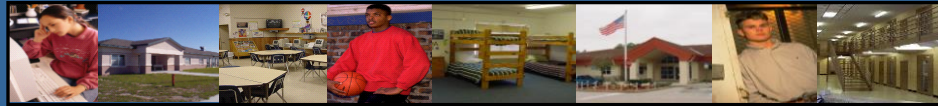


STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Juvenile Diversion Alternative Program (JDAP) - Circuits 4 and 7**  
***Bay Area Youth Services (BAYS), Inc.***  
(Contract Provider)  
13911 North Dale Mabry Highway  
Tampa, Florida 33618

*Review Date(s): October 29-30, 2018*



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:

Mike Marino, Office of Program Accountability, Lead Reviewer (Standards 1 & 2)

Jillian Lewandowski, Office of Program Accountability, Regional Monitor (Standards 1 & 2)

Program Name: Juvenile Diversion Alternative Program – Circuits 4 and 7

MQI Program

Code: Circuit 4 - 1295, Circuit 7 - 1296

Provider Name: Bay Area Youth Services, Inc.

Contract Number: 10064

Location: Duval and Volusia County / Circuit

Number of Beds: 4-70, 7-50

Review Date(s): October 29-30, 2018

Lead Reviewer Code: 37

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

### 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 type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> PAR Reports                      | <b>8</b> # Personnel Records                        |
| <input checked="" type="checkbox"/> Contract Scope of Services        | <input type="checkbox"/> Precautionary Observation Logs   | <b>8</b> # Training Records/CORE                    |
| <input type="checkbox"/> Egress Plans                                 | <input type="checkbox"/> Program Schedules                | <b>12</b> # Youth Records (Closed)                  |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                   | <b>10</b> # 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                   |   |

### Surveys

- |               |                           |                      |
|---------------|---------------------------|----------------------|
| _____ # 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 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	Limited
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).

# Standard 1: Management Accountability

## Overview

The Department contracts with Bay Area Youth Services (BAYS), Inc., to provide Juvenile Diversion Alternative Program (JDAP) and Civil Citation services in Circuits 1, 2, 3, 4, 7, 14, 15, and 19. This annual compliance review and report addresses the JDAP services in Circuit 4 and Circuit 7.

The JDAP Circuit 4 office is located in Jacksonville, Florida, and serves youth and families in Duval, Clay, and Nassau counties. The JDAP Circuit 7 office is located in Daytona Beach, Florida, and serves youth and families in Volusia, Flagler, St. Johns, and Putnam counties. The contract designates youth slots and staffing for each circuit, though allows BAYS to modify or flex the number of youth slots and staffing for circuits based on utilization and needs of the Department. The contract identifies seventy youth slots for JDAP Circuit 4 and fifty youth slots for JDAP Circuit 7. At the time of the annual compliance review, JDAP Circuit 4 had forty-eight youth and JDAP Circuit 7 had forty-six youth. Program staffing identified in the contract for JDAP Circuit 4 includes one supervisor, one administrative assistant, one senior case manager, and two case managers. Program staffing identified in the contract for JDAP Circuit 7 includes one supervisor, one part-time administrative assistant, and two case managers. The contract also includes one regional director and one consulting clinician with JDAP Circuit 4, though the consulting clinician serves both JDAP Circuit 4 and JDAP Circuit 7 and the regional director oversees several circuits. Standard operating procedures have been developed by BAYS for the JDAP programs in all circuits.

Youth are referred to the program after approval for diversion by the State Attorney's Office (SAO) and/or the court. The JDAP Circuit 4 office receives referral packets electronically from the SAO, while the JDAP Circuit 7 office receives referral packets electronically from the Department's circuit probation office.

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 provider, Bay Area Youth Services (BAYS), has a standard operating procedure requiring compliance with the Department's Background Screening Unit (BSU) requirements. One staff, the consulting clinician, and one intern were applicable for an initial background screening during the annual compliance review period. The staff member and intern were background screened prior to their hire date and were added to the employee/volunteer Clearinghouse employment roster. The pre-employment assessment tool was administered for the newly hired staff, which reflected a highly favorable score for employment. The assessment tool was located in each staff's personnel record. The program completed and submitted an Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's BSU on January 8, 2018, meeting the annual requirement.

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

None of the staff with either circuit required a five-year background rescreening. The provider has a standard operating procedure addressing background rescreening of staff, volunteers, mentors, and interns every five years from their hire date.

<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 have been no Protective Action Response (PAR) incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.

