

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Probation and Community Intervention - Circuit 1
Department of Juvenile Justice
(State-Operated)
1800 Saint Mary Avenue
Pensacola, Florida 32501

Review Date(s): August 28-30,2018



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:

Juan Youman, Office of Program Accountability, Lead Reviewer (Standard 1, 2, & 3)
Soffia Aikens, DJJ Probation, Senior Juvenile Probation, Circuit 4 (Standard 2 & 3)
Jill Foy, Office of Program Accountability, Regional Monitor (Standard 2 & 3)
Jeronda Golston, AMIkids Pensacola, Director of Treatment (Standard 2 & 3)
Michelle McCaskill, DJJ Probation, Juvenile Probation Supervisor, Circuit 14 (Standard 2 & 3)
Kevin McKenzie, DJJ Probation, Senior Juvenile Probation Officer, Circuit 14 (Standard 2 & 3)
Craig Swain, Office of Program Accountability, Regional Monitor (Standard 2 & 3)

Program Name: Probation and Community Intervention - Circuit 1 MQI Program Code: 1176
 Provider Name: Department of Juvenile Justice Contract Number: N/A
 Location: Escambia County / Circuit 1 Number of Beds: N/A
 Review Date(s): August 14-16,2018 Lead Reviewer Code: 141

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 Probation and Community Intervention Standards.

Persons Interviewed

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

Documents Reviewed

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

Surveys

_____ # Youth _____ # Direct Care Staff _____ # Other: _____

Observations During Review

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

Comments

Items not marked were either not applicable or not available for review.

Standard 1: Management Accountability
Probation and Community Intervention 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)	Satisfactory
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	*Incident Reporting	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 Probation and Community Intervention Rating Profile

Indicator Ratings

Standard 2 - Assessment and Performance Plan		
2.01	Positive Achievement Change Tool (PACT) Pre-Screen	Satisfactory
2.02	PACT Full Assessment	Satisfactory
2.03	PACT Reassessment	Satisfactory
2.04	Mental Health/Substance Abuse Screening	Satisfactory
2.05	* Comprehensive Assessment	Satisfactory
2.06	State Attorney Recommendation (SAR)	Satisfactory
2.07	Pre-Disposition Report (PDR)	Satisfactory

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Standard 3: Intervention Services Probation and Community Intervention Rating Profile

Indicator Ratings

Standard 3 - Mental Health and Substance Abuse Services		
3.01	Youth-Empowered Success (YES) Plan Development	Satisfactory
3.02	Youth Requirement/PACT Goal Elements	Satisfactory
3.03	* Transitional Planning/Reintegration	Satisfactory
3.04	* Referrals for Intervention and Treatment Services	Satisfactory
3.05	YES Plan Implementation/Supervision	Satisfactory
3.06	Ninety-Day Supervisory Reviews	Satisfactory
3.07	Ninety-Day Yes Plan Updates	Satisfactory
3.08	Termination of Supervision	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).

Strengths and Innovative Approaches

- In an effort to encourage youth on probation to increase their reading and writing skills, the Circuit 1 probation unit participates in the Just Read Program.
- Unit 301 began the Check-In at the Beach program during the summer and has done this for three years successfully. This innovative program was implemented to assist our youth with keeping their obligation to check-in with their probation officer without the long drive to Milton. Participation in the “Check-In at The Beach” program allows our youth to meet with a probation officer at Navarre Beach. In addition to checking in, there is an opportunity to complete community service requirements by participating in beach cleanup under a volunteer program sponsored by the Navarre Beach Water and Sewer Department.
- CODY (Check on Delinquent Youth) program. A partnership with Law Enforcement to perform curfew, home detention, or probation checks on youth that are involved with the Department. We provide a list of kids currently involved with the department and Law enforcement officers will check on kids and provide reports back to the JPO.

