

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

**Eckerd Transitions Project Bridge
Central Region Circuits 6, 9, 10, 12, 13, 18**

Eckerd Connects
(Contract Provider)
8125 Laurel Hill Drive
Orlando, Florida 32818

Review Date(s): February 12-13, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
Limited Compliance	Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator that result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Monitoring and Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Toni Del Regno, Office of Program Accountability, Lead Reviewer (Standard 1)

Teresa Andersen, Office of Program Accountability, Deputy Supervisor (Standards 2 and 3)

Jamila Bacchus, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

Sharon Lawrence, DJJ Probation, Circuit 18, Juvenile Probation Officer Supervisor (Standards 2 and 3)

Stephanie Lobzun, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

Paul Sheffer, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

April Stack, DJJ Probation, Circuit 9, Juvenile Probation Officer Supervisor (Standards 2 and 3)

Program Name: Eckerd Transitions Project Bridge - Circuits 6, 9, 10, 12, 13, 18

MQI Program Code: 1314, 1317

Provider Name: Eckerd Youth Alternatives, Inc. D/B/A Eckerd Connects

Contract Number: 10114

Location: Orange County / Circuit 9

Review Date(s): February 12-13, 2019

Number of Beds: 157

Lead Reviewer Code: 147

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Assessment Services, and (3) Intervention Services, which are included in the Transition Services Standards.

Persons Interviewed

- | | | |
|--|--------------------------------|--|
| <input checked="" type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Staff |
| <input type="checkbox"/> DJJ Monitor | _____ # Food Service Personnel | _____ # Youth |
| <input type="checkbox"/> DHA or designee | _____ # Healthcare Staff | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> DMHCA or designee | _____ # Maintenance Personnel | |
| _____ # Case Managers | 3 # Program Supervisors | |

Documents Reviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | _____ # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | _____ # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | _____ # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 12 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 7 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 13 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Observations During Review

- | | | |
|--|---|---|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage |
| <input type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

Items not marked were either not applicable or not available for review.

Standard 1: Management Accountability Transition Services Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Pre-Service and/or In-Service Training	Satisfactory
1.04	Incident Reporting (CCC)*	Satisfactory
1.05	Abuse reporting (DCF)*	Satisfactory
1.06	Administration	Satisfactory
1.07	JJIS and Data Requirements	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Standard 2: Assessment Services Transition Services Rating Profile

Indicator Ratings		
Standard 2 - Assessment and Performance Plan		
2.01	Referral Process	Satisfactory
2.02	Admission and Services Provision Processes	Satisfactory
2.03	Assessments for Services	Satisfactory

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Standard 3: Intervention Services Transition Services Rating Profile

Indicator Ratings

Standard 3 - Mental Health and Substance Abuse Services		
3.01	Individualized Plan of Care	Satisfactory
3.02	Community Referrals	Satisfactory
3.03	Transition Services Case Management	Satisfactory
3.04	Release/Discharge	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Program Overview

The Department contracts with Eckerd Youth Alternatives/Eckerd Connects to provide transition, assistance, and support services to youth ages eleven to nineteen years old re-entering the community from residential programs in Circuits 6, 9,10,12,13, and 18. The program has sites in Brevard, Orange, Hillsborough, Manatee, Polk, and Pasco counties and is contracted to provide 157 slots. The program's management team consists of one vice president of operations, one transition director, one administrative coordinator, three program managers, one program supervisor and one community engagement specialist. The program is designed to provide supportive services to successfully integrate the youth back into the community and to prevent recidivism. The program provides youth with core services including education, mentoring, vocational, restorative justice, transportation, gender-specific programming, and parenting life skills. Transition services also include social and life skills training, mentoring, vocational education, vocational training, résumé development, employment training, job placement, educational services, and personal budgeting. Services are provided based on the Department's referral addressing goals and objectives, which are outlined on the youth's individualized transition plan. Eligible youth who have a legal status with the Department and have been placed on post-commitment probation or conditional release supervision receive education and vocational services from the program. Discharge planning begins during each youth's admission phase and continues in stages until the time of the youth's release. At the time of the annual compliance review, the program had eight vacancies, including two transition coordinators, two transition support specialists, one career service coordinator, one full-time General Equivalency Diploma (GED) instructor and one part-time GED instructor.

