

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

**Juvenile Diversion Alternative Program (JDAP)- Circuit 15,19,20
*Bay Area Youth Services (BAYS) Florida, Inc.***

**(Contract Provider)
4152 West Blue Heron Blvd. Suite 229
Riviera Beach, Florida 33404**

Review Date(s): January 9-10, 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:

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|--------------------------------|---|
| Satisfactory Compliance | 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. |
| Limited Compliance | 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. |
| Failed Compliance | 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:

Tonya Gittens, Office of Program Accountability, Lead Reviewer (Standard 1)
Paula Friedrich, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: Juvenile Diversion Alternative Program Circuits-15, 19, 20

MQI Program Code: 1298,1419,1278

Provider Name: Bay Area Youth Services Florida, Inc.

Location: St. Lucie County / Circuit 15

Review Date(s): January 9-10, 2018

Contract Number: 10064

Number of Beds: 194

Lead Reviewer Code: 160

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

Persons Interviewed

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Staff |
| <input type="checkbox"/> DJJ Monitor | _____ # Food Service Personnel | _____ # Youth |
| <input type="checkbox"/> DHA or designee | _____ # Healthcare Staff | 1 # Other (listed by title): Regional Director |
| <input type="checkbox"/> DMHCA or designee | _____ # Maintenance Personnel | |
| _____ # Case Managers | 2 # Program Supervisors | |

Documents Reviewed

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input 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 type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 2 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 10 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 9 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input 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 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) | Satisfactory |
| 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 Positive Achievement Change Tool (PACT) 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 | PACT Final Assessment | Satisfactory |
| 2.07 | Release | 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 Bay Area Youth Services Inc., to provide a Juvenile Diversion Alternative Program (JDAP) in Circuits 15, 19, and 20. 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 programs serve youth residing in Palm Beach (Circuit 15), Saint Lucie (Circuit 19), and Lee, Collier, Glades, Hendry, and Charlotte (Circuit 20) counties. The program is contracted to provide 194 slots total. Eighty-four in Circuit 15, twenty in Circuit 19, and ninety in Circuit 20. The program's management team consists of one supervisor, one consulting clinician, one administrative assistant, one senior case manager, and four case managers in Circuit 20. Circuits 15 and 19 share one supervisor, one consulting clinician, and one administrative assistant. Circuit 15 has one senior case manager and three case managers, whereas Circuit 19 has one senior case manager. 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 Positive Achievement Change Tool (PACT) 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 programs had no vacancies.

Strengths and Innovative Approaches

- Youth at the program participated in hurricane relief day where clothing was collected for hurricane victims in North Florida. Youth participated by sorting clothing by sizes, and each youth earned community service hours for assisting.
- Youth participated in a Thanksgiving canned food drive, by assisting with packing boxes at the collection site and delivering food boxes to families. Youth also earned community service hours for participating.
- The program hosted a school supply drive. The program advisory council board members raised funds to purchase drawstring bags and school supplies. Youth and their families were invited to a local park for a family day and were provided with food, fun activities, and school supplies. Some youth also earned community service hours for assisting with the set up and break down of the 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 maintains a written policy and procedures requiring all staff, volunteers, mentors, and interns to complete a criminal history background screening, prior to having any contact with Department youth. The program hired one new staff since the last annual compliance review. A review of the staff's personnel record documented a background screening was completed through the Department's Background Unit (BSU)/Clearinghouse, a review of the criminal history report, and a pre-employment assessment tool was administered. A copy of the pre-employment assessment tool was also placed in the staff's record. In addition, the program reviewed the Department's Central Communications Center (CCC) Person Involvement Report, the Staff Verification System (SVS) module, and the Florida Department of Law Enforcement ATMS report prior to the staff being hired. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit on January 8, 2018, meeting the annual requirement.

| 1.02 Five-Year Rescreening | 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. Employees and volunteers are rescreened every five years from the initial date of employment.</i> | |

The program maintains a written policy and procedures which address the five-year rescreening requirement for all staff, volunteers, mentors, and interns. Re-screenings are completed every five years, calculated from the employees hire date. The program had one staff applicable for a five-year rescreening which was completed less than twelve months prior to the staff's anniversary date.