Standard 1: Management Accountability

Overview

Probation and Community Intervention - Circuit 1 serves Okaloosa, Escambia, Santa Rosa, and Walton Counties. Circuit staff includes a chief probation officer, an assistant chief probation officer, a reform specialist, one administrative assistant, seven juvenile probation officer (JPO) supervisors, nine senior JPOs, thirty-one JPOs, and four secretary specialists. At the time of the annual compliance review, there were vacancies for three JPOs and one secretary specialist.

1.01 Initial Background Screening (Critical)

Satisfactory Compliance

Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. A contract provider may hire an employee to a position that requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

The circuit had a total of three staff hired and four volunteers who started since the last annual compliance review. A background screening was completed for each staff and volunteer prior to hire dates. The circuit competed and submitted an Annual Affidavit of Compliance with Level 2 Screening Standards to the Department's Background Screening Unit on January 2, 2018, meeting the annual requirement.

1.02 Five-Year Rescreening

Satisfactory Compliance

Background rescreening/resubmission is conducted for all Department employees and volunteers and all 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. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.)

Circuit 1 had two staff eligible for a five-year rescreening. Each screening was completed no more that twelve months prior to their anniversary date.

1.03 Protective Action Response (PAR)

Satisfactory Compliance

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.

The circuit's Protective Action Response (PAR) plan was approved by the Department's Office of Staff Development and Training on July 24, 2018. Circuit 1 had one PAR report since the last

annual compliance review. The report was completed by the end of the staff members workday and included a statement from all staff involved. The report was reviewed by a supervisor and a PAR instructor to determine if use of force was consistent with policy. The chief probation officer also reviewed the report and provided comments within seventy two hours.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<i>Contracted and state non-residential staff are trained in accordance with Florida Administrative Code. Contracted and state non-residential staff satisfy pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i>	

Circuit 1 hired three staff since the last annual compliance review. Each of the staff completed phase one and phase two training according to the Florida Administrative Code 63H-2.006. Each staff was certified within 180-days of hire. A review of the Department’s Learning Management System (SkillPro) indicated all required trainings were completed.

1.05 In-Service Training	Satisfactory Compliance
<i>Contracted and state non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted and state non-residential staff completes twenty-four hours of in-service training, including mandatory topics specified in Florida Administrative Code, each calendar year, effective the year after pre-service/certification training is completed.</i>	
<i>Supervisory staff completes eight hours of training (as part of the twenty-four hours of annual in-service training) in the areas specified in Florida Administrative Code.</i>	

Five staff records were selected, to include two supervisors, and reviewed for in-service training. Each staff completed the Protective Action Response (PAR) update, and trainings in cardiopulmonary resuscitation (CPR), first aid, and suicide recognition, prevention, and intervention. Four of the five staff completed training in professionalism and ethics. Both supervisors had at least eight hours of supervisory training. All in-service trainings were documented in the Department’s Learning Management System (SkillPro). The north region submitted in writing, a list of in-service training to the Department’s Office of Staff Development and Training which included course names, descriptions, objectives, and training hours for all instructor led in-service training other than the mandatory training topics. Circuit one has an annual in-service training calendar, which is updated as changes occur.

1.06 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<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>	

Circuit 1 had a total of fourteen reportable incidents to the Central Communication Center (CCC) within the last six months. A review of internal incidents/grievances determined there were no additional incidents which should have been reported to the CCC. Five reports were randomly selected for review. Each of the incidents were reported within two hours of the staff gaining knowledge of the incident.

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.

A review of Central Communications Center (CCC) reports and internal reports found there were no substantiated allegations of abuse against staff or reported abuse on behalf of a youth. Staff reported youth are instructed during intake regarding unimpeded access to self-report alleged abuse to the Florida Abuse Hotline or CCC. The Florida Abuse Hotline number was posted in the lobby of the circuit office. A review of youth records determined there were no indications of abuse not reported to the Florida Abuse Hotline.

