

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**REDIRECTION CIRCUIT FOUR**

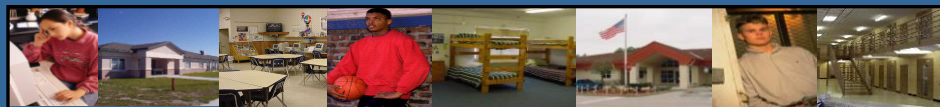
*Chrysalis Health Services, Inc.*

(Contract Provider)

3100 University Blvd.

Jacksonville, Florida 32207

*Review Date(s): July 17-18, 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:

|                                |   |
|--------------------------------|---|
| <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:

Gwen Nelson, Office of Program Accountability, Lead Reviewer (Standards 1 & 4)

Katina Horner, Office of Program Accountability, Regional Monitor (Standards 2 & 3)

Program Name: Redirection Cir 4  
 Provider Name: Chrysalis Health Services, Inc.  
 Location: Duval County / Circuit 4  
 Review Date(s): July 17-18, 2018

MQI Program Code: 1350  
 Contract Number: 10157  
 Number of Beds: 27  
 Lead Reviewer Code: 130

### 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 checked="" 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 checked="" type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input type="checkbox"/> Continuity of Operation Plan<br><input checked="" type="checkbox"/> Contract Monitoring Reports<br><input checked="" type="checkbox"/> Contract Scope of Services<br><input type="checkbox"/> Egress Plans<br><input type="checkbox"/> Escape Notification/Logs<br><input type="checkbox"/> Exposure Control Plan<br><input type="checkbox"/> Fire Drill Log<br><input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Fire Prevention Plan<br><input type="checkbox"/> Grievance Process/Records<br><input type="checkbox"/> Key Control Log<br><input type="checkbox"/> Logbooks<br><input type="checkbox"/> Medical and Mental Health Alerts<br><input checked="" type="checkbox"/> PAR Reports<br><input type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input type="checkbox"/> Sick Call Logs<br><input type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs | <input type="checkbox"/> Vehicle Inspection Reports<br><input type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br>_____ # Health Records<br>_____ # MH/SA Records<br><b>5</b> # Personnel Records<br><b>5</b> # Training Records/CORE<br><b>5</b> # Youth Records (Closed)<br><b>5</b> # Youth Records (Open)<br>_____ # Other: _____ |
|---|--|--|

#### Surveys

- |           |                           |                      |
|-----------|---------------------------|----------------------|
| 5 # Youth | _____ # Direct Care Staff | _____ # Other: _____ |
|-----------|---------------------------|----------------------|

#### Observations During Review

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

#### Comments

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

# **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)*   | Satisfactory |
| 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 |

\* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

**Standard 3: Intervention Services**  
**Redirection Services Rating Profile**

**Indicator Ratings**

| <b>Standard 3 - Intervention Services</b> |   |              |
|---|---|--------------|
| 3.01                                      | Individualized Treatment Planning/Plan of Care        | Satisfactory |
| 3.02                                      | Practitioner Qualifications                           | Satisfactory |
| 3.03                                      | Redirection Therapy Services                          | Satisfactory |
| 3.04                                      | Mntl 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).

## Standard 1: Management Accountability

### Overview

Redirections – Circuit 4 is a twenty-seven-slot program, serving youth male and female, ages eleven to nineteen. Redirection services are designed to address family issues and needs with the goal of improving family functioning. The program’s services also address criminogenic risk factors and the youth’s individual risks and needs utilizing the Department’s Positive Achievement Change Tool (PACT). This program provides Cognitive Behavior Therapy (CBT), an evidence-based practice for youth on probation, conditional release, or post-commitment probation. CBT services are in-home, individual, and family therapy with an average length of stay between twelve to sixteen weeks. The program’s organizational chart consists of a regional director, a program director, two full time and one-part time therapists.

#### 1.01 Initial Background Screening

#### 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 or confidential youth records. 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 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 program has a policy and procedures in place for completing the initial background screening. Since the last annual compliance review, the program hired two full time master’s-level degree therapists. The two therapists initial background screening was completed prior to the hire date. The provider completed the Annual Affidavit of Compliance with Level 2 Screening Standards and submitted it to the Department’s Background Screening Unit on January 8, 2018.