| 1.03 Protective Action Response (PAR) | Non-Applicable |
|--|----------------|
| <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 have been no Protective Action Response (PAR) incidents during this annual compliance review period; therefore, this indicator rates 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 maintains a written policy and procedures which address pre-service training to be completed by new staff. All new staff must complete a minimum of 120 hours of training within 180 days of employment. The program submitted a pre-service training plan to the Department's Office of Staff Development and Training on January 17, 2018, and the plan was approved on January 25, 2018. The plan included course names, descriptions, objectives, and training hours for instructor-led trainings. The program had one new staff since the last annual compliance review. Documentation showed staff exceeded the 120 hours of pre-service training within the required time frame, which included training in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)/first aid certification, professionalism and ethics, suicide prevention, and emergency procedures. A review of staff training records supported documentation of all pre-service training in the Department's Learning Management System (SkillPro). Reviewed documentation supported all staff who conducted trainings were qualified training instructors in PAR, first aid, and CPR.

| 1.05 In-Service Training | Satisfactory Compliance |
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| <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 maintains a written policy and procedures which address in-service training. The program's in-service training plan was submitted to the Department's Office of Staff Development and Training on January 17, 2018, and the plan was approved on January 25, 2018. The plan included course names, descriptions, objectives, and training hours for instructor-led trainings. A review of nine applicable staff training records documented staff completed all required trainings, with each staff exceeding the minimum requirement of twenty-four hours of annual in-service training. The two supervisory staff completed more than the required eight hours of supervisory training through supervisor workshops, addressing management, leadership, personal accountability, employee relations, and communication skills. A review of staff training records supported all in-service training was documented in the Department's Learning Management System (SkillPro).

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| 1.06 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 requiring all applicable incidents to be immediately reported to the Department's Central Communications Center (CCC). The program had one incident reported to the CCC within the past six months. The incident was reported to CCC within two-hours of the program becoming aware of the incident, as required. An interview with the program's supervisor stated the program had two internal incidents. Both incidents were not required to be reported to the CCC.

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| 1.07 Abuse-Free Environment (Critical) | 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 written policy and procedures regarding abuse reporting. Upon employment, each staff signs the program's code of conduct, which states staff shall never use profanity, corporal punishment, threats, or intimidation in the presence of youth. Upon admission, each youth and parent/guardian are provided with a handbook and sign a form acknowledging their receipt of the youth handbook. The youth handbook includes youth rights, the youth and parent/guardian grievance process, confidentiality of client records, and telephone numbers for the Florida Abuse Hotline and the Department's Central Communications Center (CCC). The Florida Abuse Hotline and the CCC telephone numbers were displayed in the conference room and the lobby of the program. The program is to provide an environment free of physical, psychological, and emotional abuse. An interview with the program's supervisor indicated youth have access to report alleged abuse. There were no allegations of abuse or suspected abuse since the last annual compliance review.

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. Admission/Eligibility criteria should include, but not limited to any misdemeanor offender and first-time felony offenders.</i> | |

The program maintains a written policy and procedures regarding youth eligibility for the provision of service to youth referred by the Department and/or the State Attorney's Office (SAO) which are to be approved by the SAO in the judicial circuit in which services are provided. Admission and eligibility criteria include misdemeanor offenders, inclusive of misdemeanor offenders with a prior adjudication, second-time misdemeanor offenders with a prior adjudication, violent first-time misdemeanor offenders, and first-time, third-degree felony offenders. A review of nine youth case management records and the corresponding Juvenile Justice Information System (JJIS) face sheets confirmed each youth admitted to the program met the admission criteria, as required. Six of the nine youth were referred for first- or second-degree misdemeanor charges and three youth were first-time, third-degree felony offenders. There were no youth older than the age of seventeen at the time of admission to the program.

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

The program maintains a written policy and procedures requiring assignment of each youth to a case manager upon receipt of the completed referral packet. All nine reviewed youth case management records indicated each youth was assigned to a case manager on the date the referral was received. The policy also requires a Positive Achievement Change Tool (PACT) Full Assessment to be completed within ten calendar days of the date of the Department and/or State Attorney Office's referral, as required by the program's contract. Nine youth case management records were reviewed for initial contact and the completion of an initial PACT. All nine reviewed youth records validated the PACT Full Assessment was completed in the Department's Juvenile Justice Information System (JJIS) after an initial contact with the youth and parent/guardian within ten days of the program's receipt of the referral packet. All nine youth were identified as low-risk to re-offend on their respective PACT Full Assessments.

