

**STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

**Juvenile Diversion Alternative Program
DISC Village, Inc.**

**(Contract Provider)
3333 West Pensacola Street
Tallahassee, Florida 32304**

Review Date(s): November 5, 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:

Craig Swain, Office of Program Accountability, Lead Reviewer (Standard 1 & 2)
Laura Buen, Office of Program Accountability, Administrative Assistant (Standard 2)
Warren Garrison, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: Juvenile Diversion Alternative Program
1323, & 1324

MQI Program Code: 1322,

Provider Name: Bay Area Youth Services (BAYS)

Contract Number: 10064

Location: Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun,
Bay, Gulf, Leon, Gadsden, Wakulla, Liberty, Jefferson, Franklin County / Circuit 1, 2 & 14

Number of Beds: 133

Review Date(s): November 5, 2019

Lead Reviewer Code: 169

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability and (2) Assessment Services, which are included in the Juvenile Diversion Alternative Programs Standards.

Overall Rating Summary

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

Standard 1: Management Accountability JDAP Rating Profile

Indicator Ratings

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

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Standard 2: Assessment Services JDAP Rating Profile

Indicator Ratings

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

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Program Overview

The Department contracts with Bay Area Youth Services (BAYS), to provide a Juvenile Diversion Alternative Program (JDAP) in circuit one, two, and fourteen. BAYS subcontracts services through Disc Village. 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 Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun, Bay, Gulf, Leon, Gadsden, Wakulla, Liberty, Jefferson, and Franklin Counties. The program is contracted to provide forty-five slots in Circuit One, forty-three slots in Circuit Two, and thirty-five slots in Circuit Fourteen. The program's management team consists of one chief operating officer, one program director, one consulting clinician, two lead case managers, six case managers, one supervisor, and three administrative assistants. The program's objectives are aimed at minimizing a youth's risk to re-offend and to remain crime-free upon admission to the program, during their participation, and after completion of services provided. Youth eligibility for services includes any misdemeanor offenses, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanor offenders, and first time third degree felony offenders. Services are based upon the youth's individual needs, coupled with family needs to include scheduling, supervision, monitoring of compliance with court-ordered sanctions, individual, family, and group counseling, anger management, education, clinical services if warranted, along with substance abuse prevention services. The program utilizes the Community Assessment Tool (CAT) screening assessment to determine the youth's level of risk to re-offend. The assessment tool further enables the staff to accurately complete the youth's individualized services plans (ISP) objectives, goals, and time frames. At the time of the annual compliance review, the program had two vacancies, including one case manager and one administrative assistant.

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 and confidential youth records. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

Five staff were applicable for initial background screenings during the annual compliance review period. Each of the staff received an eligible background screening prior to their start date. Three of the five reviewed staff were direct care staff and applicable for pre-employment assessment, which was maintained in their records. The program did not utilize any volunteers or interns during this review period. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit on November 2, 2018.

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

Two staff were eligible for the five-year rescreening process. A review of the staff personnel records confirmed the re-screenings were completed within the required time frame and prior to their respective anniversary dates.

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 were no Protective Action Response (PAR) incidents during this 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>	

Three staff training records were reviewed. Two staff were beyond their first 180 days of employment and the remaining staff was recently hired in August 2019 and has only been employed with the program for three months. All three staff completed all required pre-service training. The program provided their new employee orientation packet which documented all additional trainings completed. All training was maintained in the Department's Learning Management System (SkillPro). The program submitted in writing, a list of pre-service training to the Department's Office of Staff Development and Training on April 16, 2019 which included the course name, description, objectives, and training hours for instructor-led trainings on the required topics.

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>	

A review of three staff training records found each staff completed all the required in-service training. Trainings were entered into the Department's Learning Management System (SkillPro). All staff training records also reflected staff participated in agency specific training opportunity during retreats. The program has one supervisor. A review of the supervisor records documented the supervisor exceeded the required minimum eight hours of management training. The program submitted in writing, a list of in-service training to the Department's Office of Staff Development and Training on April 16, 2019 which included the course name, description, objectives, and training hours for any instructor-led trainings on the required topics.

1.06 Incident Reporting (CCC) (Critical)	Non-Applicable
<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>	

There were no reports to the Central Communications Center (CCC) during this review period; therefore, this indicator rates as non-applicable.

1.07 Abuse-Free Environment (Critical)**Satisfactory Compliance**

Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

The program has a written policy and procedures addressing child abuse reporting. Staff adheres to a code of ethics which is included in the new employee orientation. Each staff acknowledged by signature, the code of ethics upon hire. The signed code of ethics is maintained in each staff's record. Additional orientation topics include incident reporting and the Child Abuse Policy. There were no allegations of 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 at the time of referral. Admission/Eligibility criteria should include, but not limited to any misdemeanor offender and first-time felony offenders.</i>	

Nineteen youth case management records were reviewed. Each youth met the eligibility criteria which 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.

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

Nineteen youth case management records were reviewed. Each youth was assigned a case manager and received a Community Assessment Tool (CAT) Full Assessment which identified their risk to reoffend within ten days. Each youth record contained a signed youth and parent/guardian participation agreement form.

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

Nineteen youth case management records were reviewed. Seventeen youth case notes indicated the youth and family had input in the creation of the Individual Service Plan (ISP). One youth did not have a case note indicating the family or youth had input in the ISP; however, the ISP was signed by the family. Sixteen youth ISPs were completed within twenty-one days. Two youths' ISPs were late; however, the case manager documented multiple attempts to contact the family to complete the ISP within the required time frame, without success. The remaining youth did not have an ISP in the file. Each of the eighteen completed ISPs addressed needs and actions steps outlining the who, what, and how often for each goal. Reviewed action steps indicated a scheduled completion dates of sixty, ninety, and 120 days dependent on risk level and youth needs.

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

A review of nineteen youth case management records found three were applicable for outside referrals. A review of each youth's case notes confirmed the program's case managers completed the required follow-up contacts with the service providers within thirty-days of the referrals and monitored the services provided. In one applicable youth record, the case managers documented receiving negative reports.

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>	

A review of nineteen youth case management records confirmed in eighteen of the records, the case notes documented youth progress in the completion of each goal, action step, and compliance with the requirements outlined in the ISP. The case notes included the youth's progress as related to each goal. The remaining youth did not have an ISP.

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

A review of nine closed youth case management records revealed the program completed a Community Assessment Tool (CAT) Full Assessment no more than forty-eight days prior to requesting closure in each case.

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>	

A review of nine closed youth case management records revealed seven successfully completed the program. None of the youth required an extension and each youth's date of admission and termination date in the file correlated with the dates in the Department's Juvenile Justice Information System (JJIS). In the remaining two youth records who unsuccessfully completed the program, the program immediately notified the assigned juvenile probation officer (JPO) and the Office of the State Attorney, in writing of the unsuccessful closed cases.