<b>1.04 Pre-Service/Certification Training</b>	<b>Satisfactory Compliance</b>
<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>	
<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>	
<i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i>	

The provider has submitted, in writing, a pre-service training plan to the Department's Office of Staff Development and Training (SD&T). The list was submitted to the SD&T on January 20, 2018, and includes course names, descriptions, objectives, and training hours for any instructor-led trainings. There has been one new staff hired since the last annual compliance review, though she has been employed for less than thirty days. The staff is completing training in accordance with the training plan.

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>	

Training records and the Department's Learning Management System (SkillPro) were reviewed for seven staff, which included the two circuit supervisors. All staff far exceeded the required twenty-four hours of annual in-service training, receiving between seventy-seven and 152 hours of training. All staff had current certifications in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), and first aid. All staff completed training on professionalism and ethics. Each circuit supervisor completed at least eight hours of training on supervisory and management related topics. All training was entered in SkillPro. In-service training plans were submitted to the Department's Office of Staff Development and Training on January 20, 2018.

1.06 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures addressing incidents being reported to the Central Communications Center (CCC) immediately and the completion of an incident/complaint report form. Since the last annual compliance review, the two circuits had one incident requiring a report to the CCC, which was reported within two hours of the program becoming aware of the incident. The program did not have any grievances or internal incident reports nor any indication in records or other documentation reviewed of any incidents not being reported, as required.

1.07 Abuse-Free Environment (Critical)	Satisfactory Compliance
<p><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></p>	

Ten youth records, five from each circuit, were reviewed. Each record documented youth and parents/guardians were informed during orientation of how to contact the Florida Abuse Hotline and the Department's Central Communications Center (CCC) to report suspected abuse.

The Bay Area Youth Services (BAYS) employee handbook and standard operating procedures include the staff code of conduct and procedures for abuse reporting. The procedures identify staff as mandatory reporters of any suspected abuse. Staff acknowledge, by signature, the employee handbook and standard operating procedures upon hire. There was no indication in staff personnel records or youth records reviewed of any staff violating the code of conduct or failing to report abuse. One case reviewed found a case manager contacted the Florida Abuse



Hotline to report suspected abuse by a caregiver. The family in this case was already receiving services from the Department of Children and Families (DCF) and the allegations were to be addressed through the DCF services.

## Standard 2: Assessment Services

<b>Overview</b>
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Circuit supervisors and case managers are responsible for assessment services. Supervisors, or their designee, receive and review all referrals to the program, determining if the youth meets eligibility requirements. Once a referral has been approved by a circuit supervisor, the case is assigned to a case manager. The case manager has fourteen days from the receipt of the referral to meet with the youth and parent/guardian to complete the Positive Achievement Change Tool (PACT) Full Assessment. Case managers complete several forms during the initial contact with the youth and parent/guardian, to include a supervision agreement. Case managers are then responsible for developing an individualized service plan (ISP) to address needs and/or risks identified in the PACT within twenty-one days of the signing of the supervision agreement. Case managers must also make referrals for outside treatment services when necessary, complete at least monthly face-to-face contacts with youth and parents/guardians, and track each youth's compliance with and progress towards completion of the ISP. Youth are recommended for successful termination once they have completed all ISP goals and requirements. Youth who do not comply with requirements and/or do not complete ISP goals are closed unsuccessfully and referred back to the State Attorney's Office for prosecution.

<b>2.01 Youth Eligibility</b>	<b>Satisfactory Compliance</b>
<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 addressing the admission criteria, which includes, but is not limited to, youth aged seventeen and under, any misdemeanor offender, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanor offenders, and first-time felony offenders (of the third degree). Ten youth records were reviewed for admission/eligibility criteria, finding each youth met the admission criteria cited in the program's policy and contract.

<b>2.02 Case Assignment, Initial Contact, and Positive Achievement Change Tool (PACT) Full Assessment</b>	<b>Satisfactory Compliance</b>
<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's contract states youth are to be assigned a case manager and a Positive Achievement Change Tool (PACT) Full Assessment is to be completed within fourteen calendar days of the date of the referral. The program has a policy and procedures addressing case assignments upon receipt of a referral, which reflects the contract requirement. Ten youth records were reviewed, and each record documented the completion of a PACT Full Assessment within fourteen calendar days of admission, as required. Each youth record contained an Agreement to Participate in JDAP Program form signed by the youth, parent/guardian, and case manager.

