

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Juvenile Diversion Alternative Program (JDAP) C6, C12 and C13**

***BAYS Florida***

**(Contract Provider)**

**1920 E. Hillsborough Ave. Suite 202**

**Tampa, Florida 33610**

***Review Date(s): June 4 - 5, 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:

Jamila Bacchus, Office of Program Accountability, Lead Reviewer (Standard 1 & 2)  
Laura Coyne, DJJ Probation, Circuit 12, Senior Juvenile Probation Officer (Standard 2)  
Barbara Koppelman, DJJ Probation, Circuit 6, Senior Juvenile Probation Officer (Standard 2)  
Stephanie Lobzun, Office of Program Accountability, Regional Monitor (Standard 1 & 2)  
Michelle Simon, DJJ Probation, Circuit 13, Senior Juvenile Probation Officer (Standard 2)

Program Name: Juvenile Diversion Alternative Program  
 MQI Program Code: 1273, 1276, & 1277  
 Provider Name: BAYS Florida  
 Location: Hillsborough County / Circuit 13  
 Review Date(s): June 4 - 5, 2019

Contract Number: 10433  
 Number of Beds: 310  
 Lead Reviewer Code: 174

### 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 type="checkbox"/> Program Director       | <u>      </u> # Clinical Staff         | <u>      </u> # Staff                                  |
| <input checked="" type="checkbox"/> DJJ Monitor | <u>      </u> # Food Service Personnel | <u>      </u> # Youth                                  |
| <input type="checkbox"/> DHA or designee        | <u>      </u> # Healthcare Staff       | <u>      </u> # Other (listed by title): <u>      </u> |
| <input type="checkbox"/> DMHCA or designee      | <u>      </u> # Maintenance Personnel  |  |
| <u>      </u> # Case Managers                   | <b>3</b> # Program Supervisors         |  |

### Documents Reviewed

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports                  | <input type="checkbox"/> Fire Prevention Plan             | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character      | <input type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs            |
| <input checked="" type="checkbox"/> CCC Reports                 | <input type="checkbox"/> Key Control Log                  | <input checked="" type="checkbox"/> Youth Handbook  |
| <input type="checkbox"/> Confinement Reports                    | <input type="checkbox"/> Logbooks                         | <u>      </u> # Health Records                      |
| <input type="checkbox"/> Continuity of Operation Plan           | <input type="checkbox"/> Medical and Mental Health Alerts | <u>      </u> # MH/SA Records                       |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports           | <b>28</b> # Personnel Records                       |
| <input checked="" type="checkbox"/> Contract Scope of Services  | <input type="checkbox"/> Precautionary Observation Logs   | <b>28</b> # Training Records/CORE                   |
| <input type="checkbox"/> Egress Plans                           | <input type="checkbox"/> Program Schedules                | <b>9</b> # Youth Records (Closed)                   |
| <input type="checkbox"/> Escape Notification/Logs               | <input type="checkbox"/> Sick Call Logs                   | <b>25</b> # Youth Records (Open)                    |
| <input type="checkbox"/> Exposure Control Plan                  | <input type="checkbox"/> Supplemental Contracts           | <u>      </u> # Other: <u>      </u>                |
| <input type="checkbox"/> Fire Drill Log                         | <input checked="" type="checkbox"/> Table of Organization |   |
| <input type="checkbox"/> Fire Inspection Report                 | <input type="checkbox"/> Telephone Logs                   |   |
| <u>      </u> # Youth   | <u>      </u> # Direct Care Staff                         | <u>      </u> # Other: <u>      </u>                |