Strengths and Innovative Approaches

- The program utilizes a values sheet taken from the evidence-based practice of Motivational Interviewing has been added to all intake packets. Staff use the youth's individual identified values to drive conversations towards pro-social change. Values sheets are also utilized during life skills discussions, the development of the individual service plan and subsequent progress reviews which helps the youth to refocus on their goals.
- As a motivation for pro-social change and a reward for youth who have made progress towards goals on their individual service plans; The program utilizes Project Bridge funds to award youth with a full YMCA membership which allows the youth access to a gym, basketball court, and swimming pool for recreational activities.
- Bi-weekly recreation services are provided to youth who have actively participated and displayed progress towards educational and vocational components of the program at Unearthed Sports, for youth who have an interest in football, soccer, and/or weightlifting.. The Unearthed Sports facility provides youth access to an indoor football field, ping pong tables, and weight lifting equipment.
- The program offers a back to summer barbeque and kickball event as an incentive/reward for youth who had a successful school year. The event occurs at the end of the school year prior to summer and includes games and activities where the Department's probation officers and Project Bridge staff compete against the youth. Food and prizes are also available at this event.

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a written policy and procedures in place which requires human resource staff to conduct a background screening, completed through the Agency for Healthcare Administration (AHCA) be conducted and reviewed prior to hiring any new employee or allowing any volunteer mentors to work with youth or to have access to confidential youth records. Twelve new staff were hired to work in one or more of the six reviewed central region circuits since the last annual compliance reviews conducted in Fiscal Year 2017-2018. Additionally, ten new volunteers were utilized by the various circuits during the review period. A review of twelve applicable staff background screenings and ten applicable volunteer background screenings, verified all individuals employed or utilized in the provision of program services for the first time during the past Fiscal Year were screened through ACHA prior to their being permitted access to the youth or confidential youth records. Reviewed documentation supported the hiring authority reviewed the appropriate documentation including the Department's Central Communications Center (CCC) person involvement report, the Staff Verification System (SVS) module, and the Florida Department of Law Enforcement (FDLE) automated training management system (ATMS) report prior to the hiring of new staff. All background screenings were observed to have been conducted prior to hire with one exception involving a staff hired in an administrative position who was screened six days after hire. The staff was hired to immediately begin training with no direct contact with youth or access to confidential youth records until the background screening was conducted. All reviewed background screenings indicated staff eligibility for hire or volunteer eligibility for access to youth; therefore, none of the reviewed screenings required an application for exemption. Four of the most recently hired staff records documented utilization of a pre-employment tool and a passing score as required by new Department policy and contractual amendment. The program presented documentation for review indicating there was a grace period from the time the contractual amendment was signed to the actual implementation of the pre-employment tool. The program had to determine which tool to utilize, draft a new policy, and train human resource staff prior to the implementation of the screening tool. The decision to use the Diana Screen was made and each of the four staff hired since the implementation of the screening had a completed screening and score in the staff's personnel record. The program provided documentation supporting a process in place to ensure all staff and volunteers were added to the Clearinghouse roster indicating affiliation with the program. Each of the reviewed circuits submitted the Annual Affidavit of Compliance with Level 2 Screening Standards was forwarded to the Department's Background Screening Unit (BSU) on January 3, 2019, within the required time frame.

1.02 Five-Year Rescreening**Satisfactory Compliance**

Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.

The program has a written policy and procedures communicating the requirements a five-year rescreening is conducted for each applicable staff and volunteer prior to five years from their date of hire or, in the case of volunteers, determination they are eligible to interact with the youth. The program is knowledgeable of the new directive from the Department stating when a current program staff member transitions into the Clearinghouse, the due date for the rescreening is determined by the calculations of the Clearinghouse. The program utilizes a tracking system to ensure five-year rescreening is conducted on all eligible staff and volunteers, in a timely manner. During the annual compliance review period, the program had four staff who were originally screened by the Department's Background Screening Unit (BSU) which required re-screening. There were no Clearinghouse resubmissions. Three of the staff hired in 2013 were applicable for five-year rescreening which there was documentation to support a re-screening was conducted on each applicable staff within the five-year required time frame. One staff was not eligible for a five-year rescreening at the time of the annual compliance review based on the staff's hire date of March 15, 2014. It was observed to have a notation on the staff's original screening from the Department's BSU indicating a five-year rescreening was due December 29, 2018 despite the original screening date of February 5, 2014. The program did not initiate the rescreening based on the notation date from the Department's BSU, but rather the staff's five-year date of hire anniversary. Reviewed documentation indicated the five-year rescreening for the staff took place on February 5, 2019. The program indicated to ensure this non-systematic oversight does not reoccur. The program arranged a telephone conference with the Clearinghouse staff to obtain clarification regarding the rescreening requirements and have new practices put into place to verify the required rescreening dates of all staff and an audit of their internal tracking system.

