

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, 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:

Tara Gilligan, Office of Accountability and Program Support, Lead Reviewer (Standard 1)
Renette Crosby, Office of Accountability and Program Support, Regional Monitor (Standard 2)
Mike Marino, Office of Accountability and Program Support, Regional Monitor (Standard 2)

Program Name: Juvenile Diversion Alternative Program - Circuit 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, 2020

Lead Reviewer Code: 188

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) Florida, to provide Juvenile Diversion Alternative Programs (JDAP) in Circuits 4 and 7. 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. In Circuit 4, the program serves youth residing in Duval, Clay, and Nassau Counties. The program is contracted to provide seventy slots. The program's management team consists of a director, program supervisor, two case managers, clinician, and an administrative assistant. In Circuit 7, the program serves youth residing in Volusia, Putnam, Flagler, and St. John's Counties. The program is contracted to provide fifty slots. The program's management team consists of a program supervisor, two case managers, clinician, and an administrative assistant. 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, while receiving services, 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 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 program has a policy and procedures requiring compliance with the Department's Background Screening Unit (BSU) requirements. One staff and one volunteer were applicable for an initial background screening during the annual compliance review period. Both the staff and volunteer received background screenings and the criminal history reports were reviewed prior to the hire dates. A pre-employment assessment tool was administered to the one applicable newly hired staff, which was filed in the staff's record. Pre-employment assessments are not administered to volunteers. 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 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 policy and procedures addressing background rescreening of staff, volunteers, mentors, and interns every five years from the date of hire. None of the staff were applicable for a five-year 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 the 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 staff were applicable for pre-service training requirements during the annual compliance review. A review of training records and the Department’s Learning Management System (SkillPro) for each staff documented the case manager completed all pre-service training within the 180-day timeframe and in accordance with the program’s pre-service training plan. The consulting clinician did not complete all required trainings; however, the clinician resigned from program prior to the end of the initial 180 days of hire. The staff did complete all required essential trainings including Protective Action Response, cardiopulmonary resuscitation and first aid certifications, professionalism and ethics, suicide prevention, and emergency procedures prior to any contact with youth, as required. All completed trainings were entered into SkillPro within thirty days of training completion. All instructors were qualified to deliver the training provided. The program submitted a training plan on January 6, 2020, which included pre-service trainings, to the Department’s Office of Staff Development and Training (SD&T). The training plan 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 six staff, which include two circuit supervisors. All staff exceeded the required twenty-four hours of annual in-service training, receiving between fifty-six and ninety-four hours of annual training. All staff had current certifications on cardiopulmonary resuscitation (CPR) and first aid. All staff completed training on professionalism and ethics, suicide preventions, and human trafficking. Five of the six staff had current certifications in Protective Action Response (PAR) and completed active shooter training. The remaining staff completed four hours of PAR training; however, due to office closures related to the COVID-19 pandemic, staff was unable to complete the remaining four hours of PAR training or active shooter training. This staff is scheduled to complete the trainings by November 30, 2020. Two training records for supervisory staff reflected each supervisor completed eight hours of supervisory training, as required. All in-service trainings were entered into SkillPro within thirty days of training completion. The program submitted a training plan, which included in-service trainings, to the Department’s Office of Staff Development and Training (SD&T), which included course names,

descriptions, objectives, and training hours for any instructor-led training on January 6, 2020. The program has an annual in-service training calendar, which is updated as changes occur.

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 reported to the Central Communications Center (CCC). There were five incidents requiring a report to the CCC since the last annual compliance review. All five incidents were reported to the CCC within two hours of the program becoming aware, as required. The program did not have any additional grievances, internal incident reports, information contained in records, or other documentation reviewed regarding any incidents which were required to be reported to the CCC.

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 reporting abuse. The procedures identify all staff as mandatory reporters of any form of suspected abuse. The program has flyers posted in each office, visible to all youth, with the contact information for the Florida Abuse Hotline and Central Communications Center (CCC). Reporting information is discussed with all youth and parents/guardians during orientation, and the youth are provided with a handbook which includes telephone numbers for the Florida Abuse Hotline and CCC. A review of youth records did not indicate any instances of abuse not reported to the Florida Abuse Hotline.

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 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 younger, 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 program's contract states youth are to be assigned a case manager and a Community Assessment Tool (CAT) Full Assessment is to be completed within fourteen calendar days of the date the referral packet is received by the program. Fourteen youth records were reviewed. All fourteen records included the date the program received the full referral packet, as well as a participation agreement documenting signatures or waived signatures due to the COVID-19 pandemic. Twelve of the fourteen records contained a CAT Full Assessment which were completed within the required timeframe and documented the youth's risk to reoffend levels. The remaining two records documented in case notes attempts to contact the youth were unsuccessful and a CAT which indicated "unable to complete" was found in both youth records.

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. All fourteen youth records included an ISP, which matched the Community Assessment Tool (CAT) Risk Report. All fourteen ISPs were completed within the required twenty-one calendar days with input from the youth and parent/guardian documented in the case notes. Each ISP addressed the youth's identified needs and included clear actions steps stating who was responsible, what was expected, and how often actions needed to be accomplished for each goal and objective. Target

dates for completion for the ISPs were based on CAT risk to re-offend levels, with target dates based on the 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
<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 policy and procedures addressing the process to evaluate a youth's need for mental health, substance abuse, or other psychosocial service needs. Nine of the fourteen youth required referrals for outside services. An initial referral was made within ten days in all nine applicable records. Each of the records documented follow-up on the initial referrals was completed within thirty days, as required. Eight records required follow-up by the case manager based on negative reports, and follow-up by the case manager was documented in each record.

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 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 for the ISP goals to be reviewed with the youth and parent/guardian monthly. All fourteen reviewed youth records included case notes documenting the progress and completion of each goal, action step, and requirement, as stipulated in the youth's ISP. All fourteen records had case notes which included all activities and reflected the youth's progress related to each goal. Six of the fourteen youth records were applicable community work service hours. Each of the six applicable records documented work service locations were provided to the youth, as documented in the case notes of each record.

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 policy and procedures addressing the completion of a Community Assessment Tool (CAT) Full Assessment no more than forty-eight hours prior to the request for case closure. Six closed youth records were reviewed. All six records reflected a CAT Full

Assessment was completed prior to the request for case closure and no more than forty-eight hours prior to the case closure.

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 policy and procedures addressing release. The procedures state a closing summary is to be completed for all youth released from the program successfully, unsuccessfully, administratively, or without services. Six closed youth records were reviewed. All six records documented the youth completed the program successfully. Three of the six youth were in the program longer than four months and each record contained an extension which was granted in accordance with the current contract. All six records had the correct documented dates of admission and dates of termination which correlated with the dates entered into the Department's Juvenile Justice Information System (JJIS).