

**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Intensive Delinquency Diversion Services (IDDS) - Circuits 16**

***Monroe County Sheriff's Office***

**(Contract Provider)**

**5525 College Road**

**Key West, Florida 33040**

***Review Date(s): June 2-3, 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:

<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:

Yvrose Sylvain, Office of Program Accountability, Lead Reviewer (Standard 1)

Nicos Antonakos, Office of Program Accountability, Regional Monitor (Standard 2 and 3)

Program Name: Monroe County Sheriff's IDDS - Circuit 16  
MQI Program Code: 1009  
Provider Name: Monroe County Sheriff's Office  
Location: Monroe County / Circuit 16  
Review Date(s): June 2-3, 2020

Contract Number: 10634  
Number of Beds: 35  
Lead Reviewer Code: 125

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, (2) Assessment Services, and (3) Intervention Services, which are included in the Intensive Delinquency Diversion Services Standards.

### **Overall Rating Summary**

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<b>All indicators have been rated Satisfactory and no corrective action is needed at this time.</b>

## Standard 1: Management Accountability Diversion 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 Diversion Rating Profile

Indicator Ratings		
Standard 2 - Assessment Services		
2.01	Youth Eligibility	Satisfactory
2.02	Case Assignment	Satisfactory
2.03	Initial Contact	Satisfactory
2.04	Community Assessment Tool (CAT) Full Assessment	Satisfactory
2.05	CAT Reassessment	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 3: Intervention Services Diversion Rating Profile

### Indicator Ratings

Standard 3 - Intervention Services		
3.01	Youth-Empowered Success (YES) Plan Development	Satisfactory
3.02	Youth Requirement/Change Goal Elements	Satisfactory
3.03	* Referrals for Mental Health and Substance Abuse Assessment and Treatment Services	Satisfactory
3.04	YES Plan Implementation/Supervision	Satisfactory
3.05	Ninety-Day YES Plan Updates	Satisfactory
3.06	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 maintains a contract with the Monroe County Sheriff's Office to operate an Intensive Delinquency Diversion Services (IDDS) program in Circuit 16. The program has one program manager and two case managers. The program had no vacancies at the time of the annual compliance review. The program provides services to male and female youth under the age of eighteen years of age who have committed an offense and have been referred to the Department. The program's targeted age group is fifteen years of age and younger.

Due to the COVID-19 pandemic, the program had a census of three active youth at the time of the annual compliance review. Upon admission, each youth is assigned a case manager who provides intensive supervision, which is conducted face-to-face with the youth and parent/guardian. The youth and parent/guardian are required to participate in the development of the Youth-Empowered Success (YES) Plan. The YES Plan documents youth goals identified by the youth and the case manager to include but not limited to community service, counseling, school attendance, and supervision contacts with the youth, family, and providers. Any youth identified in need of mental health and/or substance abuse treatment are referred to a community provider. The case manager maintains contact with the youth, parent/guardian, school officials, and community providers during the youth's time in the program until successful or unsuccessful completion of the program. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines regarding the COVID-19 pandemic, this review was conducted off-site; therefore, observation of a facility tour was not completed.

## **Standard 1: Management Accountability**

<b>1.01 Initial Background Screening (Critical)</b>	<b>Satisfactory Compliance</b>
<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 maintains a written policy and procedures requiring compliance with the Department's background screening requirements. The program had no staff applicable for an initial background screening during this annual compliance review period. The program reported no current volunteers providing services at the program. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unit/Clearinghouse on January 7, 2020, meeting the annual requirement.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<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 maintains a written policy and procedures requiring compliance with the Department's five-year background rescreening requirements. A review of the program's staff roster indicated there was one staff applicable for a five-year rescreening during this annual compliance review period. The rescreening was completed and submitted to the Department's Background Screening Unit/Clearinghouse prior to the anniversary date. The program reported no current volunteers providing services at the program since the last annual compliance review.

<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>	

There were no Protective Action Response (PAR) incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.



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

The program maintains a written policy and procedures regarding a pre-service training plan for all new staff. The pre-service training plan was approved by the Department's Office of Staff Development and Training on January 13, 2020. Documentation confirmed the program instructors are qualified to deliver training and documented all training in the Department's Learning Management System (SkillPro). The program did not have any staff applicable for pre-service training during this annual compliance review period.