Standard 2: Assessment Services

Overview

Juvenile probation officers complete Positive Achievement Change Tool (PACT) Pre-screens, PACT Full Assessments, the PACT Mental Health and Substance Abuse Screenings (MHSA) and Referral form, and the Pre-Disposition Report (PDR) for youth placed on probation.

2.01 Positive Achievement Change Tool (PACT) Pre-Screen	Satisfactory Compliance
<i>Staff complete the PACT Pre-Screen whenever a youth is referred to the Department for a new law charge (taken into custody or at-large) or taken into custody and screened for a non-law violation of supervision.</i>	

Fifty-four records were reviewed for Positive Achievement Change Tool (PACT) Pre-Screens. Three of the records did not contain a completed PACT Pre-Screen. Each of the youth were identified with a risk to re-offend level of low, moderate, moderate-high, or high on the initial PACT Pre-Screen.

2.02 PACT Full Assessment	Satisfactory Compliance
<i>Staff complete the PACT Full Assessment for youth designated Moderate-High or High-risk to reoffend by the Pre-Screen PACT, if being referred for Redirections, or if residential commitment is anticipated.</i>	

A review of fifty-four records found twenty-one records applicable for a Positive Achievement Change Tool (PACT) Full Assessment. All twenty-one records contained a completed a PACT Full Assessment. Two of the seven applicable records did not contain a PACT Full Assessment which was completed prior to the Pre-Disposition Report (PDR) for moderate-high and high-risk youth, as required.

2.03 PACT Reassessment	Satisfactory Compliance
<i>Staff complete PACT Reassessments for youth on probation, conditional release, and post-commitment probation.</i>	

A Positive Achievement Change Tool (PACT) Full Assessment was completed at least every 180 calendar days for the fifteen applicable youth with a risk to re-offend of moderate-high or high. Twenty-four of the applicable twenty-five records for youth with a risk level to re-offend of low or moderate, the PACT Pre-Screen was completed at least once every 180 calendar days.

2.04 Mental Health/Substance Abuse Screening	Satisfactory Compliance
<i>Whenever a youth is referred to the Department for a new law charge (taken into custody or at-large) or taken into custody and screened for a non-law violation of supervision, staff shall complete the PACT Mental Health and Substance Abuse Screening Report and Referral Form (Form DJJ/PACTFRM 1).</i>	

For twenty-four of the applicable twenty-seven reviewed records, a Positive Achievement Change Tool (PACT) Mental Health/Substance Abuse report and referral form was completed. A Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) screening form was

completed for twenty-five of the twenty-seven applicable records. The MAYSI-2 was administered on the day of admission in a confidential manner. Upon intake, the Department's Suicide Risk Screening Instrument (SRSI) was administered in eighteen of the twenty-six applicable records. Completed entries included summaries and recommendations in the "Screening Results" section for each of the eighteen SRSIs completed.

2.05 Comprehensive Assessment (Critical)	Satisfactory Compliance
<i>Youth shall be referred for a comprehensive assessment (e.g., TASC/SAMH) if the PACT Mental Health and Substance Abuse Screening Report and Referral Form indicates a need for further assessment.</i>	

Each of the seven applicable records documented the juvenile probation officer referred the youth for a comprehensive assessment based on the results from the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse Screening Report and Referral form. Referrals for services were made based on recommendations of the comprehensive assessment. The comprehensive assessment was forwarded to the receiving detention center for the five applicable youth held in secure detention. The remaining two youth referred for comprehensive assessments were released to a parent/guardian. The parents/guardians were given the information regarding the referral and instructions on where to go for assessments.