1.03 Pre-Service and/or In-Service Training**Satisfactory Compliance**

All Transition Services staff shall successfully complete training requirements as set forth in the standards. The training shall be completed prior to the delivery of direct services to Department youth and/or as in-service training to Transition Services staff.

The program has a written policy and procedures which address staff training to include the Department's training requirements as specified in the standards, the contract between the Department and the program, and the program's own training requirements for both pre-service and annual in-service training. A review of the 2018 pre-service and in-service checklist forms verified all Department required trainings are listed to include additional trainings through the program's internal web-based Learning Management System (Eckerd U), and through instructor-led trainings. The program is not contractually required to document completed trainings in the Department's learning management system (SkillPro). A review of twelve staff training records had an active SkillPro account and majority of the training was completed and documented in SkillPro. The training records of twelve staff were reviewed including six records applicable for pre-service training and six records applicable for annual in-service training. All six staff eligible for pre-service training completed all training as required by the standard including motivational interviewing, critical incident reporting requirements, trauma informed care, civil rights, adolescent brain development and when applicable, the Juvenile Justice

Information System (JJIS) and the Staff Verification System (SVS). Additionally, all six staff completed the required pre-service training specified in contracted requirements including information security awareness, human trafficking, suicide prevention, child abuse prevention/reporting, emergency procedures, crisis intervention/de-escalation training, client confidentiality, and professional boundaries/ethics as well as, trainings listed on exhibit 5 of the contract. All six reviewed training records applicable for pre-service training documented completion of applicable training within 180 days of hire. The training records of six staff hired from 2013 to 2016 and applicable for in-service training were reviewed for training completion. All staff completed the required training as required by the standard and the contract during the last calendar year of 2018. The required annual trainings including civil rights, critical incident reporting requirements, trauma informed care, suicide prevention and intervention, and emergency procedures were all documented as completed in each of the six reviewed staff training records. Additional in-service training requirements including information security awareness, human trafficking and refreshers in motivational interviewing, child abuse prevention and reporting, cultural diversity, employer sexual harassment awareness, and report writing were all documented as completed in all reviewed six staff in-service training records.

1.04 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

The program maintains a written policy and procedures addressing incident reporting to the Department's Central Communications Center (CCC) in accordance with Florida Administrative Code (F.A.C.) 63 F-11. Reviewed documentation indicated all staff were trained after hire and annually regarding the reporting of critical incidents to the CCC. There were two CCC reportable incidents in the six months prior to the annual compliance review which took place in Circuit 13. A review of the CCC reports for all reviewed circuits in the past twelve months yielded a total of seven incidents including two each in Circuits 6, 12, and 13, and one CCC report in Circuit 10. There were no CCC reports documented in the past twelve months in Circuits 9 and 18. A review of the program incident reports and grievances did not reveal additional CCC reportable incidents which were not reported. Six of the seven reviewed CCC reports were program disruption type incidents including one lost staff phone and five minor vehicle accidents in which, none resulted in youth or staff injury. The remaining one CCC report was a medical incident related to a youth playing kickball and a minor injury to the youth's thumb. A review of all seven CCC reports confirmed the program's practice to contact the CCC to report incidents in timely manner. All seven of the reviewed reports were documented as completed by the CCC within two-hours of the incident or the program becoming aware of the incident.

