

**STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Redirection - Circuit 6, 9, 10, 12, 13, and 18

**(Contract Provider)
1703 Colonial Drive
Orlando, Florida 32801**

Review Date(s): March 3-4, 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:

Satisfactory Compliance	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions which do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
Limited Compliance	Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator which result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator which typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Monitoring and Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Paul Czigan, Office of Program Accountability, Lead Reviewer (Standards 1 & 4)
Gustavo Mazorra, Office of Program Accountability, Regional Monitor (Standards 2 and 3)
Bonita Williams, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

Program Name: Redirection - Circuit 6, 9, 10, 12, 13, 18
MQI Program Code: 1337 1340 1339 1338 1342 1341
Provider Name: Chrysalis Health Services
Location: Central Region County / Circuit 6,9,10,12,13,18
Review Date(s): March 3-4, 2020

Contract Number: 10157
Number of Beds: 96
Lead Reviewer Code: 77

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.

Overall Rating Summary

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

Standard 1: Management and Accountability
Redirection 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
1.08	Mental Health Services Staffing Requirements and Qualifications	Satisfactory
1.09	Substance Abuse Services Staffing Requirements and Qualifications	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 Redirection Services Rating Profile

Indicator Ratings		
Standard 2 - Assessment Services		
2.01	Referral Process	Satisfactory
2.02	Admission and Services Provision Processes	Satisfactory
2.03	Intake Conference and Orientation	Satisfactory
2.04	Clinical Assessments	Satisfactory
2.05	Clinical Assessment Qualifications*	Satisfactory

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Standard 3: Intervention Services Redirection Services Rating Profile

Indicator Ratings

Standard 3 - Intervention Services		
3.01	Individualized Treatment Planning/Plan of Care	Satisfactory
3.02	Practitioner Qualifications	Satisfactory
3.03	Redirection Therapy Services	Satisfactory
3.04	Case Coordination for Mental Health and/or Substance Abuse Treatment Services	Satisfactory
3.05	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).

Standard 4: Fidelity Monitoring Redirection Services Rating Profile

Indicator Ratings		
Standard 4 - Fidelity Monitoring		
4.01	Treatment Manual/Protocol	Satisfactory
4.02	Facilitator Training	Satisfactory
4.03	Internal Fidelity Monitoring*	Satisfactory
4.04	Corrective Action Based on Fidelity Monitoring	Satisfactory
4.05	Evaluation of Facilitator Skill in Delivering the Intervention	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).

Overview

Redirections Circuits 6,9,10,12,13, and 18 are operated by Chrysalis Health Services through a contract with the Department to provide behavioral health and support services to youth who are experiencing a range of needs which may be emotional, social, cognitive, behavioral, and psychiatric in nature. The program provides redirection services to probation, conditional release, and post-commitment probation youth who are referred by the Department. The program is contracted to serve ninety-six male and female youth, ages eleven to nineteen. The program is comprised of one-and-a-half supervisors, five and a quarter clinicians, and three support staff. Mental health services are provided by three licensed mental health clinicians (LMHC) and eight non-licensed staff. Redirection services are designed to facilitate a positive change in youth behavior and emotional functioning, bring about positive changes in criminal thinking, and provide the youth with the tools necessary to avoid future criminal involvement. Services are designed to address family issues and needs with the goal of improving family functioning. In addition, the program addresses criminogenic risk factors and the youth's individual risks and needs, as determined through the Department's Community Assessment Tool (CAT). The program directly addresses those identified risks and needs through Cognitive Behavioral Therapy (CBT). Services are provided twice weekly in-home and include individual, family, and group therapy, with an average length of stay of fifteen weeks; focusing on youth violence/aggression, conduct disorders, oppositional defiance disorders, youth substance abuse, youth mental health conditions, peer and family relationships skills, and attitudes. At the time of the annual compliance review, the program had no vacancies.

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<p><i>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 or confidential youth records. A contract provider may hire an employee to a position which 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 he or she exhibits no behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i></p>	

The program has a policy and procedures addressing initial background screening. The program had six staff applicable for initial background screening. Five of the six staff received an initial eligible rating from the Clearinghouse prior to hire. One of the six staff had previously been employed by a Department contracted provider; this staff was screened by the program and received an eligible screening prior to hire. All six staff were added to the Clearinghouse employment roster. The program completed the Annual Affidavit of Compliance with Level 2 Screening Standards on January 30, 2020.

1.02 Five-Year Rescreening	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures addressing five-year rescreening. There were two staff on the roster requiring a five-year rescreening within the last year. The program completed a re-screening for both the staff within the required timeframe.