2.06 State Attorney Recommendation (SAR)	Satisfactory Compliance
<i>Staff shall complete the State Attorney Recommendation (SAR) (Form DJJ/PACTFRM 3) to document the Department's recommendation of judicial or non-judicial handling of the case, unless waived pursuant to an Interagency Agreement with the local State Attorney's Office (SAO), or the SAO makes a filing decision prior to the twenty-day deadline for non-detained youth.</i>	

A review of fifty-four youth records found thirteen youth were screened for detention. A State Attorney Recommendation (SAR) was required for ten youth; however, two were not completed. The SAR was completed after the Positive Achievement Change Tool Pre-Screen for eight of the ten applicable records. Eight of the SARs were submitted within the applicable time frame. The supervisor initialed seven of the eight SARs prior to submission. Each of the SARs contained recommendations which reflected the youth's risk to re-offend.

2.07 Pre-Disposition Report (PDR)	Satisfactory Compliance
<i>Staff shall prepare the Pre-Disposition Report (PDR) (Form DJJ/PACTFRM 5) when ordered by the court, detailing the Department's recommendation for disposition and interventions to address needs in the most appropriate, least-restrictive environment reasonably ensuring public safety.</i>	

There were a total of fourteen Pre-Disposition Reports (PDR) required. For the youth with a risk to offend level of moderate-high or high, the PDR was completed after the Positive Achievement Change Tool (PACT) Full Assessment. Twelve of the PDRs were submitted to court at least forty-eight hours prior to disposition and the remaining two were submitted less than forty-eight hours prior to disposition. Each PDR was signed by the juvenile probation officer supervisor prior to submission. Recommendations from the comprehensive assessments were included in eleven PDRs.

Standard 3: Intervention Services

Overview

Juvenile probation officers (JPOs) develops a Youth Empowered Success (YES) Plan for each youth within thirty-days of the youth's placement on supervision, whether they are probation, post-commitment-probation (PCP), or conditional release (CR). Once the plan is developed, signed, and approved by supervisor, the JPO provides the youth and parent/guardian a copy of the YES Plan. The JPOs document all activities of the youth, parent/guardian, and the JPO's participation in the case notes.

3.01 Youth-Empowered Success (YES) Plan Development

Satisfactory Compliance

Staff complete the YES Plan (Form DJJ/PACTFRM 4) for youth on Probation, Conditional Release, and Post-Commitment Probation.

Fifty-Two Youth-Empowered Success (YES) Plan were required. A new Positive Achievement Change Tool (PACT) was completed after placement on probation or release from a residential program and prior to the development of the YES Plan for forty-nine youth. Forty-eight of the YES Plans were signed by youth within thirty days of disposition or placement. One was eight days late, one was sixty-five days late, and one was not signed. Fifty of the YES Plans were signed by parent/guardian within thirty days of disposition or placement. One was eight days late and one was not signed. Forty-seven of the YES plans were signed by juvenile probation officer within thirty days of disposition or placement. Forty-eight of the initial YES plans were signed/approved by the supervisor within thirty days of disposition or placement. Two of the plans were not signed. One was nine days late and the other was sixty-five days late. There was documentation in the case notes in forty-six records indicating the youth and parent/guardian were provided a copy of the YES Plan upon their review and signature.

3.02 Youth Requirements/PACT Goal Elements

Satisfactory Compliance

For youth designated Moderate-High or High-risk to reoffend by the PACT, the YES Plan includes at least one Change Goal. The YES Plan provides appropriate and individualized target dates for the completion of each Youth Requirement and Goal. All Youth Requirement and Goal action steps include the intervention plan elements (i.e., who, what, and how often).

Twenty-Two Youth-Empowered Success(YES) Plans included at least one Change Goal which is mandatory for youth with a moderate-high or high risk level to re-offend. Twenty of the YES Plans included a Change Goal which addressed one of the youth's top three criminogenic needs. There was documentation for eight high risk youth of an evidence-based intervention provided which targeted one of the top three criminogenic needs. There was clear documentation in writing, of barriers to participate for two youth not receiving the evidence-based intervention. There was a total of 470 youth requirements and Change Goals included in the initial YES Plans for each youth, parent/guardian, and juvenile probation officer. Each youth requirement and Change Goal contained appropriate target dates for completion.