1.05 In-Service Training	Satisfactory Compliance
<p><i>Contracted and state 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 maintains a written policy and procedures regarding in-service training for all staff. Three staff training records were reviewed for in-service training. All three reviewed staff training records documented each exceeded the twenty-four hours of annual in-service training requirement. All three staff had current certifications in Protective Action Response (PAR), first aid, cardiopulmonary resuscitation (CPR), and professionalism and ethics training. The one applicable supervisory staff completed the eight hours of management/supervisory training. Documentation confirmed each staff has a training calendar which is updated, as necessary. All trainings were documented in the Department's Learning Management System (SkillPro). The program maintains a written in-service training plan which was approved by the Department's Office of Staff Development and Training on January 13, 2020.

1.06 Incident Reporting (CCC) (Critical)	Non-Applicable
<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>	

There have not been any reports to the Department's Central Communications Center (CCC) during this annual compliance review period; therefore, this indicator rates as non-applicable.

**1.07 Abuse-Free Environment (Critical)****Satisfactory Compliance**

*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.*

The program has a written policy and procedures to address the provision of an abuse-free environment. A review of three staff personnel records documented each staff signed the program's policy acknowledging their understanding of the code of conduct. Documentation indicated during each youth admission process the Florida Abuse Hotline and the Department's Central Communications Center (CCC) information is provided to the youth and parent/guardians. The program had no incidents of abuse allegations since the last annual compliance review. Reviewed program incidents for the past six months and youth records validated there were no incidents which should have been reported to the Florida Abuse Hotline and were not.

## 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: Youth shall have a minimum of one documented risk factor in two of the four areas of family, school, substance abuse, or delinquency factors.</i>	

The program has a written policy and procedures to address youth eligibility. A review of three youth case management records documented each youth met the admission requirements according to the provider's contract or the youth had a minimum of one documented risk factor.

2.02 Case Assignment	Satisfactory Compliance
<i>The case is assigned to a case manager within seven calendar days of the referral being received by the provider.</i>	

The program has a written policy and procedures to address case assignment. A review of three youth case management records documented each youth was assigned a case manager within seven calendar days of the referral being received by the provider.

2.03 Initial Contact	Satisfactory Compliance
<i>Face-to-face contact is conducted with the youth and parent/guardian within seven working days of the referral being received by the provider. (This requirement is not applicable for JDAP.) The youth and parent/guardian sign the participation agreement during the initial face-to-face contact with the case manager.</i>	

The program has a written policy and procedures to address the initial contact. Three youth case management records were reviewed. Two of the three youth case management records verified a face-to-face contact was conducted with the youth and parent/guardian within the required seven working days timeframe of the referral being received. One youth case management record indicated the youth and parent/guardian initial contact with the case manager was conducted by telephone due to the COVID-19 pandemic, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines requirements. The youth's case manager forwarded the documents to the youth and parent/guardians for their signatures. All three records validated the youth and parent/guardian signed documentation of the participation agreement during the initial contact with the case manager.

2.04 Community Assessment Tool (CAT) Full Assessment	Satisfactory Compliance
<i>The CAT Full Assessment shall be completed for all youth, regardless of risk to reoffend, within ten calendar days of admission. The CAT Assessment will document pre- and post-testing results.</i>	

The program has a written policy and procedures to address the completion of the Community Assessment Tool (CAT) Full Assessment. A review of three youth case management records verified each youth had a CAT Full Assessment completed, regardless of the risk to reoffend within the required ten calendar days of admission. All CATs were completed in the Department's Juvenile Justice Information System (JJIS). Each youth's risk to reoffend was documented as low.

**2.05 CAT Reassessment****Satisfactory Compliance**

*Regardless of risk to reoffend, the CAT Reassessment (i.e. Full Assessment) shall be completed every ninety days and a Final Assessment completed prior to the request for case closure. For JDAP, low and moderate risk youth only require reassessments every 180 days.*

The program has a written policy and procedures to address Community Assessment Tool (CAT) Reassessments. A review of three youth closed case management records verified each youth received a CAT Reassessment every ninety days regardless of risk to reoffend. All three youth had a final CAT Assessment completed prior to the request for case closure.

