

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Juvenile Diversion Alternative Program (JDAP) - Circuits 3, 5, and 8**

***Bay Area Youth Services (BAYS), Inc***

**(Contract Provider)**

**13911 North Dale Mabry Highway  
Tampa, Florida 33618**

***Review Date(s): January 7-8, 2020***



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:

<b>Satisfactory Compliance</b>	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions which do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
<b>Limited Compliance</b>	Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator which result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.
<b>Failed Compliance</b>	The absence of a component(s) essential to the requirements of the indicator which 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:

Jennifer Schad, Office of Program Accountability, Lead Reviewer (Standard 1)  
Amy Hutto, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: JDAP Circuits 3, 5, and 8  
Provider Name: BAYS, Inc  
Location: Marion County / Circuit 5  
Review Date(s): January 7-8, 2020

MQI Program Code: 1321, 1272, & 1297  
Contract Number: 10064 & 10515  
Number of Beds: 170  
Lead Reviewer Code: 143

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 and (2) Assessment Services, which are included in the Juvenile Diversion Alternative Programs Standards.

### **Overall Rating Summary**

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

## Standard 1: Management Accountability JDAP Rating Profile

### Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Non-Applicable
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	* Incident Reporting (CCC)	Non-Applicable
1.07	* Abuse-Free Environment	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 JDAP Rating Profile

### Indicator Ratings

Standard 2 - Assessment Services		
2.01	Youth Eligibility	Satisfactory
2.02	Case Assignment, Initial Contact, and Community Assessment Tool (CAT) Full Assessment	Satisfactory
2.03	Individual Service Plans	Satisfactory
2.04	*Referrals for Mental Health and Substance Abuse Assessment and Treatment Services	Satisfactory
2.05	Individual Service Plan Implementation/Supervision	Satisfactory
2.06	CAT Final Assessment	Satisfactory
2.07	Release	Satisfactory

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## Program Overview

The Department contracts with Bay Area Youth Services (BAYS), Inc. to provide a Juvenile Diversion Alternative Program (JDAP) in Circuits 3, 5, and 8. The program provides diversion services to male and female youth ages seventeen and under who are referred by the Department and/or the State Attorney's Office for behavior, which if committed by an adult, would be a criminal act. The provider serves youth residing in Madison, Hamilton, Suwannee, Columbia, Lafayette, Dixie, Taylor, Alachua, Baker, Bradford, Gilchrist, Levy, Union, Marion, Lake, Sumter, Citrus, and Hernando counties. The program is contracted to provide 170 of slots. The program's management team consists of one circuit supervisor for Circuits 3 and 8, one circuit supervisor for Circuit 5, one consulting clinician, three senior case managers, six case managers, and two administrative assistants. The program's objectives are aimed at minimizing a youth's risk to re-offend and to remain crime-free upon admission to the program, during their participation, and after completion of services provided. Youth eligibility for services includes any misdemeanor offenses, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanor offenders, and first-time third-degree felony offenders. Services are based upon the youth's individual needs, coupled with family needs to include scheduling, supervision, monitoring of compliance with court-ordered sanctions, individual, family, and group counseling, anger management, education, clinical services if warranted, along with substance abuse prevention services. The program utilizes the Community Assessment Tool (CAT) screening assessment to determine the youth's level of risk to re-offend. The assessment tool further enables the staff to accurately complete the youth's individualized services plans (ISP) objectives, goals, and time frames. At the time of the annual compliance review, the program had no staff vacancies.

## Standard 1: Management Accountability

<b>1.01 Initial Background Screening (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. 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 policy and procedures regarding initial background screening. Four staff were eligible for an initial background screening prior to hiring. All four staff had background screening completed prior to their hire date. All four staff had documentation of an eligible background screening rating and a review of a criminal history report being completed. None of the staff needed an exemption prior to working with youth. All four staff had a pre-employment assessment tool administered with a passing score prior to hire. For each staff, the pre-employment tool and passing score were placed in the staff's personnel record. All current staff are active in the provider's Clearinghouse employment roster. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unit (BSU) on December 31, 2019.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<i>Background screening/resubmission is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse.</i>	

The program has a policy and procedures regarding five-year rescreening on all employees. There were two staff eligible for a five-year rescreening during the scope of the review. Both staff had the re-screening completed prior to each staff's hiring anniversary date and no more than twelve months prior.

