

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Juvenile Diversion Alternative Program (JDAP)

Bays Area Youth Services (BAYS)

(Contract Provider)

4120 Jireh Court

Marianna, Florida 32448

Review Date(s): November 17-18, 2020



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:

Lea Herring, Office of Accountability and Program Support, Lead Reviewer (Standard 1)
Jill Foy, Office of Accountability and Program Support, Regional Monitor (Standard 2 & 3)
Patrick McKinstry, Office of Accountability and Program Support, Regional Monitor (Standard 2)
James Ken Phillips, Office of Accountability and Program Support, Regional Monitor (Standard 2 & 3)

Program Name: Juvenile Diversion Alternative Program (JDAP) MQI Program Code: 1322, 1323, & 1324

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
Number of Beds: N/A

Review Date(s): November 17-18, 2020

Lead Reviewer Code: 127

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)	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 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 Circuits 1, 2, and 14. 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 1 and Circuit 14, and forty-three slots in Circuit 2. The program's management team consists of one regional director and two circuit supervisors, three consulting clinicians and administrative assistant for each circuit, and five case managers.

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 CAT 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>	

The program has written policy and procedures which address the background screening process. Nine 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. Pre-employment assessments with passing scores were provided for all nine staff records reviewed. The program did not utilize any volunteers or interns during the annual compliance review period. All staff were added to the Clearinghouse employee roster. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit on December 31, 2019, meeting the annual requirement.

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>	

The program has a written policy and procedures which addresses the completion of a five-year background rescreening requirement for all staff, mentors, volunteers, and interns. Due to the fact this provider switched from being subcontracted in September of 2019, this resulted in all staff becoming new staff when the subcontracted provider was replaced. Therefore, there were no examples of five-year rescreening available.

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 annual compliance review period; therefore, this indicator rates as non-applicable.

1.04 Pre-Service/Certification Training	Limited 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>	

Documentation was provided from the Department’s Office of Staff Development and Training authorizing staff, who were transferred from the previous subcontracted provider, to be required to meet the in-service requirement. Therefore, two staff qualified for pre-service training records review. One staff held the position of a consulting clinician and had not completed the 180 days of pre-service training. The other case management staff was hired after the COVID-19 contact restrictions were in place. This staff was missing the cardiopulmonary resuscitation (CPR) and first aid certifications; however, the staff received permission to complete this requirement by the end of 2020. Additionally, due to COVID-19 contact restrictions, this staff member has not had any face-to-face contact with youth. The program provided their new employee orientation packet which documented all additional trainings completed. All training instructors were qualified to deliver training. All training was maintained in the Department’s Learning Management System (SkillPro) and entered within thirty days of completing the training. The program submitted in writing, a list of pre-service training to the Department’s Office of Staff Development and Training on January 13, 2020, 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>	

The program had a written policy and procedures regarding staff in-service training. Documentation was provided from the Department’s Office of Staff Development and Training authorizing staff, who were transferred from the previous subcontracted provider, to be required to meet the in-service training requirements. There were no examples of any in-service training available for the previous year, due to the staff being employed with the previous provider, and the current year was still in-progress at the time of the annual compliance review. A training plan with course titles, descriptions, objectives, and number of hours; was submitted to the Department’s Office of Staff Development and Training on January 13, 2020.

1.06 Incident Reporting (CCC) (Critical)**Satisfactory Compliance**

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.

The program has a written policy and procedures to ensure incident reporting to the Central Communications Center (CCC). Reviewed documentation confirmed the program had two CCC reports since the last annual compliance review regarding program closure. Each incident was reported within the required two-hour time frame.

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 to ensure the provision of an abuse-free environment which staff, youth and others feel safe and not threatened by abuse or harassment. 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 reported 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>	

The program has a written policy and procedures regarding youth eligibility. Thirteen youth case management records were reviewed. Five youth records from Circuits one and two, and three youth records from circuit fourteen. 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>	

The program has a written policy and procedures regarding case assignment, initial contact, and full Community Assessment Tool (CAT). Thirteen youth case management records were reviewed. Five youth records from circuits one and two, and three youth records from circuit fourteen. Each youth was assigned a case manager and received a CAT Full Assessment which identified their risk to reoffend was completed within ten days in eleven of the thirteen records reviewed. Each of the thirteen records had documentation indicating the youth and parent/guardian signed the participation agreement indicating their understanding of the expectations of the program at the initial meeting. Documentation in one record indicated the CAT as "cannot complete" in order to meet the CAT required timeframe although an assessment could not be done. In the remaining record, the CAT Full Assessment was eleven days late with multiple attempts to meet with the youth and family documented, until it was completed and entered in the Juvenile Justice Information System (JJIS).

2.03 Individual Service Plan	Satisfactory Compliance
<p><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></p>	

The program has a written policy and procedures regarding Individual Service Plan (ISP). Thirteen youth case management records were reviewed. Five youth records from circuits one and two, and three youth records from circuit fourteen. All records included case notes indicating the youth and family had input in the creation of the ISP. All thirteen ISPs were completed within twenty-one days of intake. Each of the thirteen completed ISPs addressed needs and actions steps outlining the who, what, and how often for each goal. Reviewed action steps indicate scheduled completion dates of sixty, ninety, and 120 days dependent on the youth’s risk level and individual needs.

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

The program has a written policy and procedures regarding referrals for mental health and substance abuse assessment and treatment services. A review of thirteen youth case management records was completed. Five youth records from circuits one and two, and three youth records from circuit fourteen. Four of the five records from circuit one received a referral for services with one referral made outside the ten day timeframe. All four applicable records had a thirty-day follow and documented all responses to services. All three records for circuit fourteen were receiving services and all five records from circuit two did not need services. 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.

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 written policy and procedures regarding Individual Service Plan implementation and supervision. A review of thirteen youth case management records confirmed in the case notes documented youth progress in the completion of each goal, action step, and compliance with the requirements outlined in the Individual Service Plan. Five youth records from circuits one and two, and three youth records from circuit fourteen. The case notes included the youth's progress as related to each goal. The provider identified appropriate locations for youth to complete the required community service work.

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>	

The program has a written policy and procedures regarding the final Community Assessment Tool (CAT). A review of nine closed youth case management records, three from each of the three circuits reviewed, 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>	

The program has a written policy and procedures regarding youth release. A review of nine closed youth case management records, three from each of the three circuits reviewed, revealed seven successfully completed the program. Three youth records documented an extension granted for completion and each youth's date of admission and termination date in the record 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.