

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Juvenile Diversion Alternative Program (JDAP) – Circuits 4 and 7

Bay Area Youth Services (BAYS), Inc.

(Contract Provider)

13911 North Dale Mabry Highway

Tampa, Florida 33618

Review Date(s): November 12-13, 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:

Mike Marino, Office of Program Accountability, Lead Reviewer (Standards 1 & 2)

Niki Arnau, DJJ Probation, Circuit 7, Juvenile Probation Officer Supervisor (Standard 2)

Program Name: Juvenile Diversion Alternative Program – Circuits 4 and 7

MQI Program Code: Circuit 4 - 1295, Circuit 7 - 1296

Provider Name: Bay Area Youth Services, Inc.

Contract Number: 10064

Location: Duval and Volusia County / Circuit

Number of Beds: 4-70, 7-50

Review Date(s): November 12-13, 2019

Lead Reviewer Code: 37

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 4 and 7. The programs provide diversion services to male and female youth seventeen years of age and under who are referred by the Department of Juvenile Justice and/or the State Attorney's Office for behavior, which if committed by an adult, would be a criminal act. The programs serve youth residing in Duval, Flagler, Putnam, St. Johns, and Volusia Counties. The programs are contracted to provide services for 120 youth (seventy slots in Circuit 4 and fifty slots in Circuit 7). The program's management team consists of a circuit supervisor in each circuit, a senior case manager in Circuit 4, two case managers in each circuit, a full-time administrative assistant in Circuit 4, a part-time administrative assistant in Circuit 7, and a consulting clinician, who serves both circuits. 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 no vacancies.

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 provider, Bay Area Youth Services (BAYS), has a policy and procedures requiring compliance with the Department's Background Screening Unit (BSU) requirements. Two staff were applicable for an initial background screening during the annual compliance review period. Both staff were background screened prior to their hire date. A pre-employment assessment tool was administered for each newly hired staff, which was filed in their personal records. Both staff earned a favorable score for employment on the pre-employment assessment tool. Both new staff were added to the program's Clearinghouse employment roster. The program completed and submitted an Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's BSU on January 2, 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 provider has standard operating procedures addressing background rescreening of staff, volunteers, mentors, and interns every five years from their hire date. Four staff from Circuit 4 required a five-year background rescreening during the annual compliance review period. Requests for a background rescreening were completed prior to the staff's five-year anniversary of hire date for three of the four staff. For the remaining staff, the request for background rescreening was completed eleven days after her five-year anniversary of hire date. The program has since adjusted their tracking from five-year background rescreening, which was demonstrated on the next staff requiring a request for background rescreening.

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 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>	

Two case managers were hired in Circuit 7 since the last annual compliance review. Both newly hired staff were well within 180 days of hire and still in the process of completing pre-service training. A review of training records and the Department's Learning Management System (SkillPro) for both new staff showed each staff was completing pre-service training in accordance with the program's pre-service training plan. All completed trainings were entered into SkillPro. Mandatory training was either completed or scheduled for each staff. The program submitted a training plan, which included pre-service trainings, to the Department's Office of Staff Development and Training (SD&T). The training 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>	

Training records and the Department's Learning Management System (SkillPro) were reviewed for seven staff, which included the two circuit supervisors. All staff far exceeded the required twenty-four hours of annual in-service training, receiving between sixty-two and ninety-five hours of annual training. All staff had current certifications in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), and first aid. All staff completed training on professionalism and ethics, suicide prevention, active shooter, and human trafficking. Each circuit supervisor completed at least eight hours of training on supervisory and management related topics. All training was entered in SkillPro. The provider submitted a training plan, which included in-service trainings, to the Department's Office of Staff Development and Training (SD&T). The training plan was approved on February 7, 2019, and includes course names, descriptions, objectives, and training hours for any instructor-led trainings.

1.06 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<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>	

The provider has a policy and procedures addressing incidents being reported to the Central Communications Center (CCC). There was only one incident requiring a report to the CCC since the last annual compliance review, which was for program closing due to Hurricane Dorian. The incident was reported within two hours of the provider making the decision to close the programs, and individual reports were generated for each program. The programs did not have any grievances or internal incident reports nor any indication in records or other documentation reviewed of any incidents not being reported.

1.07 Abuse-Free Environment (Critical)	Satisfactory Compliance
<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>	

The Bay Area Youth Services (BAYS) employee handbook and standard operating procedures include the staff code of conduct and staff behavioral expectations as well as procedures for abuse reporting. The procedures identify all BAYS staff as mandatory reporters of any form of suspected abuse. A review of personnel records found all staff acknowledged the employee handbook and standard operating procedures upon hire. Fourteen youth records, seven from each circuit, were reviewed. Each record documented youth and parents/guardians were informed during orientation of how to contact the Florida Abuse Hotline and the Department's Central Communications Center (CCC) to report suspected abuse. There was no indication in staff personnel records or youth records reviewed of any staff violating the code of conduct or failing to report abuse.