### Observations During Review

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

### 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 BAYS Florida, to provide a Juvenile Diversion Alternative Program (JDAP) in Circuits 6, 12 and 13. The program provides diversion services to male and female youth, seventeen years of age and under, who are referred by the Department and/or the State Attorney's Office for behavior, which if committed by an adult, would be a criminal act. The program serves youth residing in DeSoto, Hillsborough, Manatee, Pasco, Pinellas, Manatee and Sarasota Counties. Circuit 6 is contracted to provide 120 slots, Circuit 12 is contracted to provide seventy slots, and Circuit 13 is contracted to provide 120 slots. The program's management team consists of twelve case managers, three consulting clinicians, and three supervisors. At the time of the annual compliance review, Circuit 6 had five case managers, one consulting clinician, and one supervisor, Circuit 12 had three case managers, one consulting clinician, and one supervisor, and Circuit 13 had five case managers, one consulting clinician and one supervisor. 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, and 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 time frames. At the time of the annual compliance review, there were no vacancies.

## **Standard 1: Management Accountability**

### **1.01 Initial Background Screening (Critical)**

**Satisfactory Compliance**

*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.*

The program has a policy and procedures in place regarding background screening requirements for all staff and volunteers prior to hire. All three circuits had an Annual Affidavit of Compliance with Level 2 Screening Standards submitted on January 2, 2019. Since the last annual compliance review period, there were ten new hires throughout the three circuits; Circuit 6 had three staff hires, Circuit 12 had four staff hires, and Circuit 13 had three staff hires. A background screening and criminal history check was completed prior to hire for all ten new staff. There were no applicable new hires requiring an exemption. The program conducted checks with the Central Communications Center (CCC), Staff Verification System (SVS) module, and Florida Department of Law Enforcement screening results for all ten staff. Eight of the applicable staff completed a pre-employment tool, scoring a high enough average for a recommended interview. Two staff were hired prior to the required contractual implementation of the pre-employment assessment tool. The program does not have a designated pre-employment tool passing score to reference. All ten staff were added to the Clearinghouse employment roster.

### **1.02 Five-Year Rescreening**

**Satisfactory Compliance**

*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.*

The program has a policy and procedures in place regarding five-year rescreening requirements. Since the last annual compliance review period, there were four applicable staff requiring a five-year rescreening throughout the three circuits; Circuit 6 had two staff, Circuit 12 had one staff, and Circuit 13 had one staff. The five-year rescreening was completed for staff in Circuit 6 and Circuit 12 prior to the anniversary date of their initial hire dates. The rescreen for the applicable staff in Circuit 13 was completed thirty-seven days after the initial hire anniversary date. This information was identified and communicated to the program in April 2019, from the Department, which resulted in the program implementing a corrective action plan to prevent future occurrences of late rescreen submissions.

<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>	

None of the three circuits had Protective Action Response (PAR) incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.

<b>1.04 Pre-Service/Certification Training</b>	<b>Satisfactory Compliance</b>
<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>	
<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>	
<i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i>	

The program has a policy and procedures in place regarding newly hired staff completion of pre-service certification/training. The program submitted their pre-service training plan to the Office of Staff Development and Training (SD&T) on December 19, 2018 and the plan was approved by SD&T on February 7, 2019. Reviewed documentation regarding all of the program instructors who facilitate trainings concluded all were qualified to deliver staff trainings on Protective Action Response (PAR) and cardiopulmonary resuscitation (CPR)/first aid certification. The program had a total of ten newly hired staff throughout the three circuits since the last annual compliance review. Circuit 6 had three staff applicable for preservice training, all of which were currently within 180 days of hire and had time remaining for the completion of pre-service training. Two of the three applicable staff from Circuit 6 completed the required essential skills trainings/certifications prior to contact with youth. The third staff is still within the ninety days to complete the required thirty-two hours of Protective Action Response (PAR) training prior to contact with youth. Circuit 12 had four applicable staff for pre-service training, three of which were still within 180 days of hire and not applicable for the completion of training. The one applicable staff completed the preservice trainings within the required timeframe and surpassed the required number of training hours. One staff completed all required essential skills training/certifications prior to contact with youth. Two staff are still completing required training prior to contact with youth. Circuit 13 had three staff new hires, each of which completed the required trainings within the 180 day timeframe and surpassed the number of required hours of training. All applicable preservice trainings/certifications completed by each staff was documented in the Department’s Learning Management System (SkillPro) in each circuit.