<b>2.03 Individual Service Plan</b>	<b>Satisfactory Compliance</b>
<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 has a policy and procedures addressing the development and completion of Individual Service Plans (ISP). The ISP action steps are to include intervention plan elements such as who, what, and how often. The ISP is to be approved by the circuit supervisor/senior case manager and signed by all parties within twenty-one calendar days of admission. Ten youth records were reviewed for ISPs. Nine of the ten records contained an ISP completed and signed by all parties within twenty-one calendar days of admission. One plan was signed by all parties thirty days after admission. Each youth record documented the youth and parent/guardian provided input for creation of the ISP. Each ISP addressed identified needs and contained clear action steps identifying who was responsible, what was expected, and how often actions needed to be accomplished. The ISPs matched the Positive Achievement Change Tool (PACT) Risk Report information and target dates were appropriate based on the youth’s needs.

<b>2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)</b>	<b>Limited Compliance</b>
<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 has a policy and procedures addressing the process to evaluate a youth’s need for mental health, substance abuse, or other psychosocial service needs. A referral is to be made within ten calendar days of the initial Positive Achievement Change Tool (PACT) assessment to the identified service provider. Staff are to follow-up with the service provider within thirty calendar days of the referral to confirm services were initiated, and then monthly thereafter. Staff may consult with the consulting clinical for further assessment of the youth’s needs and to identify additional resources.

Seven of the ten youth records reviewed were applicable for referrals for services and follow-up on those referrals. An initial referral was made within ten days in all seven cases. In four cases, follow-up on the initial referrals was documented every thirty days or more frequently. Two of these records required follow-up by the case manager based on negative reports or assistance needed, and in each case, the case manager followed-up with the provider and thoroughly documented the issues being addressed and resolved. In two records, the parent/guardian indicated they would seek a different provider based on insurance or work conflict. Monthly service team meetings identified the parents/guardians were seeking another provider, and a case note entry in one of the records reflected the case manager asked the parent/guardian about their efforts to get services in place with another provider, but actual contact with the

service provider in these two records was not documented within thirty days, but rather between fifty-two to fifty-seven days. In one record, the service provider was identified on August 15. Monthly service team notes for September and October documented the youth and parent/guardian reporting counseling was going well, but there was no follow-up with the provider.

<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>	

The program has a policy and procedures addressing the implementation of the Individual Service Plans (ISP), the documentation of progress made during the course of supervision, and any updates/modifications to the ISP to reflect any new needs. Ten youth records were reviewed for ISP implementation and supervision. Each record and case notes documented progress and completion of goal action steps and requirements, as stipulated in the youth's ISP.

<b>2.06 PACT Final Assessment</b>	<b>Satisfactory Compliance</b>
<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 addressing the completion of a Positive Achievement Change Tool (PACT) Final Assessment no more than forty-eight hours prior to the request for case closure. A total of fourteen records, six from Circuit 4 and eight for Circuit 7, were reviewed. A PACT Full Assessment was completed no more than forty-eight hours prior to requesting closure in thirteen of the fourteen records. In the remaining record, the youth unexpectedly moved out of state and a PACT Full Assessment was not completed.

<b>2.07 Release</b>	<b>Satisfactory Compliance</b>
<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 addressing the submission of a closing summary at the conclusion of the program. A closing summary is to be completed for all youth being released from the program successfully, unsuccessfully, administratively, or without services. The closing summary is to state the closing recommendation made to the State Attorney's Office (SAO). If an unsuccessful completion occurs, the case manager is to immediately notify the juvenile probation officer (JPO) and SAO, in writing. A total of fourteen closures were reviewed, which included eight successful closures and six unsuccessful closures. A closing summary documenting the recommendation and youth risk to reoffend was completed in each case. In the six unsuccessful closures, the immediate contact with the JPO and SAO was documented. Admission and release dates in the Department's Juvenile Justice Information System (JJIS) for each youth matched the admission and release dates in each record.

Ten youth were reviewed for extensions, as they had been in the program over four months. Extensions were requested by the program and granted by the local chief probation officer or designee within the required time frame in accordance with the provider's contract in each case.

Program Name: Juvenile Diversion Alternative Program – Circuits 4 and 7

MQI Program Code: Circuit 4 - 1295, Circuit 7 - 1296

Provider Name: Bay Area Youth Services (BAYS), Inc.

Location: Duval and Volusia County / Circuit

Review Date(s): October 29-30, 2018

Contract Number: 10064

Number of Beds: 4-70 7-50

Lead Reviewer Code: 37

## **Overall Rating Summary**

**The following limited and/or failed indicators require immediate corrective action.**

Limited Ratings	Failed Ratings
2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services*	