#### 1.02 Five-Year Rescreening

#### Satisfactory Compliance

*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.*

The program has a policy and procedures in place for completing five-year rescreening. At the time of the annual compliance review, there were no staff or volunteers requiring a five-year rescreening.



| 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"> <li>• <i>Juvenile Justice Information System (JJIS) - Pre-Service</i></li> <li>• <i>Information Safety Awareness - Pre and In-Service</i></li> <li>• <i>Motivational Interviewing (MI) - Pre-Service</i></li> <li>• <i>Critical Incident Reporting Requirements - Pre-Service</i></li> <li>• <i>Trauma Informed Care - Pre-Service</i></li> <li>• <i>Adolescent Behavior - Pre-Service</i></li> </ul> |                         |

Two new hires were eligible for pre-service training in 2018. The therapists completed information safety awareness, motivational interviewing, critical incident reporting requirements, trauma informed care, adolescent behavior, and Juvenile Justice Information System (JJIS) training.

The program director, and two therapists were eligible for in-service training in 2017. The only required in-service training for the three staff members was information safety awareness completed in July 2017.

| 1.04 Incident Reporting (CCC)   | Satisfactory Compliance |
|---|-------------------------|
| <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> |                         |

The program has a written policy and procedures for reporting incidents to the Department's Central Communication Center (CCC) within two hours of the incident. During the annual compliance review period, the provider reported one incident which was staff falsification. The program reported the incident to the CCC within two hours of becoming aware the incident. The reviewer did not identify any internal incidents/grievances, which should have been reported to the CCC or the Florida Abuse Hotline. The program did not have an increase in the number of reportable incidents to the CCC or Florida Abuse Hotline since the last annual compliance review.

| 1.05 Abuse Reporting (DCF)   | Satisfactory Compliance |
|--|-------------------------|
| <p><i>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.</i></p> |                         |

The program has a written policy and procedure for abuse reporting. The staff adheres to the program's code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation. All services are provided in the home or at locations, such as school. The office where staff are located include posted information for youth to contact the Florida Abuse Hotline and the Central Communications Center (CCC). There was no reportable abuse incidents during this annual compliance review period.

**1.06 Administration****Satisfactory Compliance**

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

The program submitted monthly reports to the Department's contract manager and the Department's redirection coordinator. The reports captured all information required by the contract including admissions, releases, abuse reports, personnel actions, incidents, and other pertinent information. The reports also contain youth monthly progress reports, monthly service summary reports, discharge summary reports, quarterly fidelity monitoring reports, compliance monitoring reports, and ad-hoc reports. The youth listed on the program's roster matched the Department's census report. The date of admission and the date of termination documented in the youth's records correlates with the Department's Juvenile Justice Information System (JJIS).

**1.07 JJIS and Data Requirements****Satisfactory Compliance**

*The Redirection Service provider and subcontracted service providers shall utilize the Department's Juvenile Justice Information System (JJIS) for data entry and shall monitor accuracy at all times.*

Five closed youth records were reviewed. All records had documentation the program accepted the referral within forty-eight hours of the referral being booked. All records showed the Department's Juvenile Justice Information System (JJIS) was used for youth placement and indicated the youth were physically released within twenty-four hours of the youth's release from the program. The program's internal roster tracks youth with an admission date and release date. All youth released from the program had the reason for release documented in the JJIS.

Three of the five records indicated the youth were released after completing treatment and service goals. Two records indicated youth did not complete treatment and service because the youth failed to participate and/or were incarcerated.