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 policy and procedures regarding in-service training for staff employed with the program to complete annually. The program has an annual in-service training calendar for the year. The program submitted their in-service training plan to the Office of Staff Development and Training (SD&T) on December 19, 2018 and the plan was approved by SD&T on February 7, 2019. During the annual compliance review period, there were thirteen staff, six in Circuit 6, three in Circuit 12, and four in Circuit 13, applicable for in-service training within the 2018 calendar year. All staff from each circuit completed and exceeded the required twenty-four hours of annual training. Eleven of the applicable staff completed a Protective Action Response (PAR) update, re-certification in cardiopulmonary resuscitation (CPR)/first aid certification, ethics, and other program-required trainings. During the annual compliance review period from December 2018 to May 2019, the program had two supervisors, one for Circuit 13 and one for Circuits 6 and 12. Both circuit supervisors attended the program supervisory workshops, which included the required topics, and completed the required eight hours of supervisory trainings. During the annual compliance review period, the program also had senior case managers on staff, one in Circuit 13 and two in Circuit 12. All three senior case managers completed the program supervisory trainings and exceeded the required eight hours. All trainings for all staff were 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 policy and procedures in place regarding the requirement to report incidents to the Central Communications Center (CCC). A review of the past six months of CCC reports within Circuit 6 and 12 indicated no reports were made. Circuit 13 had one reportable incident to the CCC, which was classified as a program disruption, as program youth were highlighted on the local news. The incident was reported within the required two-hour timeframe of the program's awareness of incident. A review of all three circuits internal incident binders validated there were no other occurrences of incidents within the program requiring a reportable submission 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 has a policy and procedures in place regarding the provision of an abuse-free environment for the youth, staff, and others. The annual compliance review was conducted at the Circuit 13 office in Tampa, Florida. Throughout the office, there were readily accessible postings for the youth of the Florida Abuse Hotline, Central Communications Center, for youth over the age of eighteen, and domestic violence hotline telephone numbers. During the initial hiring of staff and interns, each will sign a code of conduct, which outlines the program's expectations in prohibiting the use of profanity, physical abuse, threats, or intimidation. Each of the three circuits' newly hired staff training records included a signed code of conduct. Upon a youth's admission to the program, a youth handbook is provided detailing the staff's role as mandatory reporters. Each youth is required to sign for receipt of the handbook. The program maintains an internal incident binder for each circuit documenting all allegations of abuse and incidents. During the annual compliance review period, there were a total of twelve non-staff related allegations of abuse reported to the program, Circuit 6 had three and Circuit 13 had nine. There were none for Circuit 12. All twelve incidents were called into the Florida Abuse Hotline by a program staff and accepted by the operator. During the annual compliance review, the annual compliance review team did not observe any unreported allegations of child abuse.

## Standard 2: Assessment Services

<b>2.01 Youth Eligibility</b>	<b>Satisfactory Compliance</b>
<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 regarding youth eligibility for admission to the program. Twenty-five open youth case management records were reviewed, ten in Circuit 6, ten in Circuit 13, and five in Circuit 12. All records revealed each youth met the program's contractual criteria upon admission.

<b>2.02 Case Assignment, Initial Contact, and Positive Achievement Change Tool (PACT) Full Assessment</b>	<b>Satisfactory Compliance</b>
<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 regarding case assignment and Positive Achievement Change Tool (PACT) Full Assessments. Twenty-five open youth case management records were reviewed across Circuit 6, 12, and 13. All records contained a completed referral packet from the Department or State Attorney's Office. Case note verification in the Department's Juvenile Justice Information System (JJIS) was conducted. All twenty-five youth and parent/guardians received an initial meeting with case management to discuss and sign a program participation agreement. Case assignment and intake completion was conducted for twenty-four of the youth within the required fourteen days after the receipt of referral. All twenty-four youth records included a PACT Full Assessment which was completed within ten calendar days of referral. The remaining one youth's intake was completed one day late; however, the original scheduled date was cancelled due to inclement weather. The youth's PACT Full Assessment was also completed eight days late. Case note verification revealed the case manager documented attempts to complete the PACT within the required timeframe; however, the youth refused to participate.

