's legacy system over the next several years.

- B. Conducting systematic monitoring activities of offender coding and assessments, such as ongoing supervisory review or other periodic reviews, to identify, investigate, and correct any instances where offenders' mental health coding, including psychological, developmental disabilities, and temporary coding and psychiatric diagnoses, do not conform to Administrative Regulations or Clinical Standards, or are otherwise inaccurate or missing. This should include using the monitoring information to identify staff training needs and adjust the training provided to target areas for improvement on an ongoing basis.

Current Implementation Status for Rec. 1, part b: Implemented.

Agency’s Update:

QMP audit findings are submitted to facility mental health supervisors for review. Supervisors use this information to identify, implement and document completion of targeted staff training for improvement within 14 days of audit findings. The clinical standard, “Behavioral Licensure and Supervision”, was updated in February 2017 to improve guidance to designated mental health clinicians in clinical supervision duties and responsibilities.

- C. Implementing processes to notify staff when assessments are coming due or when temporary mental health coding will need to be updated.

Current Implementation Status for Rec. 1, part c: Partially Implemented.

Revised implementation date: December 2017.

Agency’s Update:

A report of this information had been generated monthly and submitted to all mental health supervisors and health services administrators which was subsequently passed on to the appropriate mental health clinician based on individual caseloads. Steps were then taken by the clinician to ensure these assessments were updated and documented. After the implementation of the EHR, these reports were found to be inaccurate. Accurate reports of assessments coming due and temporary mental health coding needing updated are included in EHR programming designs expected to be completed in December 2017.

Recommendation No. 2:

The Department of Corrections (Department) should improve its controls over individualized mental health treatment plans for offenders by implementing a method to document Mental Health Services Program staff’s determination that an existing treatment plan for a newly arrived offender with moderate-to-severe mental health needs is current and appropriate and thus a new treatment plan is not needed.

Current Implementation Status for Rec. 2: Implemented.

Agency’s Update:

Clinicians are required to document in a mental health encounter when an existing treatment plan for a newly arrived offender with moderate to severe mental health needs is current and appropriate and thus a new treatment plan is not needed. Initially, an email was sent to clinicians providing this instruction and training was provided. Subsequently, the applicable clinical standard (Mental Health Treatment Services and Documentation) was updated to reflect this requirement.

Recommendation No. 3:

The Department of Corrections (Department) should improve its controls over planning mental health treatment and providing mental health services by:

- A. Systematically monitoring (1) the timeliness of staff review and creation of treatment plans for all newly arrived offenders with moderate-to-severe mental health needs; (2) updates to treatment plans for all relevant offenders, and contents of treatment plans by using data currently captured in DCIS (i.e., offenders' mental health coding, their movements between facilities, and the dates of previous treatment plans); and (3) data collected through the method implemented in RECOMMENDATION 2. This should include using the monitoring information to correct any problems identified in a timely manner.

Current Implementation Status for Rec. 3, part a: Implemented.

Agency's Update:

QMP staff developed an audit tool to systematically review treatment plans for newly arrived offenders with moderate-to-severe mental health needs (to include staff review, timelines, and content of treatment plans) and the need for treatment plan updates on relevant offenders. Audits are conducted on a monthly basis and results are provided to supervisors to identify training needs and ensure deficits are corrected. Summary reports are provided to the chief of clinical operations quarterly.

- B. Systematically monitoring mental health contacts for all offenders with moderate-to-severe mental health needs to ensure that Mental Health Services Program staff conduct timely mental health contacts, in accordance with the Department's Clinical Standards. This should include using the monitoring information to correct any problems identified in a timely manner.

Current Implementation Status for Rec. 3, part b: Implemented.

Agency's Update:

QMP staff developed an audit tool to monitor mental health contacts for offenders with moderate-to-severe mental health needs to ensure that mental health clinicians conduct timely mental health contacts in accordance with clinical standards. Audits are conducted on a quarterly basis utilizing the audit tool. These audits are submitted and tracked by the QMP office. Summary reports are provided to the chief of clinical operations quarterly.

- C. Identifying staff training needs through the monitoring activities implemented in PART A and PART B and, on an ongoing basis, adjusting the training provided to target areas for improvement.

Current Implementation Status for Rec. 3, part c: Implemented and Ongoing.

