

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Juvenile Diversion Alternative Program

DISC Village, Inc.

(Contract Provider)

1010 N. 12th Ave Suite 232
Pensacola, Florida 32501

Review Date(s): April 16-18, 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:

Jill Foy, Office of Program Accountability, Lead Reviewer (Standard 1)

Patrick McKinstry, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: Juvenile Diversion Alternative Program
1323, & 1324

MQI Program Code: 1322,

Provider Name: DISC Village, Inc.

Contract Number: 10064

Location: Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun,
Bay, Gulf, Leon, Gadsden, Wakulla, Liberty, Jefferson, Franklin County / Circuit 1 Number of
Beds: 131

Review Date(s): April 16-18, 2019

Lead Reviewer Code: 168

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 checked="" type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Staff |
| <input checked="" type="checkbox"/> DJJ Monitor | _____ # Food Service Personnel | _____ # Youth |
| <input type="checkbox"/> DHA or designee | _____ # Healthcare Staff | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> DMHCA or designee | _____ # Maintenance Personnel | |
| _____ # Case Managers | _____ # 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 type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | _____ # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | _____ # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports | 8 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 8 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 9 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 21 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |
| _____ # Youth | _____ # Direct Care Staff | _____ # Other: _____ |

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 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)	Non-Applicable
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	Limited
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

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Program Overview

The Department contracts with Disc Village, Inc. to provide a Juvenile Diversion Alternative Program (JDAP) in Circuit One, Two, and Fourteen. The program provides diversion services to male and female youth ages twelve to eighteen 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 Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun, Bay, Gulf, Leon, Gadsden, Wakulla, Liberty, Jefferson, and Franklin counties. The program is contracted to provide forty-five slots in Circuit One, forty-three slots in Circuit Two, and thirty-five slots in Circuit Fourteen. The program's management team consists of one program director, six case managers, one supervisor, two administrative assistants, 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 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, the program had one vacancy: one administrative assistant in Circuit Two.

Strengths and Innovative Approaches

- The Juvenile Diversion Alternative Program achieved accreditation as a diversion/intervention provider in February 2019 through the Commission on Accreditation of Rehabilitation Facilities (CARF).
- In response to Hurricane Michael, the program director, while working remotely, utilized the National Oceanic Atmospheric Administration's post-hurricane satellite maps to research youth's homes in attempts to identify families in immediate need and the safety/accessibility of addresses for JDAP case managers to attempt home visits. The clinical case manager visited shelters and resource sites to disseminate JDAP information. JDAP staff monitored local media, social media, FEMA lists, and other sources to maintain an update list of available community resources.
- The program's clinical case manager obtained evidenced-based disaster related trauma and recovery curriculum for JDAP groups and individual youth. Trauma, vicarious trauma, and self-care information was also provided to JDAP staff.
- Two Circuit Fourteen case managers served youth from both Circuits One and Two (some of whom were displaced due to the hurricane). The program's lead case managers collaborated to jointly supervise staff post-hurricane.

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. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a written policy and procedures addressing background screenings. Since the last annual compliance review, the program had three new staff who required background screenings. All three staff records reviewed reflected background screenings were completed prior to the date of hire. Documentation further reflected the criminal histories were reviewed, all staff were rated eligible for hire, and all achieved a passing score on the pre-employment assessment tool utilized by the program. The program submitted an Annual Affidavit of Level Two Screenings Standard to the Department’s Background Screening Unit (BSU) on November 2, 2018.

1.02 Five-Year Rescreening	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. Employees and volunteers are rescreened every five years from the initial date of employment.</i>	

The program has a written policy and procedures ensuring staff receive a rescreening every five years. According to the written policy and procedures, eligible staff receive a five-year rescreening from the initial date of hire. The program currently does not have any staff who require a five-year 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>	

The program has not had any uses of Protective Action Response (PAR) since the last annual compliance review; therefore, this indicator is rated as non-applicable.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<p><i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i></p> <p><i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.</i></p> <p><i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i></p>	

The program has a written policy and procedure outlining training requirements for direct care staff to include: case managers, clinical case managers, and supervisors. One applicable staff record for pre-service training for direct care staff was reviewed. The record applicable for pre-service reflected a hire date of April 10, 2019 and therefore this staff has not yet completed the required 120 hours due to only being employed for five days at the time of the annual compliance review. The staff's pre-service training plan was found to contain all required training elements. At the time of the annual compliance review, the staff was in Protective Action Response (PAR) training and is expected to complete this thirty-two hours of training by April 19, 2019. The program submitted a list of pre-service training to the Office of Staff Development and Training on April 16, 2019, which includes course names, descriptions, and training hours for any instructor-led training.

1.05 In-Service Training	Satisfactory Compliance
<p><i>Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i></p> <p><i>Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.</i></p>	

The program has a written policy and procedure outlining training requirements for direct care staff to include: case managers, clinical case managers, and supervisors. Five staff training records were reviewed for in-service training. Five of five training records reflected staff completed the required twenty-four hours of annual training to include: Protective Action Response (PAR update), cardiopulmonary resuscitation, first aid, and professionalism and ethics. One staff member reviewed was applicable for leadership training and documentation reflected over nine hours of leadership training was completed as required. The program submitted a list of in-service training to the Office of Staff Development and Training on April 16, 2019, which includes course names, descriptions, and training hours for any instructor-led training.

