

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Juvenile Alternatives Diversion Program C6, C12, C13

Bay Area Youth Services Florida

(Contract Provider)

1920 East Hillsborough Avenue, Suite 202
Tampa, Florida 33610

Review Date(s): May 5-6, 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:

Paul Sheffer, Office of Program Accountability, Lead Reviewer (Standard 1 & 2)
Gregory Mahoum Nassar, Office of Program Accountability, Regional Monitor, Standard 2
Jonathan Thompson, Office of Program Accountability, Regional Monitor, Standard 2

Program Name: Juvenile Diversion Alternative Program MQI Program Code: 1273, 1276, 1277
Provider Name: Bay Area Youth Services Florida Contract Number: 10433
Location: Hillsborough, Pinellas, Pasco, Sarasota, Manatee, Desoto County / Circuit 6
Number of Beds: 310
Review Date(s): May 5-6, 2020 Lead Reviewer Code: 118

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 a Juvenile Diversion Alternative Program (JDAP) in Circuits 6, 12, and 13. The program provides diversion services to male and female youth ages seventeen years 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 provider serves youth residing in Pinellas, Pasco, Hillsborough, Sarasota, Manatee, and Desoto. The program is contracted to provide 120 slots in Circuit 6, seventy slots in Circuit 12, and 120 slots in Circuit 13. The program's management team consists of one program supervisor in each Circuit. Circuit 6 has two senior case managers, five case managers, one administrative assistant, and one consulting clinician. Circuit 12 has one senior case manager, three case managers, one part-time administrative assistant, and a consulting clinician who is shared with another Circuit. Circuit 13 has two senior case managers, five case managers, one administrative assistant, and one consulting clinician. 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 three case manager vacancies in Circuit 6, one senior case manager and a case manager in Circuit 12. There were no vacancies in Circuit 13.

Strengths and Innovative Approaches

All Circuits:

- Bay Area Youth Services (BAYS) staff have an opportunity to participate in an Employee Advisory Committee (EAC), nominated/selected for Employee of the Quarter, Employee of the Year, and participate in the Leadership Development Program.
- Prior to employment BAYS utilizes an impartial third-party verification of previous employment, education, driver's license, professional and personal references. This is in addition to conducting a level 2 background screening through DJJ's Background Screening Unit.

Circuit 13:

- Host a Holiday Gift Drive annually for their youth and families. The drive is organized by the Circuit Advisory Council. Gifts, gift cards, or money is donated to the Circuit for the youth and families. Every youth in the Juvenile Diversion Alternative Program (JDAP) receives a gift, previous gifts have included Bluetooth speakers and headphones, gift cards to Walmart or restaurants, personal hygiene kits for males and females, t-shirts, blankets, water bottles, and age appropriate gifts for the younger youth.

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 standard operating procedures indicating they will conduct a criminal history background screening on a employees, volunteers, mentors, and interns in accordance with Florida Statute. A review of documentation found there were no new employees hired in Circuit 13 during the annual compliance review period. Circuit 6 had three new hires and Circuit 12 had two new hires during the annual compliance review period. A review of the background screenings for each of the five staff found all were completed prior to their hire. None of the newly hired staff required an exemption prior to working with youth. A further review of provided documentation confirmed the program reviewed each staff's criminal history report, Staff Verification System (SVS) report, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS), and Central Communications Center (CCC) Person Involvement report prior to hire. The program was able to provide documentation reflecting each of the five new staff were screened with their pre-employment assessment tool prior to hire. The review of the assessments reflected all were eligible for hire based on the provider's criteria. An interview with the regional director of diversion services confirmed all assessments are maintained in each employee's individual personnel record. A review of the Agency for Healthcare Administration (AHCA) Clearinghouse system found all new staff have been added to their employment roster. The program did not have volunteers or interns working with any of the individual Circuits at the time of the annual compliance review. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit on January 2, 2020, 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 standard operating procedures for the completion of five-year rescreening's for applicable staff. One staff in Circuit 13 was applicable for the completion of a five-year rescreening. Neither of the remaining two Circuits had any staff requiring the completion of a five-year rescreening. A review of the Agency for Healthcare Administration (AHCA) Clearinghouse system validated the program completed a rescreening within the required time frame.