1.05 Abuse Reporting (DCF)*	Satisfactory Compliance
<i>Any person who knows, or has reasonable cause to suspect, a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined by Florida Statute, or a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.</i>	

The program has a written policy and procedures for reporting abuse to the appropriate agency through the Florida Abuse Hotline or the Department's Central Communications Center (CCC). Reviewed documentation indicates all staff are trained after hire and annually regarding child

abuse prevention and reporting. The policy communicates a clear definition of various types of child abuse and child neglect which specifies the requirements and internal procedures for reporting abuse. All staff are mandated reporters and the policy requires all staff members to report any act or suspected act of alleged child abuse or neglect in accordance with state law to the appropriate state authority and their supervisor. The policy further asserts conduct that is witnessed or information that is overheard or directly received about behaviors which might constitute abuse or neglect must be reported immediately to stop the act and prevent recurrence. The program provided documentation of two instances of staff reporting suspected abuse of a youth from an individual in the community. The documentation included the name of the staff making the report, the agency receiving the report, the name of the youth, the nature of the allegations, and whether the reports were accepted. The reports were made as soon as the staff became aware of the allegation. Both calls were accepted. During an interview with the program director (PD), it was reported there were no allegations of abuse or mistreatment of a youth by a program staff member or volunteer during the annual compliance review period. There was no documentation of management interventions or response to allegations of youth abused by staff prior to the last compliance reviews in January 2018 for Circuits 9, 10, and 18 and July 2017 for Circuits 6, 12, and 13.

A review of several of the program's written policies and procedures indicates the program seeks to ensure all youth experience an abuse-free environment where the youth can feel safe and free of any type of harassment. All staff are required to review and sign a code of conduct which stipulates how staff are to interact with youth and forbids staff from engaging in any kind of inappropriate behaviors or mistreatment of youth. Another reviewed policy is relevant to the provision of a safe environment as it relates to youth rights which is addressed during the intake of each youth into the program and verified by a review of the youth's signature acknowledging the rights were reviewed with them during the intake process. A copy of the youth rights is to be posted at all program locations. The program also informs the youth and the parent/guardian during the intake process of the internal grievance process, which allows the youth and the parent/guardian to report any concerns regarding youth treatment or experience. The program has another policy which states all youth are provided unimpeded access to the telephone to report allegations of abuse and/or neglect. Postings of the Florida Abuse Hotline and CCC telephone numbers are to be posted at each program site. Accordingly, there was a posting observed in the Orlando office building where the annual compliance review was conducted containing the telephone number of the telephone numbers of where abuse/neglect allegations are to be made.

1.06 Administration	Satisfactory Compliance
<i>The Program/Provider shall provide a safe and appropriate treatment environment including administrative and operational oversight.</i>	

The program has a written policy and procedures addressing the accumulation of statistics regarding program services and the completion and submission of reports to the Department on a regular basis, as contracted. Reports are submitted to the Department each month providing data regarding the census, population changes, and significant program incidents. Reports are made to the Department's Central Communications Center (CCC) regarding applicable program incidents and followed up, as needed. The program provided e-mail copies of the monthly packets forwarded to the Department's contract manager for invoice and communication of statistical data for the past six months. The packets were observed to consistently include the youth census report, the youth services received report, youth monthly progress report, and if

applicable a youth direct discharge summary report, a provider monthly service summary report and a staff hire/vacancy report. The program also documents a certified minority business enterprise (CMBE) report which documents all payments made for supplies and services are made to the different enterprises each month.

1.07 JJIS and Data Requirements	Satisfactory Compliance
<i>The Program/Provider and subcontracted service providers shall utilize the Department's Juvenile Justice Information System (JJIS) for data entry and shall monitor accuracy at all times.</i>	

The program utilizes the Department's Juvenile Justice Information System (JJIS) for data entry and record keeping. Specific program staff are trained to enter and regularly monitor the accuracy of program data on to JJIS. Data entered includes referral dates and status, youth placement, current status including absconds, transfers, and releases. When a referral for the program is received for a youth, the program is required to accept or reject the referral within seventy-two hours of receipt. Program action regarding referrals is recorded into the Youth Placement-Facility Module. The program is also required to update the JJIS within twenty-four hours of the youth's discharge from the program in the Youth Release Module. The program also utilizes JJIS to document staff hires and terminations on the Staff Verification Systems module. The program utilizes JJIS to document the daily youth census to include admissions, absconders, transfers, and releases. A youth roster provided by the program was compared to the census on the JJIS and found to be an exact match. The youth face sheets in JJIS regarding all thirteen open and six closed records reviewed during the annual compliance review found the program referral and admission information was accurately documented. All seven of the reviewed closed youth records documented the youth's date of discharge from the program on the JJIS face sheet for each youth.

