

**STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Juvenile Diversion Alternative Program (JDAP) - Circuits 15,19, & 20

Bay Area Youth Services (BAYS), Inc

(Contract Provider)

4152 West Blue Heron Boulevard Suite 229

Riviera Beach, Florida 33404

Review Date(s): April 29 - 30, 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:

Shakela Minns, Office of Program Accountability, Lead Reviewer (Standard 1)
Rondarrell George, Office of Program Accountability, Regional Monitor (Standard 2)
Sharon Wong, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: Juvenile Diversion Alternative Program - Circuit 15

MQI Program Code: 1278, 1298, 1419

Provider Name: Bay Area Youth Services Florida, Inc.

Contract Number: 10516

Location: Palm Beach County / Circuit 15

Number of Beds: 64

Review Date(s): April 29- 30, 2020

Lead Reviewer Code: 159

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, Inc, to provide a Juvenile Diversion Alternative Program (JDAP) in Circuits 15, 19, and 20. The program provides diversion services to male and female youth ages seventeen and 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 program is contracted to provide 174 slots divided between all three circuits (sixty-four slots in Circuit 15, twenty slots in Circuit 19, and ninety slots in Circuit 20). The program's management team consists of one shared supervisor for Circuits 15 and 19, one supervisor for Circuit 20, one consulting clinician, three senior case managers, eight case managers, and two 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 risk to re-offend level. The CAT further enables the staff to accurately complete the youth's Individualized Services Plan (ISP) objectives, goals, and time frames. Due to the COVID-19 pandemic, the annual compliance review was conducted off-site. The program began alternative methods of service delivery due to the pandemic on March 23, 2020. The program's administration team reported case managers are currently conducting orientations and monthly meetings by video conferencing and utilizing Microsoft TEAMS and FaceTime. If families do not have access to technology, a telephone contact will be completed. If orientation is conducted by telephone contact, the case manager will enter a Cannot Complete CAT into the Department's Juvenile Justice Information System (JJIS). The ISP is developed based on a thorough review of collateral information and the orientation interview. Signatures are waived on the orientation documents, as well as the ISP; however, case managers are e-mailing the documents if the family has access to a device with internet connection. Case managers are obtaining verbal consent to confirm the youth and parent are in agreement with program requirements. Psychoeducational classes are currently being waived at this time. The provider is utilizing a client portal to offer fillable documents such as apology letters, essays, and psychoeducational packets. If the families do not have technology means, case managers will have a verbal discussion by telephone and review packet materials. Supervisors are continuing to conduct case reviews and monthly service team meetings with staff by utilizing Microsoft TEAMS. Community service hour requirements are currently waived. In court-ordered cases, some youth are creating greeting cards and writing letters to soldiers overseas through local non-profit organizations. The provider continues to work closely with behavioral health providers to ensure accessibility to treatment remains available. Most providers are utilizing telehealth and continue to accept referrals. At the time of the annual compliance review, there was one vacancy for one of the three senior case manager positions. The program's director reported the program is actively conducting interviews to fill the vacant position.

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 a written policy and procedures requiring a criminal history background screening for all staff, volunteers, mentors, and interns. Four staff were eligible for an initial background screening. Reviewed documentation found all four staff had an eligible background screening rating and a review of a criminal history report completed. Each applicable staff completed a pre-employment assessment tool and received a passing score. An informal interview with the program director confirmed the program placed a copy of the pre-employment tool and passing score in each applicable staff's record. All staff were added to the Department's Clearinghouse employment roster, when applicable. There were no volunteers, mentors, or interns applicable for this annual compliance review period. The program submitted the Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's BSU 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. The program had two applicable staff eligible for a five-year background rescreening during this annual compliance review period. Reviewed documentation confirmed one staff's rescreening was submitted to the Department's Background Screening Unit (BSU) at least ten business days prior to the original anniversary hire date. Another staff's rescreening was not submitted to the Department's BSU at least ten business days prior to the original anniversary hire date. The staff's original hire date was on February 13, 2014. The five-year rescreening was not completed until February 25, 2019. The program director was aware and provided written documentation indicating the rescreening of staff across the agency was addressed during the program's administrative review in April 2019. The program has since put a new process in place to ensure timely completion of five-year rescreenings. The new process includes any staff hired after the adoption of processing backgrounds through the Agency for Health Care Administration (AHCA) Clearinghouse portal has been entered into BAYS Human Resource Information System (HRIS) using the fingerprint expiration date listed in the Clearinghouse. For staff who were screened prior to the adoption of ACHA their initial screening date has been entered into BAYS HRIS. The program's Human Resource Department will also run a report out of the HRIS to identify which staff are due for rescreenings. The program will also process all rescreenings in the month of January for any staff due in the corresponding year. The program will conduct internal audits of

fingerprint/screening dates entered into the HRIS to ensure dates match the AHCA portal or initial screening dates listed. There were no volunteers, mentors, or interns applicable for a five-year background rescreening during this annual compliance review period.