Agency's Update:

QMP Audit results are provided to mental health supervisors who identify training needs and ensure deficits are immediately corrected. In-service training is documented by mental health supervisors. Areas for improvement, identified through clinical supervision, are addressed through that process in accordance with the clinical standard.

- D. Continuing such monitoring with implementation of the Department's new electronic offender information system.

Current Implementation Status for Rec. 3, part d: Partially Implemented.

Agency's Update:

Programming of the new electronic offender management information system (eOMIS) includes the monitoring of mental health treatment plan development and updates, as well as mental health contacts, is underway. Business rules for the programming have been written. Programming has begun and is due to be completed in December 2017.

Recommendation No. 4:

The Department of Corrections (Department) should improve its controls related to continuing management of offenders with mental health needs by:

- A. Providing sufficient monitoring to ensure that Mental Health Screenings (Screenings) are completed in accordance with requirements in a timely manner.

Current Implementation Status for Rec. 4, part a: Implemented.

Agency's Update:

To improve controls through the monitoring of mental health screening completions. The Quality Management Program developed an audit tool to ensure their timely completion. Audits are completed monthly at each facility by health services administrators or designees. Results are provided to supervisors to identify training needs and ensure deficits are corrected.

- B. Providing sufficient monitoring to ensure that Mental Health Transition Forms (Transition Forms) are completed, for all offenders leaving the Department's custody in accordance with requirements in a timely manner. For offenders who refuse to grant permission to share their protected mental health information at the time that they are releasing from a Department facility, the Department should ensure that the Transition Forms are completed with information that is not protected under the Health Insurance Portability and Accountability Act (HIPAA).

Current Implementation Status for Rec. 4, part b: Implemented.

Agency's Update:

Quality Management Program staff developed an audit tool to monitor the completion of Transition Forms in accordance with clinical standards. Monitoring information is shared with facility mental health supervisors and health services administrators to ensure identified problems are corrected in a timely manner. For offenders who refuse to grant permission to share their protected health information at the time they are releasing from a Department facility, the Department ensures that the Transition Forms are completed with information that is not protected HIPAA. Clinical standards were modified to include this information to clarify this responsibility.

- C. Implementing Department Administrative Regulations or Clinical Standards that (1) provide requirements for completing Screenings for temporary offender transfers and transfers for unknown lengths of time; (2) require staff to electronically document completion of Screenings or their determination that a Screening is not necessary; and (3) define appropriate time frames for completing Transition Forms, including both the earliest and latest time frames.

Current Implementation Status for Rec. 4, part c: Partially Implemented.

Agency's Update:

1. Policy currently exists with language directing staff as to when screenings will be conducted, and language was added to the clinical standard to clarify when mental health screenings were not necessary. e.g. the infirmary (a higher level of assessment is completed upon admission).
 2. Electronic documentation of mental health screenings are required with the new EHR according to current policy. Documentation to the exception is not required.
 3. The clinical standard, "Behavioral Health Transition Procedure", February 2017, was updated to include both time frames.
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Recommendation No. 5:

The Department of Corrections (Department) should improve its controls related to housing offenders with serious mental illness in long-term isolated confinement by:

- A. Adopting written policies reflecting the expectation that an out-of-cell mental health review be completed for each offender that the Department considers for restrictive housing maximum security (RH-Max) before the placement occurs.

Current Implementation Status for Rec. 5, part a: Implemented.

Agency's Update:

Policy language (Administrative Regulation 650-3, Restrictive Housing) has been clarified regarding face-to-face out-of-cell evaluations by mental health clinicians for each offender being considered for RH-Max (now known as Extended Restrictive Housing) before placement occurs.

- B. Implementing controls, such as staff assessment of reports that identify offenders who need reviews, to ensure that staff conduct timely mental health reviews for all offenders housed within RH-Max units and for all offenders assigned to RH-Max before their placement into RH-Max.

Current Implementation Status for Rec. 5, part b: Implemented.

Agency's Update:

To improve manual controls of offenders in Extended Restrictive Housing who need timely mental health reviews, Quality Management Program staff developed an audit tool to verify that mental health contacts occur in a timely manner.

- C. Implementing controls to ensure that staff (1) prevent RH-Max placement when an offender is determined to have a serious mental illness between assignment to RH-Max and such placement starting, and (2) initiate a transfer within 30 days when offenders are discovered to have a serious mental illness while housed in RH-Max. This could include new programming in DCIS to monitor the mental health coding of offenders assigned to RH-Max and that alerts Offender Services if any such offenders are coded as having a serious mental illness and, thus, cannot be housed in RH-Max.