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

*All Redirection Service 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.*

Three personnel records were reviewed for educational transcripts and qualifications. The three staff members have master's-level degrees in mental health counseling. Each staff had the required two years of experience in counseling. All records had documentation of training for basic counseling skills, program philosophy, therapeutic environment, behavior management, client rights, crisis intervention, early intervention, documentation requirements, and adolescent development. The three staff members are non-licensed and receive clinical supervision from the program director, a licensed mental health counselor (LMHC). The LMHC's license was found to be active and clear in the State of Florida and expires on March 31, 2019. The three staff personnel records indicated staff attended all weekly clinical supervision hourly sessions with the licensed mental health counselor.

|   |                                |
|---|--------------------------------|
| <b>1.09 Substance Abuse Services Staffing Requirements and Qualifications</b> | <b>Satisfactory Compliance</b> |
|---|--------------------------------|

*Substance abuse services must be provided by appropriately licensed providers and practitioners.*

The program is licensed through the Department of Children and Families for the provision of outpatient substance abuse services. Substance abuse treatment services are provided by the clinical director and three non-licensed therapists. All staff have master's-level degrees in counseling.

## Standard 2: Assessment Services

### Overview

All referrals to the program are completed by the Department's circuit coordinator from Probation Circuit 4. Each youth assigned juvenile probation officers (JPO) completes a referral packet with relevant information from the Department. Initial face-to-face interviews are conducted with the youth and the parent/guardian at the time of admission to the program. The initial face-to-face interview includes an orientation to the program and completion of the initial clinical assessment. The program employs a licensed mental health counselor (LMHC) who reviews and signs all clinical assessments and counseling notes.

#### 2.01 Referral Process

#### Satisfactory Compliance

*The Redirection Service provider 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).*

The circuit coordinator for Probation Circuit 4 completes all referrals to the program, as confirmed in the Juvenile Justice Information System (JJIS). The program reviews the referral and determines if the youth is appropriate for the program. The program maintains a tracking sheet to document the dates of referral, the dates of program acceptance, the date of program placement, and the date of release date. If rejecting a referral, the program must document the reasons why to the circuit coordinator, who must approve the rejection. Five youth records were reviewed, all referrals were accepted within two business days. There were no rejections in any of the cases reviewed. The regional director was interviewed and was able to explain the referral process.

#### 2.02 Admission and Services Provision Processes

#### Satisfactory Compliance

*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).*

Five youth records were reviewed. Each record documented each youth was assessed for placement within seventeen calendar days of referral from the Department. Admission dates for all five youth were accurately reflected in the Juvenile Justice Information System (JJIS). Each record contained a referral packet from the youth's assigned juvenile probation officer (JPO), the Youth Empowered Success (YES) Plan, Face sheet, previous assessments, a Positive Achievement Change Tool (PACT), and other relevant information. All five YES Plans identified each youth's service needs as a goal. Emails between the program and the JPO documented collaboration of the youth's progress. Each record documented an agreement to participate in therapeutic services, signed by both the youth and their parent/guardian.

|   |                                |
|---|--------------------------------|
| <b>2.03 Intake Conference and Orientation</b>   | <b>Satisfactory Compliance</b> |
| <i>Upon acceptance and intake of the youth for services, the Redirection Services 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 provider/practitioner.</i> |                                |

Five records were reviewed and documented a face-to-face intake conference conducted with the youth and the parent/guardian in each case. Consent and release of information forms were present in each youth's record and were signed by both the youth and the parent/guardian. Each record documented the completion of orientation and were signed by both the youth and the parent/guardian. The program orientation includes a program handbook, the expectations of the youth and the parent/guardian, proposed hours and location of services, contact information for the assigned counselor, and identification of key program staff.

|   |                                |
|---|--------------------------------|
| <b>2.04 Clinical Assessments</b>  | <b>Satisfactory Compliance</b> |
| <i>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.</i> |                                |

Five youth records were reviewed for clinical assessments. Each record contained a clinical assessment completed on the day of intake. Each assessment documented a face-to-face interview with the youth and the parent/guardian. The assessments incorporated all required elements, including the presenting problem (reason for assessment), relevant background information, history of abuse and other forms of trauma, behavioral functioning, health history, mental health and substance abuse history and response to any previous treatment, and education functioning. Youth strengths were also identified. Each comprehensive clinical assessment included a summary of findings, diagnosis, and clinical impressions. Three of the assessments were completed by two non-licensed clinical staff, which were approved by a licensed mental health counselor (LMHC). The remaining two clinical assessments were completed by a licensed mental health professional. The LMHC's license is clear and active in the State of Florida and expires on March 31, 2019. A LMHC reviewed each assessment and documented agreement with the findings and treatment recommendations.