Standard 2: Assessment Services

2.01 Referral Process	Satisfactory Compliance
<i>Program/Provider shall review each referred youth's referral via email and JJIS to assess the youth's service needs and shall accept or reject all DJJ youth referred for transition services within seventy-two (72) hours of referral from the Department (excluding weekend and holiday hours).</i>	

The program has a written policy and procedures which outlines the referral process and the program's documentation of their steps in the process. Thirteen open case management records were reviewed including two each from Circuits 6, 10, 12, 13 and 18. Three case management records were reviewed from Circuit 9. The program is to review each referral within seventy-two hours of receipt and determine if the referral is to be accepted or rejected. Each reviewed case management record contained documentation of a referral to the program by the youth's assigned juvenile probation officer (JPO). The referral is completed and communicated to the program within the Juvenile Justice Information System (JJIS) and e-mailed to the JPO. There was documentation in each reviewed case management record to support the referral was acknowledged and accepted by the program within the seventy-two-hour time frame. There were no declined referrals which required the Department's chief probation officer's (CPO) review. Three reviewed Circuits 10, 13, and 18 were observed to have waiting lists for open slots in the program. In these circuits, the referral was accepted and the referring JPO was informed of the youth's placement on the waitlist. The program director (PD) and the three program managers were each informally interviewed regarding the referral process. All four interviewed staff were able to describe the process in detail and the program managers were able to cite specifics regarding how the referrals were handled in the circuits they managed.

2.02 Admission and Services Provision Processes	Satisfactory Compliance
<i>A referral and/or pre-service activities shall begin while the youth is in a residential commitment, however, placement does not begin until a youth physically returns back to the community.</i>	

A review of the program's written policy and procedures detailing the admission process and the provision of services clearly indicated when the services begin dependent on the youth's residential commitment status. Actual program placement is not initiated until the youth is discharged from the residential setting and has returned to the community. The policy stipulates youth admission and orientation to the program shall occur within four days of a youth's release from a residential program or within seven days from the time of the referral if the youth has been discharged from a residential program at the time of referral. Thirteen youth case management records including two each from Circuits 6, 10, 12, 13, and 18 and three case management records from Circuit 9) were reviewed for referral, pre-service activities and admission practices. Six of the reviewed youth case management records documented referral taking place while the youth was still in a residential commitment program. Upon acceptance of the referral, each of the reviewed case management records indicated assignment of a transition coordinator. The transition coordinator then created and maintained a case management record which contained the youth's demographic and family contact information, court-orders and other legal documents, program services, youth expectations and consequences, the required consent/release forms, and documentation of all pre-service activities provided to the youth. Each of the six youth case management records documented the provision of pre-service activities occurring prior to the youth's actual placement in the

program including contact with the youth, parent/guardian, and program staff participation in Community Re-Entry Team meetings while the youth prepares for release from the residential program, and program contacts with the youth's assigned juvenile probation officer (JPO) regarding transitional planning. Upon release from the residential program, two applicable youth were admitted and oriented to the program within the required four-day time frame. The remaining four youth were placed on a wait list and then admitted within four days of a slot opening. Each of the applicable youth case management records documented the program staff maintaining consistent contact with the chief probation officer for the youth's respective circuit through daily e-mails regarding the youth's status on the waiting list. Seven of the reviewed youth case management records indicated the youth was referred for program services after release from residential commitment. Each of the case management records reflected the youth's admission/orientation to program services occurring within seven days of referral, consistently meeting the required time frame.

2.03 Assessments for Services	Satisfactory Compliance
<i>Transition Services providers shall conduct a Service Needs Assessment. The purpose of the assessment is to further define each youth's specific service needs as related to the core services.</i>	

All thirteen reviewed youth case management records documented staff completion of a Service Needs Assessment within forty-eight hours of the initial contact with the youth to identify the youth's individualized service needs. The needs assessment process documented the transition coordinator review of the Residential Positive Achievement Change Tool (R-PACT) and Community Positive Achievement Change Tool (C-PACT) assessments. The assessments were completed by the residential staff and the youth's juvenile probation officer (JPO) to identify the dynamic risk and protective factors, as well as the performance plans and reviews as provided by the residential program and Youth-Empowered Service (YES) Plans completed by the JPO to facilitate the identification of other program services to address or the need of community referrals. Additionally, the needs assessment process includes the administration of two assessment tools which are the Ansel Casey Life Skills Assessment and/or a Realistic, Investigative, Artistic, Social, Enterprising, and Conventional (RIASEC) Assessment.