<b>1.03 Protective Action Response (PAR)</b>	<b>Non-Applicable</b>
<i>The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.</i>	

There were no Protective Action Response incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<p><i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i></p> <p><i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.</i></p> <p><i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i></p>	

The program has a policy and procedures regarding staff pre-service training. Four staff training records were reviewed for pre-service training. All four staff completed at least 120 hours within 180 days of hire. Training hours for the four staff ranged from 133 hours to 234 hours. Prior to youth contact, all four staff completed training in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid certification, ethics, suicide prevention, and emergency procedures. Other pre-service training included understanding the youth, communication skills, supervision, changing offender behavior, mental health and substance abuse, risks and needs assessment, sexual harassment, human diversity, and gender specific training. All pre-service training was documented in the Department's Learning Management System (SkillPro). All instructors are qualified to deliver the training provided. The program submitted in writing, a list of pre-service training to the Department's Office of Staff Development and Training (SDT) which includes course names, descriptions, objectives, and training hours of instructor-led training based on the topics. The pre-service training plan for 2019 was submitted on December 19, 2018 and signed by SDT on February 7, 2019.

1.05 In-Service Training	Satisfactory Compliance
<p><i>Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i></p> <p><i>Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.</i></p>	

The program has a policy and procedures regarding staff in-service training. Five staff training records were reviewed for in-service training. All five staff completed between seventy-three and ninety-five hours of annual training. All five staff completed annual training in Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid certification, ethics, and suicide prevention. The program has on-line workplace violence training which includes active shooter training. Two supervisors and two senior case managers were reviewed for annual supervisor training. Three completed twelve hours and one completed nine hours of supervisory training. All had training in topics which included management, leadership, personal accountability, employee relations, communications skills, and fiscal training. All in-service training is documented in the Department's Learning Management System (SkillPro). The program submitted in writing, a list of in-service training to the Department's Office of Staff Development and Training (SDT) which includes course names, descriptions, objectives, and training hours of instructor-led training based on the topics. The in-service training plan for 2019 was submitted on December 19, 2018 and signed by SDT on February 7, 2019.



<b>1.06 Incident Reporting (CCC) (Critical)</b>	<b>Non-Applicable</b>
<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 did not have any reportable incidents during the annual compliance review period; therefore, this indicator rates as non-applicable.

<b>1.07 Abuse-Free Environment (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth 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 policy and procedures for reporting incidents to the Florida Abuse Hotline. The program ensures youth have unimpeded access to the self-report alleged abuse to the Florida Abuse Hotline by posting the number in the office and providing it in the client handbook. A review of four staff personnel records indicated staff received the program's code of conduct which forbids staff from using physical abuse, profanity, threats, or intimidation in the employee handbook. During the review period, the program reported three incidents to the abuse hotline. None of the incidents required reporting to the Central Communications Center (CCC). None of the incidents were concerning allegations made against staff.

## Standard 2: Assessment Services

2.01 Youth Eligibility	Satisfactory Compliance
<i>Youth admitted to the program meet the admission criteria defined by the provider's contract: The program shall serve male and female youth aged 17 and under at the time of referral. Admission/Eligibility criteria should include, but not limited to any misdemeanor offender and first-time felony offenders.</i>	

A total of nine youth records were reviewed regarding youth eligibility. The program serves male and female youth ages seventeen and under at the time of the referral including any misdemeanor offender, to include misdemeanor offenders with a prior adjudication, second-time misdemeanor offenders, violent first-time misdemeanor offenders, and first-time third-degree felony offenders. All nine youth met the admission and eligibility requirements.

