

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

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 11-12, 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 that 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 that 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 that 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:

Tonya Gittens, Office of Program Accountability, Lead Reviewer, (Standards 1 and 2)
Cedric Pla, DJJ Probation, Circuit 15, Juvenile Probation Officer Supervisor (Standard 3)

Program Name: Monroe County Sheriff's IDDS - Circuit 16
 Provider Name: Monroe County Sheriff's Office
 Location: Monroe County / Circuit 16
 Review Date(s): June 11-12, 2019

MQI Program Code: 1009
 Contract Number: X1718
 Number of Beds: 35
 Lead Reviewer Code: 160

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

Persons Interviewed

- | | | |
|--|--------------------------------|--|
| <input type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Staff |
| <input 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 | |
| 2 # Case Managers | 1 # 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 type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 3 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 3 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 6 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | _____ # Other: JJIS |
| <input type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Observations During Review

- | | | |
|--|---|---|
| <input type="checkbox"/> Admissions | <input 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 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	PACT Full Assessment	Satisfactory
2.05	PACT Reassessment	Satisfactory

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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/PACT 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 supervisor 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 who have committed an offence and have been referred to the Department. The program's targeted age group is fifteen years of age and younger. The program had a census of six active youth at the time of the annual compliance review. Upon admission, each youth is assigned to 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 services, 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 provider during the youth's time in the program until successful or unsuccessful completion of program.

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 to address initial background screenings. The program's Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unit (BSU) on January 10, 2019, meeting the annual requirement. The program did not have any staff or volunteers applicable for an initial background screening during the annual review period. All staff were retained since the last annual compliance review.

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 to address the five-year background rescreening process. A rescreening is required every five years, which is calculated from the staff's original hire date with the program. The program did not have any staff or volunteers applicable for a five-year background rescreening during the annual compliance review period.

1.03 Protective Action Response (PAR)	Non-Applicable
<i>The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.</i>	

There have been no Protective Action Response (PAR) incidents during 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 has a written policy and procedures to address pre-service training. The program requires each new staff to complete 120 hours of training within 180 days of hire, which includes cardiopulmonary resuscitation (CPR), first aid, Protective Action Response (PAR), suicide prevention, and professionalism and ethics. The program did not have any staff applicable for pre-service training during this annual compliance review period. The program submitted an updated pre-service training plan on January 22, 2019 to the Department's Office of Staff Development and Training, which was approved on February 13, 2019.

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 procedures to address in-service training. A review of one supervisor and two case managers staff training records found each staff had the required Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, and professionalism and ethics trainings completed. Each staff had over the required twenty-four hours of training. The supervisor also completed the required eight hours of supervisory training. The program submitted an updated in-service training plan on January 23, 2019 to the Department's Office of Staff Development and Training, which was approved on February 13, 2019.

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 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 written policy and procedures to address the provision of an abuse-free environment. The policy was revised on May 1, 2018 and each staff signed acknowledging the policy which requires the program to provide an environment in which youth, staff, and others feel safe and are not threatened by any form of abuse or harassment. There were no instances of staff reporting suspected abuse to the Florida Abuse Hotline within the annual compliance review period when a youth disclosed to the staff abuse allegations related to incidents outside of the program. A review of three staff training records documented each staff received training on abuse reporting.

Standard 2: Assessment Services

2.01 Youth Eligibility	Satisfactory Compliance
<i>Youth admitted to the program meet the admission criteria defined by Florida Administrative Code and/or the provider's contract: Youth shall have a mini-mum 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 with 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 records showed documentation of each youth's case being assigned within the required 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. A review of three youth case management records supported a face-to-face contact was conducted with the youth and parent/guardian within the required seven-working days of the referral being received. All three records showed the youth and parent/guardian signed documentation of the participation agreement during the initial face-to-face contact with the case manager.