1.03 Protective Action Response (PAR)	Non-Applicable
<p><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></p>	

There have been 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	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 a written policy and procedures regarding staff pre-service training. Four staff training records were reviewed for pre-service training. Three staff completed at least 120 hours of required pre-service training within 180 days of hire. One staff was still within the initial 180-days of hire to complete the pre-service training. Three staff completed Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, and suicide prevention training prior to any contact with youth. One staff completed CPR, first aid, professionalism and ethics, and suicide prevention training. The staff did not complete PAR training due to COVID-19, and the training will be scheduled at a later date. The program director reported the staff does not have any face-to-face contact with youth. Each applicable staff completed pre-service training related to understanding the youth, communication skills, supervision, changing offender behavior, mental health and substance abuse, risks and needs assessment, sexual harassment, human diversity, and gender-specific training. All pre-service training was documented in the Department’s Learning Management System (SkillPro). Reviewed documentation confirmed instructors were qualified to deliver the trainings provided. The program submitted the in-service training plan to the Department’s Office of Staff Development and Training on December 19, 2018, and the plan was approved on February 7, 2019, and included course names, descriptions, objectives, and training hours for any instructor-led trainings.

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 a written policy and procedures regarding staff in-service training. Nine staff training records were reviewed for in-service training. All applicable staff exceeded the minimum requirement of twenty-four hours of annual in-service training. Each staff completed annual training in Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid certification, ethics, and suicide prevention. A review of one supervisor and two senior case manager records found the staff completed eight hours of supervisory training through supervisor workshops addressing management, leadership, personal accountability, employee relations, and communication skills. In addition, the supervisor and senior case manager completed one hour of fiscal training. The program submitted the in-service training plan to the Department's Office of Staff Development and Training on December 19, 2018, and the plan was approved on February 7, 2019. The training plan included the course titles, descriptions, objectives, and the number of hours for each course. A review of the staff training records supported all in-service training was documented in the Department's Learning Management System (SkillPro).

1.06 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<p><i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i></p>	

The program has a written policy and procedures regarding reporting incidents to the Central Communications Center (CCC). Reviewed documentation confirmed the program had two reportable incidents since the last annual compliance review. Each incident was reported to the CCC within two hours of the reporter gaining knowledge of the incident. All incidents were called into the CCC, accepted, and entered into the CCC database.

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

The program has a written policy and procedures to ensure the provision of an abuse-free environment which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. The program ensures youth have unimpeded access to the self-report alleged abuse to the Florida Abuse Hotline by posting the number in the office and providing it in the client handbook. All program staff are required to sign a code of conduct which forbids staff from using physical abuse, profanity, threats, or intimidation in the employee handbook. An

informal interview with the program director in comparison with youth records confirmed the program has not had any staff violating the code of conduct or failing to report 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>	

Nine active youth case management records were reviewed. Each record met the admission criteria defined by the contract. Reviewed documentation confirmed each youth was seventeen years of age or younger and either was a misdemeanor offender, with a prior adjudication, second-time misdemeanor offender, or a first-time third-degree felony offender.

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 addressing case assignment, initial contact, and assessment. Nine youth case management records were reviewed, and documentation confirmed the program assigned each youth a case manager and conducted a Community Assessment Tool (CAT) on each youth within ten calendar days of admission into the program. Each record included a complete referral packet with all required elements. Reviewed documentation in each record confirmed the case manager obtained the signatures of the youth and parent/guardian on the participation agreement signifying their understanding of the expectations of the program during the initial meeting.

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>	

The program has a written policy and procedures addressing the development and completion of Individual Service Plans (ISP). Nine youth case management records were reviewed. All nine ISPs were completed within twenty-one calendar days of each youth's admission and the case notes indicated the youth and parent/guardian had input in the creation of the plan. Each of the reviewed ISPs addressed the identified needs and clear action steps stating the who, what, and how often. Each applicable record included a Community Assessment Tool (CAT), which matched each youth's ISP.

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>	

The program has a written policy and procedures addressing the process to evaluate a youth's need for mental health, substance abuse, or other psychosocial service needs. Nine youth case management records were reviewed and four were applicable for outside service referrals. Reviewed documentation confirmed the case manager followed-up with the service provider within thirty days of submitting each referral. When applicable, the case manager documented negative reports due to lack of participation or missed appointments in the case notes.

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 which addresses Individual Service Plan (ISP) implementation and supervision. Nine youth case management records were reviewed for ISP implementation and supervision. Each applicable record documented all case activities, contacts with the parent/guardian, and youth progress related to ISP goals and action steps. The program also identified appropriate locations for each youth to complete required community service hours where appropriate supervision would be provided.

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 addressing the completion of a Community Assessment Tool (CAT) Final Assessment no more than forty-eight hours prior to the request for case closure. Nine closed youth case management records were reviewed. Eight of the nine records confirmed staff completed a CAT Full Assessment prior to requesting case closure. One applicable CAT was completed the day after the program requested closure. None of the CAT Full Assessments were completed 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 written policy and procedures regarding the release of youth upon completion of the program. Nine closed case management records were reviewed to ensure the program released each youth upon completion of the program. Seven of the nine youth were discharged as successful and indicated the youth completed all requirements outlined on their individual service plans (ISP). Two reviewed records indicated the youth was discharged as unsuccessful and included a case note reflecting the juvenile probation officer (JPO) and State Attorney's Office were notified in writing. The date of admission and the date of termination documented in the case records correlated with the Department's Juvenile Justice Information System for each applicable record. There were no applicable youth requiring an extension during the annual compliance review period.