Standard 2: Assessment Services

2.01 Youth Eligibility	Satisfactory Compliance
<i>Youth admitted to the program meet the admission criteria defined by the provider's contract: The program shall serve male and female youth aged 17 and under at the time of referral. Admission/Eligibility criteria should include, but not limited to any misdemeanor offender and first-time felony offenders.</i>	

The provider, Bay Area Youth Services (BAYS), has a policy and procedures addressing youth eligibility. The procedures state the criteria for youth eligibility includes, but is not limited to, youth aged seventeen and under, any misdemeanor offender, misdemeanor offenders with a prior adjudication, second time misdemeanor offenders with a prior adjudication, violent first-degree misdemeanor offenders, and first-time felony offenders (of the third degree). A review of fourteen youth records found each youth met the admission criteria cited in the contract and policy.

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 provider's contract states youth are to be assigned a case manager and a Positive Achievement Change Tool (PACT) Full Assessment (now a Community Assessment Tool (CAT) Full Assessment) is to be completed within fourteen calendar days of the date a referral packet being received by the program. The provider's policy and procedures address case assignments upon receipt of a referral, which reflects the contract requirement. Fourteen youth records were reviewed. A CAT Full Assessment was completed within fourteen days of receipt of the referral packet in ten records. In the remaining four records, a "Cannot Complete" CAT was entered in the Department's Juvenile Justice Information System (JJIS) within fourteen days of receipt of the referral packet and a CAT Full Assessment was completed following the initial face-to-face meeting with the youth and parent/guardian. Case notes in these four records documented reasons for the delay in conducting the initial face-to-face meeting. Each youth record contained an Agreement to Participate in JDAP Program form, which was signed by the youth, parent/guardian, and case manager during the initial face-to-face 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 policy and procedures addressing the development and completion of Individual Service Plans (ISP). Fourteen youth records were reviewed. Thirteen of the fourteen

ISPs were completed and signed by all parties within twenty-one calendar days of admission. The remaining ISP was signed by all parties seven days late. Case notes in each record documented the youth and parent/guardian provided input during the development of the ISP. Each ISP addressed identified needs, to include the Community Assessment Tool (CAT) Risk Report information. Each ISP included clear action steps identifying who was responsible, what was expected, and how often actions needed to be accomplished for each goal and objective. Target dates for completion of the ISPs were based on CAT Risk levels, with target dates being based on a sixty-day schedule for youth with no moderate-high or high risk domain scores and a ninety to 120-day schedule for youth with one or more moderate-high or high risk domain score(s).

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 policy and procedures addressing the process to evaluate a youth's need for mental health, substance abuse, or other psychosocial service needs. Ten of the fourteen youth records reviewed were applicable for referrals for services and follow-up on those referrals. An initial referral was made within ten days in all ten records. Follow-up on the initial referrals was documented within thirty days in nine of ten records. In the remaining record, the follow-up was documented forty-two days after the initial referral. Two records required follow-up by the case manager based on negative reports or assistance needed, and follow-up by the case manager was documented in each record. The program requested extensions, as needed, to ensure completion of mental health and substance abuse services when providers identified the need for more time to address identified needs.

2.05 Individual Service Plan Implementation/Supervision	Satisfactory Compliance
<p><i>Youth are supervised in a manner ensuring completion of the Individual Service Plan. Staff documents all case activities, including face-to-face interaction and telephone contact with the youth, parent(s)/guardian(s), and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc. Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the Individual Service Plan.</i></p>	

The provider has a policy and procedures addressing documentation of case activities, which includes documenting progress or lack of progress with the goals of the Individual Service Plans (ISP). The procedures require case managers to document youth and parent/guardian compliance with ISP action steps and review ISP goals with the youth and family monthly. A review of fourteen records found the records and case notes documented all case activities and progress related to ISP goals and action steps with few exceptions. Case notes in two cases did not reflect the case manager identified community service work sites for youth and the case notes in one case did not reflect a follow-up on referral (the follow-up was documented in an email).

2.06 CAT Final Assessment**Satisfactory Compliance**

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.

The program has a 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. Fourteen closed records were reviewed. A CAT Full Assessment was completed no more than forty-eight hours prior to the case manager completing the closure summary in thirteen of the fourteen records. In the remaining record, the youth was in jail and a CAT Full Assessment was not completed.

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 addressing release. The procedures state a closing summary is to be completed for all youth being released from the program successfully, unsuccessfully, administratively, or without services. Fourteen closed records were reviewed, which included eight successful closures and six unsuccessful closures. Admission and release dates in the Department's Juvenile Justice Information System (JJIS) for each youth matched the admission and release dates in each record. In the six records for unsuccessful closures, immediate notification of the assigned juvenile probation officer was documented in each record and notification of the state attorney's office was documented in five records. In the remaining record, the youth was referred to the program from another circuit and the JPO in the other circuit was notified.

Six youth records were reviewed for extensions, as these youth had been in the program over four months. Extensions were requested by the program and granted by the local chief probation officer (CPO) or designee within the required time frame in accordance with the provider's contract in each case, with some records having multiple extensions to ensure enough time for youth to complete counseling services. Interviews were conducted with the CPOs in Circuit 4 and Circuit 7, and both CPOs reported the program follows protocols in requesting approvals for extension.