

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Juvenile Diversion Alternative Program (JDAP) C9, C10 and C18

BAYS Florida

(Contract Provider)

805 S. Kirkman Rd. Ste. 207

Orlando, Florida 32811

Review Date(s): March 26 - 27, 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:

Bonita Williams, Office of Program Accountability, Lead Reviewer (Standard 1)
Teresa Anderson, Office of Program Accountability, Deputy Regional Supervisor (Standard 1)
Deirdre Holmes, DJJ Probation, Juvenile Probation Officer Supervisor, Circuit 10 (Standard 2)
Kamille Payne, Office of Program Accountability, Regional Monitor, (Standard 2)
Gines Santiago-Ortiz, DJJ Probation, Senior Juvenile Probation Officer, Circuit 9 (Standard 2)

Program Name: Juvenile Diversion Alternative Program

MQI Program Code: 1274,
1275, 1299

Provider Name: BAYS Florida

Contract Number: 10433

Location: Orange County / Circuit 9

Number of Beds: 220

Review Date(s): March 26 - 27, 2019

Lead Reviewer Code: 148

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 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 | 3 # 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 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 | _____ # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | _____ # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports | 9 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 9 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 9 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 22 # 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 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 BAYS Florida, to provide a Juvenile Diversion Alternative Program (JDAP) in Circuit's 9, 10, and 18. 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 Brevard, Orange, Osceola, and Polk Counties. Circuit 9 is contracted to provide ninety slots, Circuit 10 is contracted to provide seventy-five slots and Circuit 18 is contracted to provide fifty-five slots. The program's management team consists of twelve case managers, three consulting clinicians, and three supervisors. At the time of the annual compliance review, Circuit 9 had five case managers, one consulting clinician, and one supervisor; Circuit 10 had four case managers, one consulting clinician, and one supervisor; and Circuit 18 had three case managers, one consulting clinician, and one supervisor. 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, only Circuit 18 had one vacancy for a case manager.

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 standard operating procedures for the process of conducting background screening for new hires. For this review annual compliance review period, Circuit 9 had three new hires (two staff and one intern), Circuit 10 had three new hires (two staff and one intern) and Circuit 18 had three new hires (two staff and one intern), totaling nine new hires since last review. All nine new hires had a background screening and criminal history check prior to their hire date. None of the new hires were applicable for exemption. All nine staff were administered the pre-employment tool; however, the program does not have a clear score designated as passing; however, each of the staff received a high average score on the tool. The three interns were not applicable for the pre-employment tool.

All staff and interns were added to the Clearinghouse employment roster. For each of the five staff, the program conducted checks with the Central Communication Center (CCC) for involvement, Staff Verification System (SVS) module and Florida Department of Law Enforcement screening results. Each circuit had an Annual Affidavit of Compliance with Level 2 Screening Standards submitted 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 standard operating procedures for the process of conducting five-year background re-screenings. Since the last annual compliance review, Circuits 9 and 10 did not have any staff applicable for five-year rescreening. Circuit 10 had one staff applicable for five-year rescreening. The five-year rescreening was completed on, or prior to, the anniversary date of their initial hire 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>	

None of the three circuits had any Protective Action Response (PAR) incidents during this annual compliance review period; therefore, this indicator is 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 standard operating procedures ensuring newly hired staff complete pre-service/certification training. The program had a total of six newly hired staff (two for each circuit) since the last annual compliance review. Two of the six staff completed all required training within 180 days of their hire dates. The remaining four staff were still within the first 180 days of hire at the time of the annual compliance review. The four staff did complete the required essential skills training prior to having contact with youth. All completed trainings were documented in the Department’s Learning Management System (SkillPro).

All instructors facilitating trainings were qualified to do so, as evident of training certifications for Protective Action Response (PAR) and cardiopulmonary resuscitation (CPR)/first aid certification. The program submitted their pre-service training plan to the Office of Staff Development and Training (SD&T) in December 2018 and it was approved by SD&T 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 standard operating procedures addressing in-service training for staff. The program had a total of ten staff applicable for in-service training for the calendar year 2018. All staff completed Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)/first aid certification, ethics, and other program-required training totaling more than the required twenty-four hours of annual training. All three supervisors completed the eight hours of supervisory trainings through supervisor workshops which included required topics.

The program submitted their in-service and supervisor training plans to the Office of Staff Development and Training (SD&T) in December 2018 and it was approved by SD&T on February 7, 2019. The program has an annual in-service training calendar for the year.

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>	

There have not been any reports of the Central Communications Center (CCC) by any of the three circuits during this annual compliance review period; 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 standard operating procedures requiring the provision of an abuse-free environment for the youth, staff, and others to feel safe. Upon hire, all staff and interns sign a code of conduct, which prohibits staff from using physical abuse, profanity, threats, or intimidation. All ten pre-service training records had a signed code of conduct. The annual compliance review was conducted at the Circuit 9 office in Orlando, Florida, which had the Florida Abuse Hotline telephone number posted in the lobby for youth access. The program reported there were no allegations of abuse made against staff during the annual compliance review period. During the review, the team did not observe any allegations of child abuse.