Current Implementation Status for Rec. 5, part c: Implemented.

Agency's Update:

The Department has implemented the following to improve controls related to housing offenders with serious mental illness in long term isolated confinement by:

1. Offender services completes a staffing review summary for all offenders being reviewed by central classification and the director of prisons for placement in Extended Restrictive Housing. The staffing review summary shows the offender's current P code and ID needs code.
 2. As designated by policy a second-level review is completed by the chief of behavioral health services. Upon approval of the staffing review, offenders are designated Extended Restrictive Housing.
 3. A daily automated report identifies offenders who are designated Extended Restrictive Housing and have a P code change to include any M qualifier or elevated code of more than 3. When an offender meets the above criteria, a report is automatically emailed to: central classification, mental health program administrator at headquarters, case management supervisor at Sterling Correctional Facility, deputy directors of prisons and director of prisons. The report will cause central classification to move offenders assigned to extended restrictive housing that have a P code changed to a serious mental illness.
- D. Adopting written policies related to the practices started in Spring of 2015 which include addressing situations where offenders refuse to leave segregation and counting the full time offenders spend in segregation when applying time limits.

Current Implementation Status for Rec. 5, part d: Not Implemented.

Agency's Update:

The Department has not implemented the specific written policies referenced in the audit report, because every exception cannot be included in policy. The Department has adopted new procedures it believes will mitigate the risk identified by the audit. In accordance with Administrative Regulation 650-3, *Restrictive Housing* is utilized for those offenders who are removed from population, serving disciplinary sanctions, pending reclassification, pending in or out of state transfer and/or pending protective custody review - all of which require specific actions and reviews for placement. Offenders may not be placed in restrictive housing for more than 15 days as a disciplinary sanction and in very few cases are offenders housed in this setting beyond 15 days for non-disciplinary reasons (pending reclassification, pending in or out of state transfer and/or pending protective custody review).

In addition to individual facilities tracking offenders in restrictive housing and to ensure compliance with policy, a daily tracker is maintained and monitored by the Office of Offender Services. This tracker documents which facilities have offenders housed in a restrictive housing setting and the number of days they have been in restrictive housing. The tracker is emailed to and reviewed by executive and facility staff to ensure appropriate placement and timely release of offenders in restrictive housing.

In rare cases, offenders have refused removal from restrictive housing. In these instances, a multi-disciplinary team of facility staff, (normally comprised of representation from case management, intelligence, mental health, custody and control, and as needed, medical) will meet with the offender in an attempt to discuss and resolve the issue(s) related to the refusal. Some of the more common reasons for offenders requesting to remain in restrictive housing are: perceived facility security

concerns, housing/unit assignment and alleged custody issues. Offenders that allege custody issues with other offenders at their assigned facility may communicate their concerns with staff in accordance with Administrative Regulation 600-1, *Offender Classification*.

While in restrictive housing, offenders maintain communication with facility staff. This allows for continued open dialogue to discuss and address any additional issues or concerns they may have.

- E. Updating the Department’s current monitoring report for offenders in segregation to include all offenders housed in all facilities, including those currently excluded from the report, and using this report to monitor that offenders with serious mental illness are not housed in segregation longer than allowed by Administrative Regulations and Department guidance.

Current Implementation Status for Rec. 5, part e: Implemented.

Agency’s Update:

The Department’s current monitoring report for offender in restrictive housing has been updated to include all offenders housed in restrictive housing at all facilities. The report is used by facility management staff to ensure offenders are not housed in restrictive housing longer than allowed by regulation.

Recommendation No. 6:

The Department of Corrections (Department) should improve its oversight and documentation of out-of-cell hours offered and received by offenders in the Residential Treatment Programs (RTPs) by:

- A. Implementing procedures to ensure uniformity across all three RTPs in its methods of counting and categorizing both therapeutic and non-therapeutic out-of-cell hours, including the hours offered, cancelled, attended, and refused.

Current Implementation Status for Rec. 6, part a: Implemented.

Agency’s Update:

Procedures to ensure uniformity across the three RTP’s in the collection and documentation of non-therapeutic out-of-cell activities has been implemented. The Department has already implemented an electronic process for collecting therapeutic out-of-cell time in all RTP’s consistently.