Standard 3: Intervention Services

3.01 Individualized Plan of Care	Satisfactory Compliance
<i>Program/Provider shall provide service planning for each youth with a youth-centered approach taking into consideration all the youth's service needs. The Individualized Service Plan (ISP) shall indicate goals to facilitate successful reentry to the community.</i>	

The program has a written policy and procedures which details the development of an Individual Service Plan (ISP) for each youth which addresses the identified needs of the Service Needs Assessment. The ISP is to document measurable goals designed to facilitate the youth's successful re-entry into the community and is based on the input of various stakeholders including the youth, the youth's parent/guardian, the juvenile probation officer (JPO), the assigned transition coordinator, and as applicable the Paxen General Equivalency Diploma (GED) instructor/school representative and/or the program's career services coordinator. A review of thirteen youth case management records indicated an ISP conference with all the stakeholders was scheduled for each youth and all the applicable stakeholders were invited to attend within seven days of the youth's admission to the program. Each of the thirteen reviewed youth case management records documented the ISP conference took place within the required seven day time frame. All thirteen reviewed case management records documented the attendance and the participation of the youth at the ISP conference. The program was able to provide documentation all other required stakeholders were invited to the conference, as applicable for the youth, however; there were instances when the invited parties did not attend. Eleven case management records documented the presence of at least one parent/ guardian at the ISP conference. The remaining two case management records reflected youth who were eighteen years of age excluding the requirement for parental attendance at the conference. Five of the thirteen reviewed case management records documented the presence of the youth's JPO at the ISP conference. Other applicable stakeholders who did not attend the scheduled ISP conferences of four applicable youth despite the documented invitation included community-based school representatives. The Paxen GED instructor and the program's career services coordinator consistently attended all ISP conferences when their presence was applicable for the youth. Each of the thirteen reviewed youth case management records indicated the ISP was developed during the ISP conference and the ISP listed measurable goals for the youth to achieve which were based on the Service Needs Assessment and the input of the required parties present at the ISP conference. Six closed youth case management records were reviewed for completion of the youth's satisfaction survey regarding the program's educational/vocational services, case management services, and overall outcome. Five of the six reviewed case management records documented completion of the required survey. One youth was discharged due to recommitment to a residential program and did not have the opportunity to complete the survey.

3.02 Community Referrals	Satisfactory Compliance
<i>The provider shall have established links with other local community organizations to ensure the supportive service needs of the youth can be met in accordance with their individualized service plan.</i>	

The program has a written policy and procedures to address youth referrals to ensure youth are provided access to address all the identified needs on the Individual Service Plan (ISP). A review of thirteen youth case management records verified the program refers youth for various services based on individual needs. Each of the thirteen case management records

documented a minimum of one referral for service. None of the reviewed records documented a youth's need for referral to a community-based agency for services or to a community-based agency by program staff. All documented referrals were for program-based services such as mentoring, gender-specific services, life skill development, and/or subcontracted services through either Paxen for educational services and/or the Home Builders Institute (HBI) for vocational support services. Two youth case management records documented the youth's referral by the juvenile probation officer (JPO) to a community-based agency for substance abuse intervention services and the referrals were followed up by the JPO. All reviewed referrals made by the program occurred within fourteen days of the youth's Service Needs Assessment and/or the ISP conference once the need was identified. Reviewed documentation of referrals consistently indicated the referral type, the date of the referral, the program component responsible for providing the needed service, twice monthly referral follow-up to ensure the needed services were being accessed, and the ultimate outcome of the referral. Documentation indicating the referrals made for each youth were communicated to the youth's assigned JPO was documented in ten of the thirteen reviewed youth case management records. One of the two reviewed case management records in each of three Circuits 6, 12, and 18 lacked documentation of the JPO notification regarding specific referrals due to staff oversight. Each JPO receives monthly progress report regarding the youth which clearly states the youth's identified needs, ISP goals, and program services accessed during the month.