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 standard operating procedures regarding youth eligibility. Circuits 9 and 18 had seven youth records reviewed and Circuit 10 had eight youth records reviewed, totaling thirty-two youth records. All youth admitted to the program met the criteria. None of the youth were applicable for civil citation for during this annual compliance review period.

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 standard operating procedures addressing case assignment and Positive Achievement Change Tool (PACT) Full Assessments. Circuits 9 and 18 had seven youth records reviewed and Circuit 10 had eight youth records reviewed, totaling thirty-two youth records. Each of the youth records included a complete referral packet from either the State Attorney's Office and/or the Department. The case managers conducted an initial contact with the youth and parents/guardians to obtain participation agreements, which was documented in each of the youth's case notes in the Department's Juvenile Justice Information System. Each of the youth records had documentation the case was assigned within the ten days after the receipt of referral. Thirty-one of the thirty-two records had a completed PACT Full Assessment within ten calendar days of referral. The remaining record had a PACT Full Assessment which was completed one day late; however, there was clear documentation of the case manager making attempts to complete the PACT within the timeframe.

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 standard operating procedures for the development of a youth's individual service plan (ISP). Circuits 9 and 18 had seven youth records reviewed and Circuit 10 had eight youth records reviewed, totaling thirty-two youth records. None of the youth records were applicable for civil citation. The case manager in each youth record documented the youth and parent/guardian had input in the development and creation of the youth's ISP. Each of the ISPs included the youth's identified needs and clear action steps stating who, what, and how often. The ISPs were completed within the required timeframe in thirty-one of the thirty-two youth

records. The remaining ISP was completed one day late. The case manager clearly documented the ISP was late due to the parent/guardian not being available to sign the plan. Positive Achievement Change Tool (PACT) Risk Reports were reviewed to determine if the youth had any moderate-high or high risk domain scores, and one youth was applicable. The ISP for the one applicable youth matched the information in the PACT Risk Report.

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 has standard operating procedures regarding referring youth for mental health and substance abuse assessment and treatment services, if needed. A review of thirty-two youth records revealed sixteen youth were applicable for referrals for mental health/substance abuse and/or treatment services. Fourteen of the sixteen youth records had documentation in the case notes of follow-up with the providers within thirty days. The remaining two youth records had clear documentation of attempts to follow-up and one parent/guardian refused services.

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

The program has standard operating procedures for the process of implementation/supervision of individual service plans (ISP). Each of the thirty-two individual service plans (ISP) reviewed included community protection, family and community support structure, involvement in positive activities, work and school depending on individual needs. Thirty of the thirty-two, ISPs reviewed had documentation all action steps were met by the case manager as documented on the ISPs. In one youth case record, the provision to document progress on curfew was missing for two months and the apology letter for one month. In another youth case record, the provision to document progress on community service hours was missing for one month.

2.06 PACT Final Assessment	Satisfactory Compliance
<p><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></p>	

The program has standard operating procedures regarding the Positive Achievement Change Tool (PACT) Final Assessment which requires a PACT Full Assessment to be completed prior to, and within forty-eight hours of, the request for closure. Nine closed youth records were reviewed, three from each of the three circuits reviewed. The program provided documentation to support the program's request for closure is satisfied when the program submits all closure

summary information to the Department and State Attorney's Office. This date may be different than the program's case closure date, as the request for closure is to request the State Attorney to close the criminal case once the youth has completed the program. Eight of the nine youth case records reflected a PACT Full Assessment was completed prior to, but no more than, forty-eight hours before request for closure to the Department and State Attorney's Office. In one youth record, the PACT was completed three days before the request for closure was sent.

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

The program has standard operating procedures regarding the release of youth from the program. Nine closed youth records were reviewed, three from each of the three circuits reviewed. Seven of the reviewed youth were discharged from the program as successful and two were unsuccessful. There was documentation in the Department's Juvenile Justice Information System (JJIS) case notes to support the State Attorney's Office was notified immediately upon case closure for the youth closed as unsuccessful. Five of the nine youth reviewed were released within the required four-month timeframe and four were extended beyond the four-month timeframe. The four youth who had extended lengths of stay each had documentation in their JJIS case notes and supplemental e-mails the extension was requested by the case manager and granted prior to the end of the original length of stay.

Program Name: Juvenile Diversion Alternative Program

MQI Program Code: 1274,
1275, 1299

Provider Name: BAYS Florida

Contract Number: 10433

Location: Orange County / Circuit 9

Number of Beds: 220

Review Date(s): March 26 - 27, 2019

Lead Reviewer Code: 148

Overall Rating Summary

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