- B. Updating its Administrative Regulations to ensure clear responsibility for oversight of out-of-cell hours—therapeutic, non-therapeutic, and total—and to ensure that staff follow the established requirements.

The Department disagreed with this recommendation.

There are approximately 261 policies. It is not realistic to identify in each policy lines of overall responsibility. Individual Position Descriptions (PDQs) indicate that wardens are responsible for the oversight of offender management in prisons and health services administrators are the local health authorities and responsible for the oversight of clinical services in prisons.

- C. Reviewing the information collected in PART A to ensure compliance with Department requirements regarding out-of-cell hours and Senate Bill 14-064, and optimizing offender participation in out-of-cell hours. This should include analyzing the impact of the number of hours offered, cancelled, attended, and refused on total out-of-cell time and making changes if necessary.

Current Implementation Status for Rec. 6, part c: Partially Implemented.

Revised implementation date: December 2017.

Agency's Update:

As discussed above, in Part B, the Department's policy is to assign oversight responsibility for therapeutic and non-therapeutic hours separately. As such, the information collected is not compiled or tracked in a total, combined format of all hours, as recommended by the audit. Clinical Services does and will continue to utilize information related to out of cell activities to make changes/improvements. Health services administrators communicate these changes in writing to the chief of clinical operations on a quarterly basis.

Additionally, to ensure that the therapeutic and non-therapeutic hours are reviewed together, in total, the Department is drafting changes to Administrative Regulation 650-04, Residential Treatment Programs for Offenders with Mental Illness and Intellectual and Developmental Disabilities which include the requirement for facility administrative heads and health services administrators to meet monthly to review therapeutic and non-therapeutic out-of-cell reports. Changes to existing practices will be discussed and implemented utilizing a multidisciplinary approach to optimize offender participation and address/mitigate risks of noncompliance with policy. Draft changes will be completed by December 2017.

Recommendation No. 7:

The Department of Corrections (Department) should improve its controls to ensure that staff offer out-of-cell hours, in accordance with Administrative Regulations and statute, to offenders housed in Management Control Units and Close Custody Transition Units (Transition Units) by:

- A. Providing staff appropriate training to consistently document the out-of-cell hours offered to offenders in Management Control Units and Transition Units, as well as the reasons why any scheduled hours were not offered.

Current Implementation Status for Rec. 7, part a: Implemented.

Agency's Update:

Staff have been appropriately trained to consistently document in the shift log out of cell time offered in management control units and transition units. The documentation includes a beginning and end time, and reasons why scheduled time may not be offered.

- B. Implementing processes to periodically monitor offender out-of-cell time through management review of the information collected through implementation of PART A.

Current Implementation Status for Rec. 7, part b: Implemented.

Agency's Update:

The Department has implemented controls to ensure appropriate documentation of out-of-cell time offered in Management Control Units and Transition Units. At the end of each shift, the unit lieutenant reviews and signs the shift log verifying accuracy relating to documented out of cell time offered to Management Control Units and Transition Units. The following business day, the unit captain reviews and signs the shift log.

Recommendation No. 8:

The Department of Corrections (Department) should improve its controls for ensuring that Sex Offender Treatment and Monitoring Program (Sex Offender Program) staff are conducting and using the risk assessments for eligible sex offenders by:

- A. Implementing written policies and procedures, in Administrative Regulations or Clinical Standards, regarding the Static 99-Revised and Sex Offender Treatment Intervention and Progress Scale risk assessments, including requirements that the assessments must be conducted, when they must be conducted, that they must be recorded in the centralized offender database, and in the appropriate data fields.

Current Implementation Status for Rec. 8, part a: Implemented.

Agency's Update:

Guidance related to risk assessments is included in the Sex Offender Treatment Intervention Progress Scale (SOTIPS) manual which is available to all clinicians. The Department added language to existing clinical standards to reference the use of the risk assessment manuals and have trained staff accordingly.

- B. Establishing a process for routine and systematic monitoring of risk assessments to help ensure that staff conduct the assessments in a timely manner. This could include cross-referencing informational reports from the offender database to identify offenders who are missing assessments.

Current Implementation Status for Rec. 8, part b: Implemented.