### **Standard 3: Intervention Services**

<b>3.01 Youth-Empowered Success (YES) Plan Development</b>	<b>Satisfactory Compliance</b>
<i>The YES Plan (Form DJJ/PACTFRM 4) is cooperatively developed for all youth admitted to the pro-gram. The YES Plan is completed within twenty-one calendar days of the youth's admission to the program. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan. Case notes clearly reflecting the youth and/or parent/guardian were involved, or refused to be involved, in the development of the YES Plan.</i>	

The program has a written policy and procedures to address developing the Youth-Empowered Success (YES) Plan. A review of three youth case management records documented each youth scored low-risk to reoffend on the Community Assessment Tool (CAT). Each record contained at least one goal addressing a documented risk factor. All three reviewed YES Plans were signed by the youth, parent/guardian, and case manager within the required twenty-one days of admission. All three youth records included documentation indicating the youth and parent/guardian were involved in the development of the YES Plan. Each youth's case notes was documented in the Department's Juvenile Justice Information System (JJIS).

<b>3.02 Youth Requirement Goal Elements/PACT/Change Goal Elements</b>	<b>Satisfactory Compliance</b>
<i>All Youth Requirement and Change Goal action steps include the intervention plan elements (i.e., who, what, and how often). The YES Plan provides appropriate and individualized target dates for the completion of each Youth Requirement and Change Goal.</i>	

The program has a written policy and procedures to address youth requirements and Community Assessment Tool (CAT) goal elements. A review of three youth case management records found each Youth-Empowered Success (YES) Plan included all youth requirements and CAT goals action steps which included all the intervention plan elements. Each reviewed Yes Plan had appropriate individualized target dates for completion for each requirement and CAT goal. All three YES plans included specific steps to be taken by the youth, parent/guardian, and case manager to successfully complete the requirements and the CAT goal.

<b>3.03 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services (Critical)</b>	<b>Satisfactory Compliance</b>
<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 CAT. Staff develops a follow-up and monitoring plan for all outside referrals made as a result of program participation.</i>	

The program has a policy and procedures to address referrals for mental health and substance abuse assessment and treatment services. A review of three youth case management records supported two youth were referred for services within the required ten calendar days of the approval of the Youth-Empowered Success (YES) Plan. Reviewed documentation and an interview with the case manager indicated one youth assessment did not indicate a need for additional mental health/substance abuse services. The two applicable youth records indicated the referrals were made to the provider by e-mail and a case manager followed up with the provider within the required thirty days. The case managers received monthly progress reports and were documented in the Department's Juvenile Justice Information System (JJIS) case

notebook. In addition, documentation supported each youth’s case manager provided locations for youth to complete community service hours.

<b>3.04 YES Plan Implementation/Supervision</b>	<b>Satisfactory Compliance</b>
<p><i>Youth are supervised in a manner ensuring completion of YES Plan. Staff documents all case activities, including face-to-face interaction and telephone contact with the youth, parent/guardian, and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc.</i></p> <p><i>Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.</i></p>	

The program has a written policy and procedures to address Youth-Empowered Success (YES) Plan implementation and supervision. A review of three youth case management records verified the case managers documented all face-to-face interactions, telephone contacts with the youth and parent/guardians, and community providers in the Department’s Juvenile Justice Information System (JJIS) case notebook. A review of youth case notes reflected progress with the youth, parent/guardian, and case manager actions steps which were contained in the Yes Plan.

<b>3.05 Ninety-Day YES Plan Updates</b>	<b>Satisfactory Compliance</b>
<p><i>Youth are supervised in a manner ensuring compliance with the completion of the YES Plan (Youth Requirements and Goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.</i></p>	

The program has a written policy and procedures to address ninety-day Youth-Empowered Success (YES) Plan updates. A review of three youth case management records found one was applicable for having a ninety-day YES plan update. Two additional closed youth records were reviewed to meet the Department’s sample size. All three reviewed youth records documented each youth was supervised in a manner ensuring compliance with the completion of the YES Plan. Each youth’s case manager completed the Community Assessment Tool (CAT) reassessments and adjusted the YES Plan to reflect any new needs and updates, as required. Documentation indicated input was received and documented from the youth and parent/guardian regarding YES Plan updates. A review of the Department’s Juvenile Justice Information System (JJIS) case notebook validated each youth YES Plan progress was documented.

<b>3.06 Release</b>	<b>Satisfactory Compliance</b>
<p><i>The program releases youth upon successful completion of the program, or otherwise as indicated by the provider’s contract.</i></p>	

The program has a written policy and procedures to address successful and unsuccessful releases. A review of three closed youth case management records indicated all three youth were released from the program successfully. There were no youth unsuccessfully discharged during the annual compliance review period. All reviewed youth records verified documentation of admission and dates of termination correlated with information in the Department’s Juvenile Justice Information System (JJIS).