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 were no Protective Action Response (PAR) incidents in Circuits 6, 12, and 13 during this review period; therefore, this indicator rates as non-applicable.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<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 which outline how they will conduct required trainings for their newly hired staff. A review of the employee roster found Circuit 6 had three new employees eligible for training, Circuit 12 had two, and Circuit 13 had no new employees. Training documentation in the Department’s Learning Management System (SkillPro) along with additional training rosters, confirmed three of the five new staff completed all required training within 180 days of their hire. The remaining two staff were still within the 180-day time frame; however, the reviewed documentation confirmed each had been working diligently to complete all training within the required time frame.

A review of additional training documentation confirmed the trainers for Protective Action Response (PAR) and cardiopulmonary resuscitation (CPR)/first aid certification have the correct training to facilitate these courses. The program has a pre-service training plan for calendar year 2019 which was submitted to the Department on December 19, 2018 and approved by the Department’s Office of Staff Development & Training on February 7, 2019. The program also provided documentation reflecting a training plan was submitted to the Department for calendar year 2020 on January 6, 2020. This plan was approved by the Department’s Office of Staff Development & Training on January 13, 2020.

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 which outline the annual training requirements for all staff. Circuit 6 had three staff applicable for annual in-service training, Circuit 12 had two applicable staff, and Circuit 13 had five applicable staff selected for review.. All ten staff exceeded the twenty-four hours of the required training and all required training topics were completed. Circuit 13 had a supervisor who was applicable for supervisory training during the 2019 calendar year. The remaining two Circuits had supervisors who were recently promoted which did not require specific supervisor training during the annual compliance review period. The applicable program supervisor completed more than eight hours of supervisory training. All trainings were documented in the Department’s Learning Management System (SkillPro). The program has an in-service training plan for calendar year 2019 which was submitted to the Department on December 19, 2018 and approved by the Department’s Office of Staff Development on February 7, 2019. The program also provided documentation reflecting a training plan was submitted to the Department for calendar year 2020 on January 6, 2020. This plan was approved by the Department’s Office of Staff Development & Training on January 13, 2020.

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 which guide staff in reporting applicable incidents to the Department’s Central Communications Center (CCC). There were no CCC reportable incidents for Circuit’s 6 and 12 during the annual compliance review period. Circuit 13 had one reportable incident which was called into the CCC during the two-hour reporting requirement.

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 policy and procedures requiring the provision of an abuse-free environment for the youth, staff, and others to feel safe. Upon hire, all staff and interns sign a code of conduct which prohibits staff from using physical abuse, profanity, threats, or intimidation. This was validated through a review of provided documentation. The program reported there were no allegations of abuse made against staff during the annual compliance review period. When program staff identify an incident of abuse or suspected abuse, the staff report the incident to

their supervisor and completes an incident report. Staff also report the incident to the Florida Abuse Hotline. The program was able to provide three examples for both Circuit 6 and Circuit 13. Circuit 12 did not have any reportable incidents during the annual compliance review period. The reviewed documentation validated the program's internal abuse reporting process. All incident reports are maintained in a binder within each Circuit. During the annual compliance review, the team did not observe any allegations of child abuse during the review of youth records.

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 program has a policy and procedures which establish uniform standards to ensure each youth meet eligibility requirements for the program. Eight youth records were reviewed for Circuit 6, six were reviewed for Circuit 12, and nine were reviewed for Circuit 13. Each of the twenty-three reviewed youth records were found to meet the eligibility criteria for the program. None of the reviewed youth were served through civil citation.

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 policy and procedures to ensure each youth is assigned to a case manager upon receipt of the referral and a Community Assessment Tool (CAT) is completed within fourteen calendar days of admission. Eight youth records were reviewed for Circuit 6, six were reviewed for Circuit 12, and nine were reviewed for Circuit 13. The reviewed documentation for the twenty-three youth records confirmed each youth was assigned to a case manager the same day the referral packet was received. This review confirmed the case manager reviewed the supervisor assignment note no later than the next business day and began attempting to set up an intake within three business days of the case assignment, which follows the program's procedures. Each of the twenty-three records had documentation reflecting the youth and parent/guardian signed the participation agreement at the initial meeting. Twenty-one of the twenty-three youth had a CAT Full Assessment completed within the fourteen day requirement. The remaining two youth had a "cannot complete" entered due to the families being unavailable to participate in an intake conference within the fourteen day time frame. Both youth had a CAT Full Assessment completed and entered into the Department's Juvenile Justice Information System (JJIS) the same day their intake meeting was held, which is their admission date into the program.

