

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Project Connect**  
*Twin Oaks Juvenile Development, Inc*  
(Contract Provider)  
2930 Kerry Forest Parkway  
Tallahassee, Florida 32309

*Review Date(s): November 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:

<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:

Juan Youman, Office of Program Accountability, Lead Reviewer (Standard 1, 2, &3)  
Lea Herring, Office of Program Accountability, Regional Monitor (Standard 2 & 3)

Program Name: Project Connect  
Provider Name: Twin Oaks Juvenile Development, Inc  
Location: Leon County / Circuit 2  
Review Date(s): November 11-12, 2019

MQI Program Code: 1307  
Contract Number: 10113  
Number of Beds: N/A  
Lead Reviewer Code: 141

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 Transition Services Standards.

### **Overall Rating Summary**

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

## Standard 1: Management Accountability Transition Services Rating Profile

### Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Pre-Service and/or In-Service Training	Satisfactory
1.04	Incident Reporting (CCC)*	Non-Applicable
1.05	Abuse reporting (DCF)*	Satisfactory
1.06	Administration	Satisfactory
1.07	JJIS and Data Requirements	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 Transition Services Rating Profile

Indicator Ratings		
Standard 2 - Assessment and Performance Plan		
2.01	Referral Process	Satisfactory
2.02	Admission and Services Provision Processes	Satisfactory
2.03	Assessments for Services	Satisfactory

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## Standard 3: Intervention Services Transition Services Rating Profile

### Indicator Ratings

Standard 3 - Mental Health and Substance Abuse Services		
3.01	Individualized Plan of Care	Satisfactory
3.02	Community Referrals	Satisfactory
3.03	Transition Services Case Management	Satisfactory
3.04	Release/Discharge	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 contracts with Twin Oaks Juvenile Development, Inc., to provide transition, assistance, and support services to youth ages eleven and up who are on conditional release or post-commitment probation status to re-entering the community from residential programs in Circuits one, two, three, four, five, seven, eight and fourteen. The program has sites in Escambia, Bay, Liberty, Madison, Alachua, Duval and Volusia counties and is contracted to provide 330 slots. The program's management team consists of nine staff: chief executive officer, chief operations officer, executive director, area director northwest, area director northeast, area director northcentral, training and quality improvement position, human resources and purchasing, and educational and vocational services. The program is designed to provide supportive services to successfully integrate the youth back into the community and to prevent recidivism. The program provides youth with core services including education, mentoring, vocational, restorative justice, transportation, gender-specific programming, and parenting life skills. Transition services also include social and life skills training, mentoring, vocational education, vocational training, résumé development, employment training, job placement, educational services, and personal budgeting. Services are provided based on the Department's referral addressing goals and objectives, which are outlined on the youth's individualized transition plan. Eligible youth who have a legal status with the Department and have been placed on post-commitment probation or conditional release supervision receive education and vocational services from the program. Discharge planning begins during each youth's admission phase and continues in stages until the time of the youth's release. At the time of the annual compliance review, the program had one vacancy, a transitional specialist.

## **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 has a policy in place which requires all Project Connect employees, life coaches, and interns working in direct contact with youth who are receiving services from Project Connect and/or access to sensitive or confidential information to undergo a Level 2 background screen. All employees, life coaches and interns must receive an eligible rating prior to any formal offer of employment or the utilization of the services of a life coach volunteer and/or intern. A review of the staff roster found two employees and fourteen volunteers needed background screening since the last annual compliance review. All of the staff and volunteers received a background screening prior to hire date. All staff received an eligible rating. The Annual Affidavit of Compliance with Level 2 Screening Standards for the program was completed and sent to the Department's Background Screening Unit on December 3, 2018 meeting the annual requirement.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<i>Background screening/resubmission 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>	

A review of the staff roster found six staff eligible for a five-year rescreening. Five of the staff have received the five-year rescreening within the required timeframe. The other staff's five-year rescreening paperwork is still in progress as of the date of the annual compliance review.