3.03 Transitional Planning/Reintegration (Critical)	Satisfactory Compliance
<i>Juvenile Probation Officers actively participate in the transitional planning process for youth who are being released from a residential program on Conditional Release (CR), Post-Commitment Probation (PCP), or Direct Discharge. For conditional release and post-commitment probation youth, the YES Plan must address recommendations from the residential program made during transition and any other criminogenic need(s).</i>	

There were nineteen youth records applicable for transition planning. There was documentation in the case notes reflecting the juvenile probation officer (JPO) contacted each youth's parent/guardian by phone at least once a month. The case notes reflected the JPO had at least one face-to-face contact with the youth during the transition phase if within a fifty-mile radius, or by telephone if outside of the fifty-mile radius. The JPO participated in monthly treatment team meetings in seventeen of the nineteen records. Case notes reflected a Community Reentry Team Meeting was held for each youth. There was documentation of the JPO assisting the parent/guardian and program staff as necessary to ensure communication was conducive to the youth's successful completion of the program in all nineteen records. The case notes reflected the JPO participated in transition and exit conferences for seventeen of nineteen youth. Two did not participate. The case notes reflected the JPO's receipt of the Pre-Release Notification and submission to the court within three days of the JPO's receipt. Referrals for aftercare services identified during the transition and exit conferences, as well as the discharge summary were documented in seventeen of the nineteen records.

3.04 Referrals for Intervention and Treatment Services (Critical)	Satisfactory Compliance
<i>Staff shall ensure all referrals for services are made as indicated by the court order or as negotiated to address criminogenic needs identified by the PACT (for youth who are Moderate-High or High risk to reoffend), and youth identified as in need of further assessment on the PACT Mental Health and Substance Abuse Report and Referral Form are referred for and receive a Comprehensive Assessment. Referrals for mental health and substance abuse treatment services are based upon Comprehensive Assessment findings and recommendations and the youth's YES Plan. Staff shall develop a follow-up and monitoring plan for all referrals for treatment made as a result of the Comprehensive Assessment and YES Plan. If referred for services, staff follows up with the service provider within thirty days to ensure the youth and parent/guardian have taken the appropriate steps to initiate services. Staff receives, reviews, and documents written and verbal progress reports from the provider. Staff shall act upon negative reports, such as missed appointments or lack of participation, and document the response in the case notes.</i>	

There were thirty-eight youth who required referrals for intervention and treatment services. Referrals were made within ten calendar days of the Youth-Empowered Success (YES) Plan being approved for thirty-six youth. The remaining two records did not have completed referrals. There was documentation indicating the juvenile probation officer (JPO) followed-up with the service provider within thirty calendar days of the YES Plan being approved to verify enrollment and/or initiation of services in thirty-one of the thirty-eight records. There was documentation of the JPO receiving, reviewing, and documenting progress reports from the provider in thirty-four of thirty-eight records. When necessary, the JPO followed-up on progress reports in twenty-nine records.

3.05 YES Plan Implementation/Supervision**Satisfactory Compliance**

Youth on supervision (Probation, Conditional Release, or Post-Commitment Probation) are supervised in a manner ensuring compliance with the court order and the completion of the YES Plan (Youth Requirements and PACT Goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.

A review of fifty-two youth records found in the initial 180-days of supervision, 687 juvenile probation officer (JPO) actions were required by the Youth-Empowered Success (YES) Plan within the first ninety-day supervision period. A total of 558 of the JPO action steps were completed. In the second ninety-day period of the initial 180-days of supervision, 353 of 446 JPO action steps were completed. A total of 580 JPO actions were required in the first ninety-day period of the post-180-days of supervision and 508 were completed. In the remaining ninety-day period of the post-180-days of supervision, 299 of 453 JPO action steps were completed. The JPO documented face-to-face interactions with youth, parent/guardian, and providers in forty-nine youth records. The JPO documented telephone contact interactions with the youth, parent/guardian, and providers in forty-six youth records. The JPO documented a review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, and electronic databases in forty-four of forty eight applicable youth records.