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| 2.03 Individual Service Plan | Satisfactory Compliance |
| <p><i>The results of the initial PACT Full Assessment will outline the risks and needs of the child and will assist in case planning. The “PACT 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></p> | |

The program maintains a written policy and procedures requiring the development of an individual service plan (ISP) for each youth. The program’s policy requires completion of a Positive Achievement Change Tool (PACT) Full Assessment prior to the development of an ISP. A review of nine youth case management records revealed each contained a PACT Risk Report, which was addressed in each youth’s respective ISP. Nine youth case management records were reviewed for the completion of the ISP within twenty-one calendar days, as required. All nine reviewed records confirmed each youth’s ISP was completed within the required twenty-one calendar days of admission. Each of the nine reviewed youth case management records documented participation of the youth and their parent/guardian in the development of the ISP and addressed the criminogenic needs identified in the youth’s PACT Full Assessment. All nine reviewed ISPs included clear action steps which delineated the responsibility of the youth, parent/guardian, and the case manager, as well as the required frequency of each action step. Target dates for completion were also identified for each goal in all reviewed plans.

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| 2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical) | Satisfactory Compliance |
| <p><i>The provider 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 PACT. 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 family.</i></p> | |

The program maintains a written policy and procedures to address mental health and substance abuse treatment referrals. Any need for mental health and/or substance abuse services identified on the Positive Achievement Change Tool (PACT) Full Assessment, is to prompt a referral for outside services prior to the development of the individualized service plan (ISP). Eight of the nine reviewed youth case management records were applicable for outside service referrals. In each applicable record, reviewed documentation revealed staff completed referrals for services outside the program for mental health and substance abuse needs identified by the PACT. Seven of the eight applicable youth case management records contained documentation of follow-up contact made with the outside service providers within thirty days of each referral. One exception was noted in the record for a youth participating in Circuit 15, in which follow-up contact with the outside service provider was not completed within thirty days of the referral, as required. The program supervisor documented the case manager’s lack of follow-up within the case notes and directed the case manager to follow-up with the outside service provider.

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| 2.05 Individual Service Plan Implementation/Supervision | Satisfactory Compliance |
| <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> | |

The program maintains a written policy and procedures pertaining to individual service plan (ISP) implementation and supervision. The policy and procedures outline how the ISP is to be implemented, requirements for documentation of progress made during supervision, and modifications or updates to reflect any newly identified needs. Nine youth case management records were reviewed for ISP implementation and supervision. Reviewed case notes in all nine records were entered into the Department's Juvenile Justice Information System (JJIS) and documented the progress and completion of each sanction, individual goal, action step, and requirement, as stipulated in each youth's ISP. Program staff documented face-to-face interactions, telephone contacts, e-mail follow-up, and written reports with the youth and parent/guardian. Additionally, the applicable case notes documented initial and follow-up contacts made with service providers outside the program to address mental health and substance abuse service needs.

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

The program maintains a written policy and procedures which require the completion of a Positive Achievement Change Tool (PACT) Full Assessment prior to requesting case closure for all youth. Three closed youth records were reviewed. All three closed youth case management records contained a PACT Full Assessment completed prior to the request for case closure. Each of the three reviewed closed youth case management records documented the completion of the PACT Full Assessment less than forty-eight hours prior to the request for closure. Each reviewed PACT included an updated risk and needs assessment to ensure the final results reflected the youth's status at the time of completion, including changes in their behavior and progress achieved with sanctions and goals.

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| 2.07 Release | Satisfactory Compliance |
| <i>The program releases youth upon completion of the program, or otherwise as indicated by the provider's contract.</i> | |

The program has a policy and procedures to address the release of youth from the program, including the submission of discharge summaries. A review of three closed youth case management records documented the successful termination of each youth from the program. One of the three closed records exceeded the four-month required time frame in the program and the program staff submitted a request for an extension to the Department's chief probation officer in Circuit 19. The date of admission and date of termination documented in the individual youth case management records correlated with the dates recorded in the Department's Juvenile Justice Information System (JJIS) for each of the three reviewed records.

Program Name: Juvenile Diversion Alternative Program-Circuits 15, 19, 20

MQI Program Code: 1298,1419,1278

Provider Name: Bay Area Youth Services Florida, Inc.

Location: Palm Beach County / Circuit 15

Review Date(s): January 9-10,2019

Contract Number: 10064

Number of Beds: 194

Lead Reviewer Code: 160

Overall Rating Summary

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