1.03 Pre-Service and/or In-Service Training	Satisfactory Compliance
<p><i>All Redirections staff successfully complete applicable training requirements as set forth below. The following training shall be completed prior to the delivery of direct services to Department youth and/or as in-service training to Redirections staff:</i></p> <ul style="list-style-type: none"> • <i>Juvenile Justice Information System (JJIS) - Pre-Service</i> • <i>Information Safety Awareness - Pre and In-Service</i> • <i>Motivational Interviewing (MI) - Pre-Service</i> • <i>Critical Incident Reporting Requirements - Pre-Service</i> • <i>Trauma Informed Care - Pre-Service</i> • <i>Adolescent Behavior - Pre-Service</i> 	

The program has a policy and procedures addressing pre-service and in-service training. The procedures require staff to complete all training within ninety days of hire. Five staff records were reviewed for pre-service training. All five staff completed the required courses in the Department's Learning Management System (SkillPro) including the contract required elements such as trauma informed care, adolescent behavior, civil rights, critical incident reporting, human trafficking, and sexual harassment prevention. In addition, each of the five staff received

training in the program's cognitive behavioral therapy (CBT) intervention and motivational interviewing (MI).

Two staff records were reviewed for in-service training hours. One received seventeen and one received eighteen in-service training hours within the review period. The list included training in courses such as information security awareness, cardio-pulmonary resuscitation (CPR) and first aid recertification, mandatory reporting, bloodborne pathogens/universal precautions, cultural competence/diversity in the workplace, Americans with Disability Act (ADA) deaf or hard of hearing training, emergency preparedness, Health Insurance Portability and Accountability Act (HIPAA), suicide prevention, and workplace ethics.

1.04 Incident Reporting (CCC) (Critical)	Non-Applicable
<i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

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

1.05 Abuse Reporting (DCF) (Critical)	Satisfactory Compliance
<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 has a policy and procedures addressing abuse reporting. The program facility had postings of the Florida Abuse Hotline in prominent places throughout the facility; however, youth and parent/guardian rarely visit the program offices as treatment usually occurs in the home or school areas. The intake and orientation documentation include procedures for reporting abuse and informing the youth and parent/guardian of the procedures. A review of twelve youth records, two from each of the six circuits revealed the youth and parent/guardian received the abuse reporting information.

The reviewed documentation confirmed there were no reports of abuse or neglect regarding program staff in the review period. The program maintained a log of calls to the Florida Abuse Hotline regarding incidents of alleged abuse the youth may have encountered at home or school. A review of the list revealed none of the allegations concerned program staff. The list also included documentation of the time and date of the call, the hotline staff, and if the call was accepted. Each of the five reviewed staff records contained a signed copy of the code of conduct for the agency. Informal interviews indicated staff considered the environment safe and free from any forms of abuse. There were no youth interviews conducted.

1.06 Administration**Satisfactory Compliance**

The program provides a safe and appropriate treatment environment including administrative and operational oversight.

The program has a policy and procedures addressing administration. The program documented monthly reports consistently throughout the review period. Reports consistently included the required statistical information such as admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, and incidents when applicable.

A review of twelve records revealed youth monthly reports and when applicable, discharge summary reports were consistently uploaded into the Department's Juvenile Justice Information System (JJIS) in a timely manner. The program maintained fidelity monitoring reports for all provider staff electronically and documentation of reviews by licensed staff. A review of JJIS and the youth census revealed the admission and termination dates of each youth were consistent.

1.07 JJIS and Data Requirements**Satisfactory Compliance**

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.

The program has a policy and procedures addressing the Department's Juvenile Justice Information System (JJIS) and data requirements. A review of six closed records, two from each of the six circuits revealed there was documentation in JJIS indicating each youth referral was accepted within two business days, the date services were initiated, the release module listing, and the release reason. The admission date, discharge date, and discharge reason were found for each youth in JJIS and matched the program census provided. The provider enters all staff information into JJIS in the staff verification system (SVS).

1.08 Mental Health Services Staffing Requirements and Qualifications**Satisfactory Compliance**

All program staff providing mental health services shall meet the requirements identified in the guidelines, must have appropriate licensure or qualifications, and have completed the prerequisite training to provide such services according to Florida law.

The program has a policy and procedures addressing mental health services and staff requirements and qualifications. Each of the reviewed program's staff in all six circuits were verified for staffing requirements and qualifications. The program is staffed with a regional director and two area directors, each of which hold clear and active credentials as a licensed mental health clinician (LMHC) with the Department of Health, Bureau of Medical Quality Assurance. The three licensed clinicians provide all supervision and fidelity monitoring for each of the therapists.