Agency's Update:

Sex offender clinicians at the Denver Complex are responsible for conducting initial static risk assessments on offenders with judicial determinations of a sex crime and documenting them in the electronic health record. Denver Complex Sex Offender Treatment Monitoring Program (SOTMP) staff pull the intake list of all sex offenders on a weekly basis and cross reference static risk assessment database (in PCDCIS) to ensure these assessments are completed according to clinical standards.

For the SOTIPS, facility SOTMP clinicians retrieve a list of all sex offenders currently in treatment at their facilities to ensure SOTIPS have been completed according to timeframes. Incomplete

assessment information is sent to the appropriate facility SOTMP supervisor and a copy to the SOTMP administrator to ensure completion at each facility.

Recommendation No. 9:

The Department of Corrections (Department) should ensure that the Sex Offender Treatment and Management Program (Sex Offender Program) provides the maximum benefit to public safety and the State of Colorado by:

- A. Establishing written enrollment and prioritization policies and procedures, in Administrative Regulations or Clinical Standards, that incorporate offenders' risk to re-offend and treatment needs. The policies and procedures should take into account the requirements of the Colorado Sex Offender Lifetime Supervision Act of 1998 and requirements set by the Sex Offender Management Board's standards and guidelines as updated pursuant to House Bill 16-1345.

Current Implementation Status for Rec. 9, part a: Implemented.

Agency's Update:

Effective April 15, 2017, the Department updated the June 2016 policy and procedures to indicate prioritization of offenders in treatment based on the offender's risk to re-offend and treatment needs while considering the Sex Offender Management Board (SOMB), lifetime supervision act and the 2013 evaluation.

- B. Ensuring that its automated tools for generating the Sex Offender Program referral list reflect these policies and procedures.

Current Implementation Status for Rec. 9, part b: Partially Implemented.

Agency's Update:

Creating automated tools for generating the referral list is planned for the next phase of the Department's eOMIS. Completion of this phase is due to be implemented in December of 2017. Until that time, the Department will continue with current practice which includes a manual process by Offender Services and the SOTMP administrator to ensure there is a balance of offenders placed in treatment as described in No 9, Part: A.

Recommendation No. 10:

The Department of Corrections (Department) should continue to evaluate and address staff retention for the Mental Health Treatment Program and the Sex Offender Treatment and Monitoring Program. This should include continuing to look for strategies to improve retention over time, such as implementing further policy changes when possible that address common concerns among staff.

Current Implementation Status for Rec. 10: Implemented.

Agency's Update:

Clinical Services will continue to examine staff retention in the behavioral health programs and implement strategies to improve based on a variety of considerations including staff concerns.

Recommendation No. 11:

The Department of Corrections (Department) should improve its controls related to evaluating the performance of its Mental Health Treatment Program and Sex Offender Treatment and Monitoring Program by:

- A. Establishing performance goals and measures that demonstrate the effectiveness of the treatment it provides offenders in achieving its intended outcomes. This should include evaluating the effectiveness of its treatment program curricula.

Current Implementation Status for Rec. 11, part a: Implemented.

Agency's Update:

Performance goals and measures have been developed and implemented to evaluate the effectiveness of treatment in the mental health program and sex offender treatment and monitoring program which includes the effectiveness of treatment program curricula.

- B. Making improvements to its information systems to provide management with quality information to evaluate performance and monitor compliance with applicable laws, Administrative Regulations, policies, and procedures. This should include ensuring that its new information system has the capability of tracking information necessary to measure performance as defined by goals and measures established in PART A above, has adequate controls to ensure data integrity, and minimizes the need to use other, external systems.

Current Implementation Status for Rec. 11, part b: Partially Implemented.

Agency's Update:

Clinical Services has developed business rules for EHR programming to ensure it has the capability of tracking information necessary to measure performance of its Mental Health Treatment Program and SOTMP.

The new EHR will have the capability of tracking the information necessary to measure performance as defined by the goals and measures, adequate controls to ensure data integrity, and to minimize the need to use other external systems.

- C. Monitoring its performance in achieving its goals using the information available through use of the improved system discussed in PART B and making operational changes as needed to improve performance if it does not achieve program goals.

Current Implementation Status for Rec. 11, part c: Not Implemented.

Agency's Update:

Clinical Services will monitor performance and make operational changes as needed to improve operational performance based on program information derived from its EHR improvements.