2.02 Case Assignment, Initial Contact, and Community Assessment Tool (CAT) Full Assessment	Satisfactory Compliance
<i>The program shall ensure each youth is assigned a case manager and shall conduct a CAT Full Assessment on all youth within ten (10) calendar days (or as required by contract) of the date the provider receives the youth's complete referral packet.</i>	

Nine youth records were reviewed and documentation in the records reflected the participation agreement was signed by the youth and the parent/guardian during the initial meeting. The assigned case manager completed a Community Assessment Tool (CAT) in each case within fourteen calendar days of admission.

2.03 Individual Service Plan	Satisfactory Compliance
<i>The results of the initial CAT Full Assessment will outline the risks and needs of the child and will assist in case planning. The "CAT Risk Report" must be viewed to determine if any of the dynamic domains have moderate-high or high-risk scores. For youth with no moderate-high or high-risk domain scores, case planning should be focused on a sixty-day schedule for program completion. For youth with any moderate-high or high-risk domain scores, case planning should be focused on a 90 to 120-day schedule for program completion addressing the specific identified needs. The program has 21 calendar days from program admission to develop the individualized service plan.</i>	

In all nine youth records the individual service plans (ISP) matched the Community Assessment Tool (CAT) information. All nine ISPs were completed within twenty-one calendar days and the case notes indicated the youth and family had input in the creation of the plan. Each of the reviewed ISPs addressed the identified needs and clear action steps stating the who, what, and how often.

<b>2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)</b>	<b>Satisfactory Compliance</b>
<i>The program shall provide services based on individual youth and family needs. If needs are identified requiring a referral for services outside the program, staff ensure all referrals are made to address criminogenic needs and mental health and substance abuse service needs identified by the CAT. Staff develops a follow-up and monitoring plan for all outside referrals made as a result of program participation. "Provide" is defined as arranging/referring/brokering or actually providing the service directly to the youth and parent/guardian.</i>	

Nine youth records were reviewed regarding referrals for mental health and substance abuse assessment and treatment services. Two youth were already receiving treatment services; therefore, they did not need a referral. The remaining seven youth were referred to providers. The case manager followed up with the service provider within thirty days of the referral in these seven cases. In five cases, there were negative reports from the service provider such as missed appointments, or positive drug screens, and in all five the case manager documented their response to these reports in the case notes.

<b>2.05 Individual Service Plan Implementation/Supervision</b>	<b>Satisfactory Compliance</b>
<i>Youth are supervised in a manner ensuring completion of the Individual Service Plan. Staff documents all case activities, including face-to-face interaction and telephone contact with the youth, parent(s)/guardian(s), and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc. Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the Individual Service Plan.</i>	

Case notes were reviewed for each of the nine youth selected. In eight cases, documentation reflected the progress and completion of each goal action step and requirements as stipulated in the individual service plan (ISP). The notes for the remaining youth reflected the goals were reviewed with the youth but the notes were vague and did not discuss the progress the youth was making to complete the requirements. Case notes for each youth included all activities of the case including contacts with the youth, family, and collateral contacts. The provider also identified appropriate locations for each youth to complete required community service hours at locations where appropriate supervision would be provided.

<b>2.06 CAT Final Assessment</b>	<b>Satisfactory Compliance</b>
<i>A CAT Full Assessment shall be completed prior to the request for case closure. The CAT assessment shall document pre- and post-testing. No CAT reassessments during the program participation are required.</i>	

Nine closed youth records were reviewed for Community Assessment Tool (CAT) final assessment. In each case, a CAT full assessment was completed prior to the request for case closure. None of the CAT full assessments were completed more than forty-eight hours prior to the request for case closure.

**2.07 Release****Satisfactory Compliance**

*The program releases youth upon completion of the program, or otherwise as indicated by the provider's contract.*

Nine closed youth records were reviewed regarding releases. Eight were successful completions. The remaining one was unsuccessful due to the youth and family not wanting to participate. In this case, the case manager notified the juvenile probation officer and state attorney in writing. Two youth exceeded four months and in these cases, the chief probation officer was contacted and granted an extension. For all nine youth reviewed, the date of admission and the date of termination documented in the case file correlated with the Department's Juvenile Justice Information System.