

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

**Juvenile Diversion Alternative Program (JDAP) - Circuits 3, 8, and 5
*Bay Area Youth Services (BAYS), Inc.***

**(Contract Provider)
13911 North Dale Mabry Highway
Tampa, Florida 33618**

Review Date(s): March 5-6, 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 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:

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

Program Name: JDAP Circuits 3, 8, and 5
 MQI Program Code: 1321, 1297, & 1272
 Provider Name: BAYS, Inc
 Contract Number: 10515 & 10064
 Location: Marion County / Circuit 5
 Review Date(s): March 5-6, 2019

Number of Beds: 180
 Lead Reviewer Code: 143

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 checked="" type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Staff |
| <input checked="" 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 | <u>2</u> # 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 type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>n/a</u> # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>n/a</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>7</u> # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>8</u> # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>9</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>9</u> # 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 | |
| _____ # Youth | _____ # Direct Care Staff | _____ # Other: _____ |

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" 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 checked="" 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)	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 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 (BAYS), Inc. to provide a Juvenile Diversion Alternative Program (JDAP) in Circuits 3, 8, and 5. 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 180 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 include 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 program had one case manager vacancy in Circuit 5.

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 policy and procedures regarding initial background screenings for staff, volunteers, mentors, and interns. Seven staff were eligible for an initial background screening prior to hiring. All seven staff had background screening completed prior to their hire date. Five of the seven staff had documentation of an additional criminal history review being completed. Two staff did not have the documentation in their personnel records. All seven staff had a pre-employment assessment tool administered with a passing score. All of the staff were added to the Clearinghouse employment roster. Each of the seven records included a Central Communications Center (CCC) and driving history review. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unit (BSU) on January 2, 2019.

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 has a policy and procedures regarding five-year rescreening for all staff. There were no staff due for a five-year rescreening during the scope of the annual compliance review. One staff had a five-year rescreening completed for an anniversary date in May 2019.

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 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 between 119 hours to 169 hours of training within 180 days of hire. 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. Additional pre-service training included understanding the youth, communication skills, supervision, changing offender behavior, mental health and substance abuse, risks and needs assessment, sexual harassment, and human diversity. 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 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 2018 was submitted January 17, 2018 and signed by SDT on February 20, 2018. The pre-service training plan for 2019 was submitted 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. Four staff training records were reviewed for in-service training. All four staff completed between sixty-one and seventy-eight hours of annual training. All four staff completed annual training in Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid certification, and ethics. One supervisor and one senior case manager were applicable for annual supervisor training. Both completed twelve hours of training in topics which included management, leadership, personal accountability, employee relations, communications skills, and fiscal training. All in-service training was documented in Department's Learning Management System (SkillPro). The program submitted, in writing, a list of in-service training to the Department's 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 2018 was submitted January 17, 2018 and signed by SDT on January 25, 2018. The in-service

training plan for 2019 was submitted December 19, 2018 and signed by SDT on February 7, 2019.

1.06 Incident Reporting (CCC) (Critical)	Non-Applicable
<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; therefore, this indicator rates as non-applicable.

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 a policy and procedures for reporting incidents to the Florida Abuse Hotline. During the annual compliance review period, the program reported two incidents to the Florida Abuse Hotline. Neither incident required reporting to the Central Communications Center (CCC). Neither of the incidents were concerning allegations made against staff. A review of seven staff personnel records indicated staff received the program's code of conduct which forbids staff from using physical abuse, profanity, threats, or intimidation. The Florida Abuse Hotline number is posted in the office.

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 has a policy and procedures to ensure each youth meets the eligibility requirements for the program. Nine youth records were reviewed. All nine youth met the admission and eligibility criteria including youth who are aged seventeen and under and were misdemeanor offenders, violent first-time misdemeanor offenders, or first-time third-degree felony offenders.

2.02 Case Assignment, Initial Contact, and Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory Compliance
<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 has a policy and procedures to ensure each youth is assigned to a case manager upon receipt of a referral and a Positive Achievement Change Tool (PACT) Full Assessment is completed within fourteen calendar days of the referral. Nine youth records were reviewed. All nine youth had a PACT Full Assessment completed within the time frames required by the contract.

2.03 Individual Service Plan	Satisfactory Compliance
<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>	

The program has a policy and procedures regarding individual service plans (ISPs). Nine youth records were reviewed. Each ISP matched the Positive Achievement Change Tool (PACT) risk report information. Six records indicated the ISPs were completed and signed by the youth, parent/guardian, and case manager within twenty-one calendar days. The three remaining records had ISPs which were three to fourteen days late. For two of the late ISPs, the case manager documented family situations which prevented the plans from being signed by the required timeframe. One family had another child in the hospital and one family had to move due to domestic violence. Eight youth records had documentation contained in the case notes reflecting the youth and parents/guardians had input in the creation of the plan. All nine plans addressed identified needs and clear action steps stating the who, what, and how often.

2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)	Satisfactory Compliance
<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>	

The program has a policy and procedures which addresses referring youth for mental health and substance abuse services. Nine youth records were reviewed. Seven of the nine records required mental health or substance abuse treatment services. In three records, the case manager sent referrals, and in four records, the referrals were sent by the juvenile probation officer (JPO) or the youth was already enrolled in counseling. In five records, the case notes reflected the case managers followed-up with the service providers within thirty days of the referrals. In one record, there was a negative report from the therapist and documentation showed the case manager followed-up with the youth and parent/guardian.

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 has a policy and procedures to ensure implementation of the individual service plan (ISP). Nine youth records were reviewed. For each record, case notes documented the progress and completion of each goal and requirements, as stipulated in the youth's ISP. Case notes documentation included all activities of the case and reflected the youth's progress as related to each goal.

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 has a policy and procedures for a Positive Achievement Change Tool (PACT) Final Assessment for all youth prior to release. Nine youth records were reviewed. Seven of the nine records had documentation indicating a PACT Final Assessment was completed no more than forty-eight hours prior to the request for case closure.

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 for a closing summary for youth at the conclusion of the program. Nine youth records were reviewed. Six of the nine youth were successful

terminations. For the three unsuccessful terminations, the juvenile probation officer (JPO) and State Attorney's Office were notified in writing. In all nine records, the date of admission and date of termination documented in the case record correlated with the dates entered into the Department's Juvenile Justice Information System (JJIS).

Program Name: JDAP Circuits 3, 5, & 8
MQI Program Code: 1272, 1297, 1321
Provider Name: Bays, Inc
Contract Number: 10064 & 10514
Location: Marion County / Circuit 5
Review Date(s): March 5-6, 2019

Number of Beds: 180
Lead Reviewer Code: 143

Overall Rating Summary

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