<b>1.03 Pre-Service and/or In-Service Training</b>	<b>Satisfactory Compliance</b>
<i>All Transition Services staff shall successfully complete training requirements as set forth in the standards. The training shall be completed prior to the delivery of direct services to Department youth and/or as in-service training to Transition Services staff.</i>	

Five staff were selected to review for pre-service training. All five staff selected had the required pre-service training to include the Department's Juvenile Justice Information System (JJIS), civil rights, motivational interviewing, critical incident reporting requirements, trauma informed care, adolescent brain development, suicide prevention and intervention, and emergency procedures. Five staff were selected to review for in-service training. Each of the five staff have the required training in civil rights, critical incidents reporting requirements, trauma informed care, suicide prevention and intervention, and emergency procedures. Staff training for pre-service and in-service requirements was completed in accordance with the provider's staff training plan.



<b>1.04 Incident Reporting (CCC) (Critical)</b>	<b>Non-Applicable</b>
<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 did not have any reportable Central Communications Center (CCC) incidents within the last six months; therefore, this indicator is rated non-applicable.

<b>1.05 Abuse Reporting (DCF)*</b>	<b>Satisfactory Compliance</b>
<i>Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.</i>	

The program adheres to a code of conduct which forbids staff from using physical abuse, profanity, threats, and or any form of intimidation. The program had two reports or allegations of child abuse which were not against a staff of the provider. Both were immediately reported to the Florida Abuse Hotline. There were not any abuse allegations substantiated against staff. A review of youth records was conducted and there were no indications of abuse not being reported to the Florida Abuse Hotline.

<b>1.06 Administration</b>	<b>Satisfactory Compliance</b>
<i>The program shall provide a safe and appropriate treatment environment, including administrative and operational oversight.</i>	

The program provides a safe and appropriate treatment environment including administrative and operational oversight. The program submits monthly reports to the Department detailing incidents and population data. A review of the providers youth roster found it matched the census report in the Department's Juvenile Justice Information System (JJIS). The dates of admission for youth correlated with the date of termination documented between case records and JJIS. The provider maintained statistical information monthly to include admissions, releases, transfers, absconders, abuse reports, medical and mental health emergencies, incidents, personnel actions, volunteer hours, and average length of stay. Monthly reports included youth progress, service summary, discharge, fidelity, compliance monitoring, Ad Hoc reports, staff vacancy, certified minority business enterprise (CMBE) utilization, youth census, invoices, and youth services.

<b>1.07 JJIS and Data Requirements</b>	<b>Satisfactory Compliance</b>
<i>The program and subcontracted service providers shall utilize the Department's Juvenile Justice Information System (JJIS) for data entry and shall monitor accuracy at all times.</i>	

The provider uses the Youth Placement-Facility module in the Department's Juvenile Justice Information System (JJIS) to handle all referral acceptances, rejections, and placements. A review of nine closed youth records revealed each youth was either accepted or rejected within seventy-two hours of referral. A review of JJIS found it showed the youth were released or discharged within twenty-four hours of the actual release.



## **Standard 2: Assessment Services**

<b>2.01 Referral Process</b>	<b>Satisfactory Compliance</b>
<i>The program shall review each referred youth's referral by email and JJIS to assess the youth's service needs and shall accept or reject all Department youth referred for transition services within seventy-two (72) hours of referral from the Department (excluding weekend and holiday hours).</i>	

A review of thirty-four youth records found the Department's Juvenile Justice Information System (JJIS) showed each referral was accepted within seventy-two hours of the referral excluding weekends and holidays. There was documentation of each juvenile probation officer receiving emails from the provider. An interview the northwest area director revealed she was familiar with the process of processing referrals.