3.03 Transition Services Case Management	Satisfactory Compliance
<i>Program/Provider shall provide one or more core transition services, specifically Vocational Services and /or Education Services, including mentoring and transportation with related support services.</i>	

A review of the program policies and procedures clearly outlined the various transition services the program provides and the roles of the transition coordinator and transition specialists in case managing of the youth to ensure the youth are accessing all needed available services. In addition to completing the Service Needs Assessment and implementing the Individualized Service Plan (ISP) development process; the transitional coordinator is responsible to ensure the youth receives the appropriate referrals for service within fourteen days of identifying a need. All thirteen youth case management records documented the timely completion of the referrals and follow-up on all referrals with the youth/staff providing the service at least once every fifteen days by the transition coordinator. Each of the thirteen youth case management records contained documentation of monthly progress reports completed by the transitional coordinator which outlined the status of all referrals for service, the youth's access to services, and the youth's progress on the ISP goals. Core transition services documented in the thirteen reviewed case management records included youth access to educational support services including, as applicable preparation classes for the General Equivalency Diploma (GED) through Paxen, academic mentoring for youth enrolled in public/private schools, vocational education/mentoring services through the Home Builders Institute (HBI) mentoring program model curriculum and Eckerd Workforce. The HBI mentoring program and the Eckerd Workforce offers transportation services for employment interviews/opportunities and pre-vocational workshops on a as needed basis on budgeting, household management, positive life choices, job readiness, job placement, and other related services. The program also provides life skills training, gender specific training/activities, and supportive adult mentoring services. Each youth in the program is provided the opportunity to participate in a mentoring relationship which can be accepted or declined by the youth. If the youth accepts the mentoring component of the program, the program seeks to provide each youth with at least four hours of face-to-face mentoring each month. Access to mentoring services is also available through telephone

contacts and/or electronic communications, such as e-mail. The program provides the youth with a variety of mentoring opportunities/activities with staff each month. A review of the mentoring activity calendars revealed activities includes meals at a local diner, basketball games, fishing, a Christmas party, and a holiday feast. Thirteen youth case management records were reviewed for access to mentoring services. Three youth refused the mentoring services. One youth accepted services but failed to appear for services at various planned activities. Another youth received two hours of mentoring the first two months and then one hour for each of the next two months, however; the youth consistently declined invitations to engage in additional mentoring activities over the past two months. The eight remaining youth participated in at least two months of mentoring services achieving four or more hours each month, but the youth interest in the involvement of the mentoring activities appeared to decline after the first ninety days in the program.

3.04 Release/Discharge	Satisfactory Compliance
<i>Prior to release or discharge of a youth from services (prior to completion of the intervention) the Program/Provider must coordinate discharge planning with the youth's JPO.</i>	

The program has a written policy and procedures regarding youth release/discharge from program services. Most youth access program services as part of ongoing post-commitment supervision by the Department. The program has outlined the coordination of discharge planning with the youth's juvenile probation officer (JPO). Some youth who were direct discharges from commitment status chose to access program services on a voluntary basis. The program has procedures for direct discharge of youth. Six closed files were selected for review including one from each of the six reviewed circuits. One youth case management record was selected as one of the thirteen open case management records reviewed and was found to have been closed prior to the annual compliance review. Therefore, this record was included in the review of the closed case management records increasing the sample size to seven closed records. One youth record documented an anticipated unsuccessful discharge due to the youth's new commitment, therefore; the program did not complete the routine discharge activities with the JPO. Six of the remaining reviewed case management records documented the actions of the transition coordinator to arrange for the youth's successful discharge with the youth's JPO within thirty days of the youth's release from the program. Six of the seven reviewed closed case management records contained a discharge summary for the youth and documentation confirming the discharge summary was uploaded into the Department's Juvenile Justice Information System (JJIS) and the youth's JPO was informed of the discharge. The exception was the case management record of the most recently discharged youth. The discharge summary for the youth will be completed and uploaded into JJIS in March 2019 within the required time frame.

Program Name: Eckerd Transitions Project Bridge – Circuits 6, 9, 10, 12, 13, 18

MQI Program Code: 1314, 1317

Provider Name: Eckerd Youth Alternatives, Inc.D/B/A Eckerd Connects

Contract Number: 10114

Location: Orange County / Circuit 9

Review Date(s): February 12-13. 2019

Number of Beds: 157

Lead Reviewer Code: 147

Overall Rating Summary

Overall Rating Summary
All indicators have been rated Satisfactory and no corrective action is needed at this time.