2.04 Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory Compliance
<i>The PACT Full Assessment shall be completed for all youth, regardless of risk to reoffend, within ten calendar days of admission.</i>	

The program has a written policy and procedures to address the completion of the Positive Achievement Change Tool (PACT) Full Assessment. A review of three youth case management records showed each youth had a PACT Full Assessment completed, regardless of the risk to re-offend with in the required ten-calendar days of admission. All PACTs were completed in the Department's Juvenile Justice Information System (JJIS). Each youth's risk to re-offend was documented as low-risk.

2.05 PACT Reassessment**Satisfactory Compliance**

Regardless of risk to reoffend, the PACT 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 Positive Achievement Change Tool (PACT) Reassessments. A review of three youth records found two were applicable for receiving a PACT Reassessment completed every ninety days. One youth was applicable for a final assessment being completed prior to the request for closure. Two additional applicable closed records were reviewed and found each documented a final assessment was completed prior to the request for case closure.

Standard 3: Intervention Services

3.01 Youth-Empowered Success (YES) Plan Development	Satisfactory Compliance
<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 re-offend on the Positive Achievement Change Tool (PACT) Assessment. Each record contained at least one goal addressing a documented risk factor. Each record showed documentation of a signed YES Plan by the youth, parent/guardian, and case manager was signed in the required twenty-one days of youth's admission. All three records case notes indicated the youth and parent/guardian were involved in the development of the YES Plan.

3.02 Youth Requirement Goal Elements/PACT/Change Goal Elements	Satisfactory Compliance
<i>All Youth Requirement and PACT 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 PACT Goal.</i>	

The program has a written policy and procedures to address Youth Requirements/Change Goal Elements. A review of three youth case management records found each Youth-Empowered Success (YES) Plan had Change Goals with action steps for the intervention plan which included the who, what, and how often. All three records showed documentation of each step which had specific steps to be taken by the youth, parent/guardian, and case manager. Each reviewed Yes Plan had appropriate targeted dates for completion for each Change Goal.

3.03 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.</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 each referral for service was made in the required ten-calendar days of the approval of the Youth-Empowered Success (YES) Plan. Each record indicated the referrals were made to provider by e-mail, and a case manager followed up with the provider within the required thirty days. One of the three youth case notes reflected non-compliance with the youth and the youth's parent/guardian following-up with the assessment and the completion of the assessment. However, the case manager documented several attempts to contact the youth and parents/guardians to follow-up with the community provider. Two records reflected the

youth and parents/guardians complied with assessment protocols and completed the assessment. One of the records was applicable for receiving a follow-up on a progress report.

3.04 YES Plan Implementation/Supervision	Satisfactory Compliance
<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 case management records documented each reflected the case managers documented all case activities, including face-to-face interactions, telephone contacts with the youth, parents/guardians, and community providers. A review of youth case notes showed documentation of e-mails from collateral sources, such as educational records, counselors, the use of electronic data bases, Smart Cop, reflected in the case notes demonstrated compliance, or attempted compliance with the youth and parent/guardian and actions steps completed by the case manager was contained in the Yes Plan.

3.05 Ninety-Day YES Plan Updates	Satisfactory Compliance
<p><i>Staff complete PACT Reassessments and adjust the YES Plan to reflect any new needs and progress made during the course of supervision. Staff must make necessary updates to Youth Requirements and PACT/Change goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to supervisory reviews. When updates are made to the YES Plan, input of the youth and parent/guardian is required, and this discussion is clearly documented in the case notes. The case notes clearly document any communication regarding 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 two were applicable for having a ninety-day update. One additional closed youth record was reviewed to validate the program's practice. All three reviewed youth records documented each youth was supervised in accordance with their YES Plan. Staff completed the Positive Achievement Change Tool (PACT) Reassessments and adjusted the YES Plan to reflect any new needs and updates as required. 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) validated each youth YES Plan was documented.

3.06 Release	Satisfactory Compliance
<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 four youth case management records indicated three youth were released from the program successfully and one unsuccessfully due to non-compliance. Documentation

showed the assigned juvenile probation officer (JPO) was notified in writing of the unsuccessful release. All reviewed youth records showed documentation of admission and dates of termination correlated with information in the Department's Juvenile Justice Information System (JJIS).

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Overall Rating Summary

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