1.06 Incident Reporting (CCC) (Critical)	Non-Applicable
<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 program has not had any reportable incidents since the last annual compliance review; therefore, this indicator is rated as non-applicable.

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

The program has a written policy and procedures addressing child abuse reporting. There have been no allegations since the last annual compliance review. Staff adhere to a code of conduct which is included in employee orientation. Additionally, staff receive training on client rights, responsibilities, and grievances. The Florida Abuse Hotline and Central Communications Center phone numbers were observed posted in the Circuit One Juvenile Diversion Alternative Program (JDAP) office. According to the written policy and procedures, youth have unimpeded access to self-report alleged abuse and all allegations of abuse or suspected abuse are immediately reported to the Florida Abuse Hotline or CCC for youth over eighteen. The program's incident report log reflected two instances in which staff contacted the Florida Abuse Hotline for suspected abuse by the youth's caretaker outside of the program. Documentation reflected both reports were completed in accordance to the program's written policy and procedures.

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. Admission/Eligibility criteria should include, but not limited to any misdemeanor offender and first-time felony offenders.</i>	

The program has a written policy and procedures which define the eligibility criteria for youth participating in the program. According to the written policy and procedure, in order to participate in the program youth must: have been charged with a first-time misdemeanor offense, or up to two subsequent misdemeanors, or a first time non-violent third degree felony, and be under the age of eighteen years old prior to entering the program. Twenty-one youth records were reviewed for eligibility. Each reviewed youth met the program's eligibility requirements.

2.02 Case Assignment, Initial Contact, and Positive Achievement Change Tool (PACT) Full Assessment	Limited Compliance
<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 written policy and procedures outlining case management and admission requirements for the program. Twenty-one youth records were reviewed for completion of a Positive Achievement Change Tool (PACT) full assessment. Six of twenty-one records reviewed reflected a full PACT assessment was not completed within fourteen calendar days of receipt of referral as contractually required.

2.03 Individual Service Plan	Satisfactory Compliance
<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 written policy and procedures outlining services to be provided to youth in the program. According to the written policy and procedures, an Individual Service Plan (ISP) will be developed for each youth within twenty-one calendar days from admission to the program. Twenty-one records were reviewed for ISPs. Documentation reflected eight of twenty-one records reviewed did not have an ISP developed within twenty-days of admission to the program. Case notes reflected youth and family input on the ISPs. All twenty-one records reflected the ISP addressed identified needs and action steps stating who, what, and how often.

2.04 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)	Satisfactory Compliance
<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>	

The program has a written policy and procedures outlining services to be provided to youth in the program. Four of twenty-one youth reviewed required a referral for mental health or substance abuse services. Documentation in case notes reflected the case manager followed up with the service provider within thirty days of each referral. Two of the four youth reviewed received reports from the service provider advising of missed appointments or groups. Documentation in both of these records did not reflect follow up with youth in regards to the receipt of the negative report.

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

The program has a written policy and procedures outlining services to be provided to youth in the program. Twenty-one youth records were reviewed for Individual Service Plan (ISP) implementation and supervision. Twenty of twenty-one records reflected youth had an ISP. One youth had not yet had an ISP created. Twenty of twenty-one records reviewed reflected documentation by the case manager indicating progress and completion of each goal action step and requirements as stipulated in the youth's ISP.

2.06 PACT Final Assessment	Satisfactory Compliance
<i>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.</i>	

The program has a written policy and procedures relating to discharge requirements. According to the written policy and procedures, a final Positive Achievement Change Tool (PACT) Full Assessment will be completed no more than forty-eight hours prior to the request to the Department for case closure and discharge. Nine closed records were reviewed for completion of a PACT Full Assessment. Eight of nine records reflected a Full PACT was completed no more than forty-eight hours prior to discharge. One record reflected the PACT was completed more than forty-eight hours prior to case closure.

2.07 Release**Satisfactory Compliance**

The program releases youth upon completion of the program, or otherwise as indicated by the provider's contract.

The program has a written policy and procedures relating to discharge requirements. Nine closed youth records were reviewed. Seven of nine records reflected youth successfully completed the program. Two youth were unsuccessfully discharged from the program. For both youth, documentation reflected the program immediately notified the juvenile probation officer (JPO) and the State Attorney in writing. Two of the nine records reviewed reflected youth were in the program for longer than four months, in which case both had an approved extension their records. Eight of the nine records reviewed reflected the date of admission and termination corresponded with the Department's Juvenile Justice Information System (JJIS) dates of admission and termination. One record reflected the date of termination was three days earlier than what was in the Department's Juvenile Justice Information System.

Program Name: Juvenile Diversion Alternative Program
1323, & 1324
Village, Inc.

Location: Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Calhoun,
Bay, Gulf, Leon, Gadsden, Wakulla, Liberty, Jefferson, Franklin
County / Circuit 1, 2, 14

Review Date(s): April 16-18, 2019

MQI Program Code: 1322,
Provider Name: DISC
Contract Number: 10064

Number of Beds: 131
Lead Reviewer Code: 168

Overall Rating Summary

The following limited and/or failed indicators require immediate corrective action.

Limited Ratings	Failed Ratings
2.02 Case Assignment, Initial Contact, and Positive Achievement Change Tool (PACT) Full Assessment	