Eight non-licensed therapist records were reviewed for mental health requirements. Each of the eight staff received a master's-level degree in mental health, psychology, or counseling from an accredited institution. Two of the non-licensed staff were already registered as mental health counselor interns (RMHCI) with the Department of Health, Bureau of Medical Quality Assurance. Each of the eight non-licensed therapists were trained in the provision of the primary intervention cognitive behavioral therapy (CBT).

The program holds certification from the Department of Children and Families licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for outpatient treatment. A review of eight staff records revealed each non-licensed clinician received weekly clinical supervision from a licensed clinician conducted on-site face-to-face. The records included the date and time of the supervision, review of the clinician's work, and instructions/critique along with signature of the non-licensed clinician and the licensed clinician.

1.09 Substance Abuse Services Staffing Requirements and Qualifications	Satisfactory Compliance
<i>Substance abuse services must be provided by appropriately licensed providers and practitioners.</i>	

The program has a policy and procedures addressing substance abuse services and staff requirements and qualifications. Each of the reviewed program's staff in all six circuits were verified for staffing requirements and qualifications. The program is staffed with a regional director and two area directors, each of which hold clear and active credentials as a licensed mental health clinician (LMHC) with the Department of Health, Bureau of Medical Quality Assurance. The three licensed clinicians provide all supervision and fidelity monitoring for each of the therapists.

Eight non-licensed therapist records were reviewed for substance abuse services requirements. Each of the eight staff received a master's-level degree in mental health, psychology, or counseling from an accredited institution. Two of the non-licensed staff were already registered as mental health counselor interns (RMHCI) with the Department of Health, Bureau of Medical Quality Assurance. Each of the eight non-licensed therapists were trained in the provision of the primary intervention cognitive behavioral therapy (CBT).

The program holds certification from the Department of Children and Families licensed in accordance with Chapter 397, Florida Statutes to provide substance abuse services for outpatient treatment. A review of eight staff records revealed each non-licensed clinician received weekly clinical supervision from a licensed clinician conducted on-site face-to-face for at least one hour. The records included the date and time of the supervision, review of the clinician's work, and instructions/critique along with signature of the non-licensed clinician and the licensed clinician.

Standard 2: Assessment Services

2.01 Referral Process	Satisfactory Compliance
<i>The program shall accept or reject all service referrals via Juvenile Justice Information System (JJIS) within two (2) business days of referral from the Department of Juvenile Justice (DJJ).</i>	

The program has a policy and procedures addressing the referral process. All twelve reviewed youth referrals, two from each of the six circuits were accepted by the program within the required time frame. There are processes in place in case a referral is rejected, which includes consultation with the juvenile probation officer (JPO) and the statewide redirection coordinator. A review of the Probation Resource Booking Module revealed the program documented all referrals within the required time frame. The reasons for rejection were consistently documented such as unable to initiate services, parent/guardian refused services, abscond, new charges, youth in detention, referral withdrawn by JPO, and mental health/substance abuse reasons.

2.02 Admission and Services Provision Processes	Satisfactory Compliance
<i>Each youth is assessed within 17 calendar days of referral from the Department of Juvenile Justice (DJJ) and placed in the Juvenile Justice Information System (JJIS).</i>	

The program has a policy and procedures addressing admission and service provision processes. A review of twelve youth records, two from each of the six circuits revealed each was admitted within the time frame. Each of the twelve youth admissions were documented in the Department's Juvenile Justice Information System (JJIS) within the required time frame. A review of each youth's Youth Empowered Success (YES) plan revealed the new requirements were added to the plan upon admission. There was documentation in each of the youth records the parent/guardian agreed to participate in the family-centered therapy/training.

2.03 Intake Conference and Orientation	Satisfactory Compliance
<i>Upon acceptance and intake of the youth for services, the Redirections provider/practitioner shall ensure youth and his/her parents/guardians receive a face-to-face orientation by the date of first clinical session by the program.</i>	

The program has a policy and procedures addressing intake conference and orientation. Twelve reviewed records, two from each of the six circuits confirmed each youth and parent/guardian participated in a face-to-face orientation by the date of the first clinical session with the provider/clinician.

Orientation consistently included a signed consent for services and release of information, delivery of a handbook or brochure detailing service goals, expectations of the youth and parent/guardian, hours and location of services, emergency contact information, and identification of key staff.

