

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Juvenile Diversion Alternative Program - Circuit 11**  
*Miami-Dade Juvenile Services Department*  
(Contract Provider)  
275 Northwest 2<sup>nd</sup> Street, 2<sup>nd</sup> Floor]  
Miami, Florida 33128

*Review Date(s): May 21-22, 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:

<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:

Gary Mogan, Office of Program Accountability, Lead Reviewer (Standard1)

Gabriel Medina, Office of Program Accountability, Regional Monitor, (Standard 2)

Program Name: Juvenile Diversion Alternative Program - Circuit 11 MQI Program Code: 1228  
 Provider Name: Miami-Dade Juvenile Services Department Contract Number: 10555  
 Location: Miami-Dade County / Circuit 11 Number of Beds: 187  
 Review Date(s): May 21-22, 2019 Lead Reviewer Code: 149

### 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<br><input checked="" type="checkbox"/> DJJ Monitor<br><input type="checkbox"/> DHA or designee<br><input type="checkbox"/> DMHCA or designee<br>_____ # Case Managers<br>_____ # Clinical Staff | _____ # Food Service Personnel<br>_____ # Healthcare Staff<br>_____ # Maintenance Personnel<br>_____ # Program Supervisors<br>_____ # Staff<br>_____ # Youth | <b>3</b> # Other (listed by title): <b><u>Fiscal Specialist, Training Coordinator, Care, Custody, and Diversion Manager, Supervisor</u></b> |
|--|--|---|

#### Documents Reviewed

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input checked="" type="checkbox"/> Continuity of Operation Plan<br><input checked="" type="checkbox"/> Contract Monitoring Reports<br><input checked="" type="checkbox"/> Contract Scope of Services<br><input type="checkbox"/> Egress Plans<br><input type="checkbox"/> Escape Notification/Logs<br><input type="checkbox"/> Exposure Control Plan<br><input type="checkbox"/> Fire Drill Log<br><input type="checkbox"/> Fire Inspection Report<br><br><b>N/A</b> # Youth | <input type="checkbox"/> Fire Prevention Plan<br><input type="checkbox"/> Grievance Process/Records<br><input type="checkbox"/> Key Control Log<br><input type="checkbox"/> Logbooks<br><input type="checkbox"/> Medical and Mental Health Alerts<br><input type="checkbox"/> PAR Reports<br><input type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input type="checkbox"/> Sick Call Logs<br><input type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs<br><br><b>N/A</b> # Direct Care Staff | <input type="checkbox"/> Vehicle Inspection Reports<br><input type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br>_____ # Health Records<br>_____ # MH/SA Records<br><b>7</b> # Personnel Records<br><b>7</b> # Training Records/CORE<br><b>3</b> # Youth Records (Closed)<br><b>9</b> # Youth Records (Open)<br>_____ # Other: _____<br><br><b>N/A</b> # Other: _____ |
|---|---|---|

#### Observations During Review

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Admissions<br><input type="checkbox"/> Confinement<br><input type="checkbox"/> Facility and Grounds<br><input type="checkbox"/> First Aid Kit(s)<br><input type="checkbox"/> Group<br><input type="checkbox"/> Meals<br><input type="checkbox"/> Medical Clinic<br><input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline<br><input type="checkbox"/> Program Activities<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Searches<br><input type="checkbox"/> Security Video Tapes<br><input type="checkbox"/> Sick Call<br><input type="checkbox"/> Social Skill Modeling by Staff<br><input type="checkbox"/> Staff Interactions with Youth | <input type="checkbox"/> Staff Supervision of Youth<br><input type="checkbox"/> Tool Inventory and Storage<br><input type="checkbox"/> Toxic Item Inventory and Storage<br><input type="checkbox"/> Transition/Exit Conferences<br><input type="checkbox"/> Treatment Team Meetings<br><input type="checkbox"/> Use of Mechanical Restraints<br><input type="checkbox"/> Youth Movement and Counts |
|--|---|--|

#### 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	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 Miami-Dade County Juvenile Services Department, to provide a Juvenile Diversion Alternative Program (JDAP) in Circuit 11. The program provides diversion services to male and female youth ages seventeen years of age or younger 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 Miami-Dade County. The program operates four separate locations for youth and family convenience. There are two satellite offices in the northern part of the county, the one main central office, and one satellite office in south Miami-Dade County. Each location has a supervisor to oversee the operation. The program is contracted to provide 186 slots. The program's management team consists of a care, custody and diversion manager, two senior case manager supervisors and four case manager supervisors. 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 timeframes. At the time of the annual compliance review, the program had no vacancies.

## **Standard 1: Management Accountability**

<b>1.01 Initial Background Screening (Critical)</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. 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 maintains a written policy and procedures requiring all employees, mentors, volunteers and interns having access youth to have a criminal history background screening prior to hiring or the utilization of volunteers' services. Perspective staff and volunteers must have an eligible rating prior to offer of employment. There were two staff hired since the last annual compliance review and both had received an eligible rating from the Department's Backgrounds Screening Unit (BSU)/Clearinghouse prior to hire. The Annual Affidavit of Compliance with Level 2 Screening Standards was sent to the BSU on January 17, 2019, 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>	

The program maintains a written policy and procedures requiring all employees, mentors, interns and volunteers to have a background re-screening a minimum of once every five-years. One staff was eligible for the five-year rescreening process. Reviewed personnel record found the re-screening was completed within the ten-day required timeframe from the staff member's anniversary date of employment.