3.06 Ninety-Day Supervisory Reviews**Satisfactory Compliance**

Cases under supervision (probation, conditional release, post-commitment probation) are reviewed by the supervisor at least once every ninety calendar days. The supervisor ensures staff review any instructions given during the review, and ensures they were followed during the subsequent review.

There was documentation of the juvenile probation officer supervisor (JPOS) reviewing the Youth-Empowered Success Plan (YES) in the case notes for the applicable fifty-two youth. There was documentation of the JPOS conducting a supervisory case review at least once during the first ninety day supervision period in each of the records; however, two of these reviews were late. One was ninety days late and the other was one day late. There was documentation of the JPOS conducting a supervisory case review at least once during the second ninety day supervisory period in forty applicable records. One of the reviews was conducted late.

3.07 Ninety-Day YES Plan Updates**Satisfactory Compliance**

Staff 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 Goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews. When updates are made to the YES Plan reasonably requiring the input of the youth and parent/guardian, this discussion is clearly documented in the case notes. The case notes clearly document any communication regarding the YES Plan.

Youth requirements and Youth Empowered Success (YES) Plans were updated in the Department's Juvenile Justice Information System (JJIS) prior to the first ninety day period in each of the forty-three applicable records. Change Goals were updated in JJIS prior to the completion of the first ninety-day YES Plan update in the twenty-seven applicable records.

Target dates in each youth's YES Plan was updated in thirty-seven of the thirty-nine applicable youth records. There was a new YES Plan saved in JJIS prior to the first ninety day juvenile probation officer (JPO) supervisor review, as required. Youth requirements and YES Plans were updated in the JJIS prior to the second ninety day period in the thirty-four applicable youth records. Change Goals were updated in JJIS prior to the second ninety-day YES Plan update in each of the twenty-six applicable youth records. Target dates were updated JJIS prior to the second YES Plan update in thirty-two applicable records. A new YES Plan was saved in JJIS prior to the second ninety JPO supervisor review within ninety days of the first updated YES Plan. There was documentation of input from the youth and parent/guardian participating in the updated YES Plan discussion in thirty-one of thirty-four records.

3.08 Termination of Supervision	Satisfactory Compliance
<p><i>The JPO requests termination for youth on Probation, Conditional Release, or Post-Commitment Probation upon successful completion of court-ordered sanctions and substantial compliance with restitution and/or court fees. Termination must also be requested if the Department is losing jurisdiction because the youth has reached the maximum age provided in statute or based on the maximum period of supervision applicable to the charge.</i></p>	

Nine closed youth records were reviewed for termination of supervision. A progress report was completed for four of the five applicable records when termination was requested, or the Department lost jurisdiction. Each of the four progress reports were signed by a supervisor prior to submission. There was documentation of the juvenile probation officer (JPO) checking with local law enforcement to determine if there were any outstanding warrants or charges which may not have been filed for each youth prior to requesting termination in each of the applicable records. There was documentation of the JPO notifying the court fifteen working days prior to the loss of jurisdiction of a case by submitting a progress report for one of the two applicable records. In seven of the eight applicable records, there was documentation of the JPO notifying the youth and parent/guardian in writing indicating the youth was no longer under supervision. The date of admission and the date of termination documented in the youth records correlated with the Department's Juvenile Justice Information System for each of the nine applicable records. In the remaining four records, the youth was directly released at court and a Progress Report was not required.

Program Name: Probation and Community Intervention - Circuit 1
Provider Name: N/A
Location: Escambia County / Circuit 1
Review Date(s): August 14-16,2018

MQI Program Code: 1176
Contract Number: N/A
Number of Beds: N/A
Lead Reviewer Code: 141

Overall Rating Summary

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