2.04 Clinical Assessments**Satisfactory Compliance**

Each youth must receive a clinical assessment of his or her emotional and behavioral functioning through structured clinical interview of the youth and parent/guardian, or caregiver and administration of appropriate standardized assessment instruments, such as symptom checklists and behavioral rating scales, when clinically indicated.

The program has a policy and procedures addressing clinical assessments. Each of the twelve reviewed youth records, two from each of the six circuits included a clinical assessment completed by a non-licensed clinician and reviewed and signed by the licensed clinician for concurrence. Each clinical assessment included mental health history and response to previous treatment, substance abuse history, education functioning, review of available clinical records, caregiver assessment, current life situation, youth mental health needs, strengths, preferences, current functioning and symptoms, clinical impressions, diagnostic formulation, summary of findings, and treatment recommendation.

2.05 Clinical Assessment Qualifications (Critical)**Satisfactory Compliance**

Clinical Assessments must be conducted by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed mental health practitioner.

The program has a policy and procedures addressing clinical assessment qualifications. The program is staffed with a regional director and two area directors, each of which hold clear and active credentials as licensed mental health clinician (LMHC) with the Department of Health, Bureau of Medical Quality Assurance. Each of the eight staff who provide all clinical assessments received a master's-level degree in mental health, psychology, or counseling from an accredited institution. Two of the non-licensed staff were already registered as mental health counselor interns (RMHCI) with the Department of Health, Bureau of Medical Quality Assurance. The program maintained documentation each non-licensed clinician conducting clinical assessments received weekly face-to-face clinical supervision.

Standard 3: Intervention Services

3.01 Individualized Treatment Plan/Plan of Care	Satisfactory Compliance
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The program shall develop an individualized treatment plan based on the clinical assessment, which is developed with a person-centered process in consultation with the youth, and others at the option of the youth such as the youth's family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes.

The program has a policy and procedures addressing individualized treatment plan/plan of care. Each of the twelve reviewed youth records, two from each of the six circuits contained an individualized treatment plan (ITP) based on the clinical assessment and completed within the required time frame. Each ITP was developed with a person-centered process in consultation with the youth and parent/guardian. The person-centered process identifies the youth's physical and mental health support needs, strengths, preferences, and desired outcomes. The ITP also addresses the youth's diagnoses and symptoms and history of trauma. The program is guided by the best practices and research on effective strategies for improved health and quality of life outcome, ensuring the youth and identified support members are fully involved in the treatment plan process, and preventing the provision of unnecessary or inappropriate care. Each plan was signed by the youth, parent/guardian, and non-licensed clinician, and reviewed and signed by the licensed clinician. Plans were updated as necessary.

3.02 Practitioner Qualifications	Satisfactory Compliance
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Treatment Plans and Therapy shall be provided by a licensed practitioner or a clinician meeting the qualifications set forth in the contract.

The program has a policy and procedures addressing practitioner qualifications. The program is staffed with a regional director and two area directors, each of which hold clear and active credentials as licensed mental health clinicians (LMHC) with the Department of Health, Bureau of Medical Quality Assurance. Each of the eight staff who provide all clinical assessments received a master's-level degree in mental health, psychology, or counseling from an accredited institution. Two of the non-licensed staff were already registered as mental health counselor interns (RMHCI) with the Department of Health, Bureau of Medical Quality Assurance. The staff records of the eight non-licensed clinicians documented from two to fourteen years of experience for an average of six years.

The program holds certification from the Department of Children and Families and are licensed in accordance with Chapter 397, to provide substance abuse services for outpatient treatment. A review of eight staff records revealed each non-licensed clinician received weekly clinical supervision from a licensed clinician conducted on-site face-to-face. The records included the date and time of the weekly clinical supervision, review of the clinician's work, and instructions/critique along with signature of the non-licensed clinician and the licensed clinician.

3.03 Redirection Therapy Services	Satisfactory Compliance
<p><i>The program shall provide the following for Redirection Service youth based on the modality:</i></p> <ul style="list-style-type: none"> ▪ Individual therapy services ▪ Family therapy services ▪ Group therapy services ▪ Twenty-four-hour crisis therapeutic support <p><i>The number of sessions per week shall be based on the youth and family needs and dictated by the modality.</i></p>	

The program has a policy and procedures addressing redirection therapy services. The program provided weekly individual, family, and group therapy for all twelve youth, two from each of the six circuits reviewed. Clinicians were available twenty-four hours a day, seven days a week to offer crisis intervention to the youth and parent/guardian. Services offered were based on the cognitive behavioral therapy (CBT) intervention module. Progress notes were consistently documented in each youth's record and monthly progress summaries were consistently uploaded to the Department's Juvenile Justice Information System (JJIS) every thirty days. The CBT module designed for fifteen sessions was consistently documented in each youth's record. Session's lengths were consistently documented within the contracted range of thirty to sixty minutes.