<b>2.02 Admission and Services Provision Processes</b>	<b>Satisfactory Compliance</b>
<i>A referral and/or pre-service activities shall begin while the youth is in a residential commitment, however, placement does not begin until a youth physically returns back to the community.</i>	

A review of thirty-four youth records found the transition specialist/coordinator participated in contacting the youth's family, Community Re-entry Team Meetings, and contacted the juvenile probation officer to discuss transitional planning. Twenty-eight of the youth were referred while in a commitment facility. Of the twenty-eight, two of the youth were not admitted/orientated within for days of release. One was admitted ten days late and the other was nineteen days late. The program provided documentation through case notes to reflect the attempts to get the two you admitted in the correct timeframes. The six youth who were admitted after the release from the commitment facility were all admitted/orientated within seven days of referral. All thirty-four youth records contained a signed copy of the Consent and Authorization for Use and Disclosure, Inspection, and Release of Information, and the Consent for Service Planning/Follow-up.

<b>2.03 Assessments for Services</b>	<b>Satisfactory Compliance</b>
<i>The program shall conduct a Service Needs Assessment. The purpose of the assessment is to further define each youth's specific service needs as related to the core services.</i>	

A review of thirty-four youth records found the Service Needs Assessment was completed within forty-eight hours of the initial contact with the youth. There was documentation of the transition specialists reviewing collateral information, conduct interviews with the youth, parent/guardian, juvenile probation officer, and residential program staff. There was also documentation of the transition specialists facilitating formal assessments such as the Juvenile Interview for Function (JIFF) and the Florida Ready to Work (FRW).

## Standard 3: Intervention Services

<b>3.01 Individualized Plan of Care</b>	<b>Satisfactory Compliance</b>
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*The program shall provide service planning for each youth with a youth-centered approach taking into consideration all the youth's service needs. The Individualized Service Plan (ISP) shall indicate goals to facilitate successful reentry to the community.*

A review of thirty-four youth records found each youth had an Individualized Service Plan (ISP) which is individualized with measurable goals to address the youth's service needs as expressed in the needs assessment. There was documentation in each of the youth records of the transition specialist/coordinator conducting face-to-face contact with the youth every two weeks to address the status of the ISP. There was evidence of the ISP being reviewed and assessed monthly with the Community Action Team until completion. A review of nine closed records found there was documentation upon the completion of the ISP of the transition specialist assessing the youth's satisfaction with his/her vocational/educational services, support services, and outcomes.

<b>3.02 Community Referrals</b>	<b>Satisfactory Compliance</b>
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*The program shall have established links with other local community organizations to ensure the supportive service needs of the youth can be met in accordance with their Individualized Service Plan.*

A review of thirty-four open youth records found none of the records required any community referrals. Each record had a form to document community referrals if any occurred.

<b>3.03 Transition Services Case Management</b>	<b>Satisfactory Compliance</b>
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*The program shall provide one or more core transition services, specifically vocational services and /or education services, including mentoring and transportation with related support services.*

A review of thirty-four open youth records found none of the youth were in need of any referrals. A Community Action Team (CAT) was developed for all thirty-four youth. There was documentation of the transition specialist meeting face-to-face with the youth and the CAT within ten days of initial contact with the youth. The CAT met monthly to assess the youth's progress toward completion of the individual service assessment. There was documentation of the transition specialist/coordinator making face-to-face contact with the youth every two weeks. Twelve of the thirty-four youth had a life coach. There was documentation of the life coach making informal mentoring contacts on the opposite weeks of the transition specialist.

<b>3.04 Release/Discharge</b>	<b>Satisfactory Compliance</b>
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*Prior to release or discharge of a youth from services (prior to completion of the intervention) the Program/Provider must coordinate discharge planning with the youth's JPO.*

Nine closed records were reviewed. There was documentation of the transition specialist beginning to coordinate the discharge of the youth with the juvenile probation officer within thirty days. The transition specialists conducted exit meetings with each of the youth and their parent/guardian and completed a Discharge Summary. There was documentation of the area

director uploading each Discharge Summary to the Department's Juvenile Justice Information System and documenting the discharge in JJIS.