2.03 Individual Service Plan	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures, which establish a uniform process on how they will create an individual service plan (ISP). The program is required to set up each youth’s ISP based on their domain scores from their Community Assessment Tool (CAT). If a youth has no moderate-high or high-risk domains, their case planning shall be focused on a sixty-day schedule for completion of the program. Conversely, if they have a domain with a risk factor which scores as moderate-high or high, the youth shall have their case planning set for a ninety-120 day schedule for completion of the program. Eight youth records were reviewed for Circuit 6, six were reviewed for Circuit 12, and nine were reviewed for Circuit 13. Each of the twenty-three reviewed youth case records had an ISP completed within twenty-one days of admission which was set with an appropriate schedule for program completion. A review of documentation found the Department’s Juvenile Justice Information System (JJIS) case notebook entries which reflected the ISP goals being negotiated during the initial intake process. These were also reviewed with the youth and parent/guardian when the ISP was reviewed and signed. All of the goals in the twenty-three reviewed records were found to address the youth’s identified needs and contained clear action steps stating the who, what, and how often.

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 establishing how they will provide youth with support services to address and/or evaluate each youth’s need for mental health, substance abuse, or other psychological service needs, when applicable. Eight youth records were reviewed for Circuit 6, six were reviewed for Circuit 12, and nine were reviewed for Circuit 13.

Three of the eight youth in Circuit 6 required a referral to a service provider. Four of the remaining youth were already in services when referred to the program. The reviewed records confirmed the assigned case managers followed-up with the service provider within thirty-days of the referral for each applicable youth. Three of the six youth in Circuit 12 required a referral to a service provider. One of the remaining youth already had services established when referred to the program. The reviewed records confirmed the assigned case managers followed-up with the service provider within thirty-days of the referral for each applicable youth. Seven of the nine youth in Circuit 13 required a referral to a service provider. The reviewed records confirmed the assigned case managers followed-up with the service provider within thirty-days of the referral for five of these youth. One of the remaining two youth had services delayed due to the death of

a relative and the remaining youth was not able to start with their service provider due to COVID-19 pandemic. Each of the reviewed records validated the program case manager receiving progress updates on each youth who was referred for services, when applicable. Negative reports or concerns needing to be addressed, were seen in eleven of the records. The reviewed documentation confirmed the case manager provided assistance or reinforced program expectations in each of these situations.

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 establishing how they will implement and supervise the individual service plans (ISP). Eight youth records were reviewed for Circuit 6, six were reviewed for Circuit 12, and nine were reviewed for Circuit 13. The records reviewed for all twenty-three youth in the sample reflected progress made on action steps was clearly documented for each youth. The reviewed case notes and supporting documentation revealed the case management staff were assisting each youth as stipulated in their ISP to complete their goals as set forth. The case notes clearly outlined actions completed by each youth and any attempted contacts made by the case manager were also documented. Twenty-two of the twenty-three youth had community service hours assigned as one of their goals in their ISP. Twenty-two of the youth were applicable for requiring assistance on finding places to complete community service hours. The documentation reflected the program assisted the youth in locating appropriate locations for community service completion. The remaining youth was not applicable to complete required community service hours.

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 to ensure each youth has a Community Assessment Tool (CAT) completed on all youth prior to release. Three closed youth records were reviewed for each Circuit. Each of the nine records had a CAT Full Assessment completed prior to the request for case closure., All were completed no more than forty-eight hours prior to this request.

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 to ensure a final summary is completed for each youth at their conclusion of the program. Three closed youth records were reviewed for each Circuit. Six of the youth successfully completed the program. One of the closed youth records in each Circuit was for a youth who had an unsuccessful completion. The reviewed documentation

confirmed the summary was immediately sent to both the juvenile probation officer (JPO) and State Attorney for each of the three unsuccessful youth. Two youth in the sample were found to exceed the four-month targeted length of stay. One sample was from Circuit 6 and the other sample was from Circuit 13. An additional record was selected for a youth who exceeded four months in Circuit 12. The review of the three closed youth records confirmed an extension request was submitted to the chief probation officer (CPO) prior to the youth reaching the four-month mark in the program. The date of release and the date of termination documented in the case record correlated with the information entered into the Department's Juvenile Justice Information System (JJIS) for eight of the nine youth in the sample. One of the youth in Circuit 12 was released four days early due to an error made by a new supervisor.