<b>2.03 Individual Service Plan</b>	<b>Satisfactory Compliance</b>
<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 and procedures regarding creation of a youth's individual service plan (ISP). Twenty-five open youth case management records were reviewed; ten from Circuit 6, ten from Circuit 13, and five from Circuit 12. Each record revealed the case manager collaborated with the youth and parent/guardian in the development and creation of the youth's ISP. All twenty-five youth's needs and action steps were clearly detailed referencing the who,

what, and how often. Each ISP was completed within the required twenty-one calendar days and included the required signatures from all parties. Each youth's Positive Achievement Change Tool (PACT) Risk Reports were reviewed, revealing one youth scored as moderate-high risk to reoffend, which was reflected in the youth's ISP, as required.

<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 regarding mental health and substance abuse assessment and treatment referrals. Twenty-five open youth case management records were reviewed across Circuits 6, 12, and 13. Twenty-one youth were applicable for a referral for mental health and substance abuse services. Four of the youth were already receiving services. Case note verification in the Department's Juvenile Justice Information System (JJIS) was conducted. Twenty youth records reflected case management staff conducted a follow-up with the service provider within thirty days of referral. One youth's case manager completed a follow-up with the provider within the required timeframe; however, the case manager documented communication with the parent/guardian and initiation of a new referral due to youth non-compliance with the initial referral after completion of the evaluation.

<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 regarding the implementation and supervision of individual service plans (ISP). Twenty-five open youth case management records were reviewed across Circuits 6, 12, and 13. All records contained supporting documentation from the Department's Juvenile Justice Information System (JJIS) revealing each ISP included community protection, family and community support structure, involvement in positive activities, work, and school, depending on individual needs. A review of case notes in JJIS found each youth record reflected action steps were met by the case manager, as documented on the ISPs. In addition, the case notes documented all activities were noted and reflected each youth's progress as related to their goals. In addition, monthly contacts were completed with the youth, parent/guardian, and provider, if applicable.

**2.06 PACT Final Assessment****Satisfactory Compliance**

*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.*

The program has a policy and procedures regarding the provision of a Positive Achievement Change Tool (PACT) Final Assessment prior to the release of a youth. The program requests for a youth to be released through submission of all closure summary information to the Department and State Attorney’s Office. Program procedures require a PACT Full Assessment to be completed at the request of a case closure prior to, and within forty-eight hours of the request. Nine closed youth case management records were reviewed, three from each of the three Circuits 6, 12, and 13. All nine records contained information regarding the completion of a PACT Final Reassessment prior to youth being released from the program census within the allocated timeframe.

**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 regarding the release of youth from the program. Nine closed youth case management records were reviewed, three from each of the three Circuits 6, 12 and 13. Eight youth were successfully discharged from the program and one youth was discharged as unsuccessful. Case note verification in the Department’s Juvenile Justice Information System (JJIS) was conducted. Documentation supports the notification was submitted to the State Attorney’s Office upon case closure for the youth closed as unsuccessful. Seven youth were discharged within the required four-month timeframe. Two youth were approved for an extension beyond the four-month timeframe. A documentation review of supplemental e-mails and JJIS case notes support the request for an extension by a case manager with approval preceding the end of the initial length of stay in the program. A JJIS case note verification of each youth’s date of admission and date of termination correlates with all nine youth records.

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MQI Program Code: 1273, 1276, & 1277  
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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>