<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>	

The program maintains a written policy and procedures outlining the Protective Action Response (PAR). There have been no 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>	

The program maintains a written policy and procedures outlining the new employee training requirements, consisting of a minimum of 120 hours of training within the first 180-days of hire. The pre-service training plan was submitted and approved by the Department's Office of Staff Development and Training (SDT) on January 15, 2019. There were two new staff hired since the last annual compliance review. One staff had 130.5 hours of training documented in the Departments Learning Management System (SkillPro). Supporting training certificates reflected the staff member had an additional sixteen hours of training. The second staff was found to have exceeded the 120 hours of pre-service training. Each staff completed the essential skills training prior to having unsupervised contact with youth.

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 maintains a written policy and procedures requiring all employees to complete at a minimum of twenty-four hours of annual training. A review of seven staff training records found all staff had exceeded the minimum requirement having all training entered into the Department's Learning Management System (SkillPro). All staff training records further reflected staff were participating in community agency training opportunity with the Department of Children and Families (DCF) and with Miami-Dade County Public Schools to further their knowledge and skills with working with youth. Three training records for supervisory staff were included in the records reviewed and although none of the supervisors had completed the minimum of eight annual hours of management training, the staff still have six months to complete this annual requirement. The program's in-service training plan was submitted and approved by the Department's Staff Development and Training (SDT) on January 15, 2019.



**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 maintains a written policy and procedures requiring all employees to utilize the Department's Central Communications Center (CCC) when applicable. The policy outlines the timeframes coupled with the steps necessary to ensure the incidents are reported as soon as possible but no later than two hours after the incident is known. A review of seven staff training records reflected all staff had completed training on the CCC reporting policy. Although the program maintains a log to record and follow reportable incidents, there have no reportable incidents within the last six months. Reviewed documentation found there were no additional incidents which should have been reported to the CCC.

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

*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.*

The program maintains a written policy and procedures addressing reporting of suspected child abuse to the Florida Abuse Hotline, coupled with the Department's Central Communications Center (CCC). The program promotes an abuse free environment to ensure youth feel safe, secure and are not threatened and/or harassed by anyone. A review of seven staff training records reflected all have participated in training on the provisions of an abuse free environment. Staff training promotes awareness for once a person knows or has reasonable cause to suspect a youth is abused, abandoned or neglected by a parent/guardian, custodian, care giver and/or other persons, they are required to report such knowledge to the Florida Abuse Hotline. Youth are to have unimpeded access to self-report should they feel self-inclined. Interviews with staff and managers indicated there were no incident reports related to abuse since the last annual compliance review. Interviews completed with the program's management team coupled with reviewed documentation indicated there were no incident reports related to 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. 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 in place regarding youth eligibility for admission. The program's policy requires the program to develop a screening process which documents in each case record the youth's admission criteria. The review of nine youth active records found each youth in the program met the required admission's eligibility criteria. Reviewed documentation confirmed each youth was seventeen years of age or younger and was either a misdemeanor offender or a first-time felony offender. The program utilizes the Positive Achievement Change Tool (PACT) Full Assessment. In addition, the program utilized a site-specific form to determine youth eligibility requirements.

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

The program has a policy and procedures in place regarding case assignment. The review of nine youth active records revealed each contained referral packets which had the State Attorney Recommendation (SAR), police report, the notice of referral from SAO, comprehensive assessment, mental health and substance abuse information, and the victim restitution information, when applicable. The review of the record's progress notes confirmed the youth and parent/guardian signed the Agreement to Participate during the initial meeting and participated in the development of the individual service plan (ISP). All nine active youth records confirmed a case manager was assigned within ten calendar days of the youth's admission to the program, and all records contained a Positive Achievement Change Tool (PACT) Full Assessment completed within the same ten calendar days of the youth's admission, as required by their contract. The youth's risk to re-offend was low in all the nine active youth records reviewed.

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

The program has a policy in place regarding individual service plans (ISP). The review of nine youth active records confirmed each youth record contained a completed individual case plan matching the Positive Achievement Change Tool (PACT) Risk Report information. Each of the

nine reviewed ISP's were completed within twenty-one calendar days from the youth's admission into the program. The case notes reflected the youth and family had input in the creation of the plan. All ISP's addressed youth identified needs and contained clear action steps stating the who, what, and how often.

<b>2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)</b>	<b>Satisfactory 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 in place regarding referrals for mental health and substance abuse services when identified. A review of nine active youth records found each was applicable and had referrals for mental health and/or substance abuse community-based services. The reviewed case notes confirmed the program's case managers completed the required follow-up contacts with the community-based service providers within thirty-days of the referrals and monitored the services provided. When applicable, the case managers documented receiving negative reports in two applicable reviewed youth records.

<b>2.05 Individual Service Plan Implementation/Supervision</b>	<b>Satisfactory Compliance</b>
<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 a policy and procedures in place regarding individual service plan (ISP) implementation and supervision. A review of nine active youth case records confirmed the case notes documented youth progress in the completion of each goal, action step, and compliance with the requirements stipulated in the ISP. The reviewed case notes contained a clear record of all activities and reflected each youth's progress as related to each goal identified on the ISP.

<b>2.06 PACT Final Assessment</b>	<b>Satisfactory Compliance</b>
<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 a policy and procedures in place regarding the Positive Achievement Change Tool (PACT) and the Community Assessment Tool (CAT) Final Assessment. A review of three youth closed records revealed the program completed a PACT Full Assessment for two youth and a CAT Full Assessment for one no more than forty-eight hours prior to the request for case closure.

**2.07 Release****Satisfactory Compliance**

*The program releases youth upon completion of the program, or otherwise as indicated by the provider's contract.*

The program has a policy and procedures in place regarding youth's release from the program. Three closed youth case management records were reviewed to ensure the program released each youth upon completion or as otherwise indicated by the provider's contract. All three reviewed youth closed records confirmed each youth was successfully discharged and indicated the youth completed all requirements as outlined on their individual service plan (ISP).

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### **Overall Rating Summary**

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