3.04 Case Coordination for Mental Health and/or Substance Abuse Treatment Services	Satisfactory Compliance
<p><i>The provider shall ensure youth have access to necessary and appropriate mental health and substance abuse services (on-site or off-site) performed by qualified mental health and substance abuse professionals or service provider(s).</i></p>	

The program has a policy and procedures addressing case coordination for mental health and/or substance abuse treatment services. A review of twelve youth records, two from each of the six circuits revealed the program provided individual, family, and group therapy including supportive and crisis consultations to assist youth and parent/guardian to address applicable mental health and/or substance use disorder. Case coordination documented assistance provided including telephone calls to other providers, coordination of additional clinical services, obtaining resources such as school, psychiatric appointments, and basic needs.

3.05 Release/Discharge	Satisfactory Compliance
<p><i>Prior to release or discharge of a youth from services (prior to completion of the intervention) the Redirection Service provider must coordinate discharge planning with the youth's JPO.</i></p>	

The program has policy and procedures addressing release/discharge. Six reviewed youth records, one from each of the six circuits revealed a discharge summary was uploaded to the Department's Juvenile Justice Information System (JJIS) document upload module for each discharged youth. Upon release the juvenile probation officer (JPO) was notified by e-mail for each of the youth. Case notes for each youth, reflected discharge activity and included the reason for the discharge assigning the case to one of the three categories as successful, unsuccessful, or administrative discharge.

Standard 4: Fidelity Monitoring

4.01 Treatment Manual/Protocol

Satisfactory Compliance

There is a specific written manual or protocol for the treatment service(s). The facilitators of the service(s) adhere to the written manual or protocol.

The provider has a manual/protocol which includes the delivery of cognitive behavioral therapy (CBT). The manual/protocol has detailed instructions to deliver services including topics such as intensity and duration, and a treatment outline for each of the fifteen minimum lessons. The manual outlines what the facilitator must do in delivering the service. The team was unable to observe delivery of service as services are provided off-site.

4.02 Facilitator Training

Satisfactory Compliance

All facilitators of the service(s) must have received formal training specific to the intervention or model/protocol by a qualified trainer in each specific service(s).

The program has a policy and procedures addressing facilitator training. The manual/protocol requires facilitators to be trained in cognitive behavioral therapy (CBT) and motivational interviewing (MI) by a trained facilitator. The program provided documentation three staff were certified by agency and clinical standards to train CBT and MI based on their education, supervision, participation in advanced CBT trainings, and train-the-trainer CBT training. A review of eight non-licensed clinician training records revealed each received the CBT and MI training from one of the certified trainers.

4.03 Internal Fidelity Monitoring (Critical)

Satisfactory Compliance

The program has an internal process to monitor the delivery of the evidence-based practice, promising practice or alternative family centered therapy to examine how closely actual implementation matches the model protocol.

The program has a policy and procedures addressing internal fidelity monitoring. The fidelity monitoring element is accomplished by means of audio tapes reviewed with the licensed clinician documenting the non-licensed clinician's performance utilizing the Cognitive Therapy Rating Scale (CTRS) published by Young, J. E. and Beck, A. T. (August 1980). The fidelity monitoring is conducted at least once a month for each facilitator and each service delivered. Eight of the eleven therapists were applicable for fidelity monitoring in which each had fidelity monitoring completed monthly during the review period.

4.04 Corrective Action Based on Fidelity Monitoring

Satisfactory Compliance

The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delivery of the evidence-based practice, promising practice or alternative family-centered therapy.

The program has a policy and procedures addressing corrective action based on fidelity monitoring. The provider reported not having any fidelity monitoring reports identifying corrective actions; therefore, treatment staff were not able to be interviewed regarding their involvement in corrective actions for the annual compliance review period.

4.05 Evaluation of Facilitator Skill in Delivering the Intervention	Satisfactory Compliance
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Performance evaluations of the facilitators of the specific intervention/service include the evaluation of skill in delivering the interventions/services.

The program has a policy and procedures addressing evaluation of the facilitator's skill in delivering the intervention. Two of the eight non-licensed clinicians providing the cognitive behavioral therapy (CBT) intervention were the only staff employed long enough to receive an annual performance evaluation. Both of the applicable clinicians, delivering the CBT intervention received an annual performance evaluation reflective of the evaluation by the qualified supervisor of the facilitators' skills and abilities in delivering the intervention. Each evaluator was a qualified fidelity monitor.