|   |                                |
|---|--------------------------------|
| <b>2.05 Clinical Assessment Qualifications</b>  | <b>Satisfactory Compliance</b> |
| <i>Clinical Assessments must be conducted by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed mental health practitioner.</i> |                                |

Five youth records were reviewed and each included a clinical assessment. Three of the assessments were completed by two non-licensed clinical staff who work under the direct supervision of a licensed mental health professional. Both non-licensed clinical staff hold a master's-level degree from an accredited university or college in one of the required fields of study. Documentation of weekly supervision of the non-licensed staff by a licensed mental health professional was documented in their personnel files.

## Standard 3: Intervention Services

### Overview

An individualized treatment plan is developed for each youth following the completion of a clinical assessment. The treatment plans are developed with input from the youth and the parent/guardian which addresses the needs identified in each youth's clinical assessment. Cognitive behavioral therapy (CBT) is the modality used for individual and family therapy. Crisis intervention and supportive therapy is also available and is provided as needed. The program requests terminations, both successful and unsuccessful, through the Department's circuit coordinator. Treatment services are provided by licensed and non-licensed staff who work under the direct supervision of a licensed mental health professional.

#### 3.01 Individualized Treatment Plan/Plan of Care

#### Satisfactory Compliance

*The provider 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.*

Five youth records were reviewed, which an individualized treatment plan was completed and included all required elements. Each youth's treatment plan was person-centered and included needs identified in the clinical assessment. Each treatment plan included goals and objectives to be accomplished by the youth and/or parent/guardian with targeted dates for completion. Each treatment plan included the frequency of service, physical needs, strengths, preferences, individual and family counseling. The treatment plans were developed with input from the youth and the parent/guardian. Each treatment plan was signed electronically at the time of completion by the youth, the parent/guardian, and counselor completing the plan. A licensed mental health counselor (LMHC) electronically signed each plan within ten days of completion.

#### 3.02 Practitioner Qualifications

#### Satisfactory Compliance

*Treatment Plans and Therapy shall be provided by a licensed practitioner or a clinician meeting the qualifications set forth in the contract.*

Five personnel records were reviewed, which included three counselors, a supervisor, and the regional director. Each staff exceeded the required minimum of two years of direct experience working with emotionally disturbed children with criminogenic factors and their parent/guardian. Staff experience in the field ranged from eight to twenty-six years in the fields of psychology and/or counseling. Two of the staff are licensed mental health counselors (LMHCs). The remaining three staff have master's-level degrees in psychology or mental health counseling and work under the clinical supervision of a LMHC. Additionally, one of the unlicensed counselors is also a master's-level certified addiction professional (MCAP). All staff received adequate training and possess the education to perform their duties. Non-licensed clinical staff receive weekly supervision training from a licensed mental health professional. All staff are employed by Chrysalis Health Services, Inc., a certified Redirection services provider.

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

Five youth records were reviewed. The progress notes reviewed indicate the therapists made weekly contacts with each youth and/or parent/guardian. Weekly contact included one hour of individual counseling with the youth and one hour of counseling with the parent/guardian. The counseling sessions were driven by the youth's treatment plan objectives. Youth and parents/guardians are provided a handbook including information on how to contact the program twenty-four hours a day, seven days a week if needed for crisis intervention. The Juvenile Justice Information System (JJIS) confirmed the program completed and uploaded monthly progress reports for five open and five closed youth records reviewed. Additionally, the program provided documentation of e-mails sent to the juvenile probation officers (JPOs) indicating when each youth's monthly summary was completed and uploaded. Documentation of all clinical assessments, treatment plans, and therapy is maintained in each youth's record.

|  |                                |
|--|--------------------------------|
| <b>3.04 Mental Health and/or Substance Abuse Treatment Planning</b>  | <b>Satisfactory Compliance</b> |
| <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> |                                |

Five youth records were reviewed. Progress notes in each youth record documented mental health and substance abuse treatment services were provided by qualified mental health and substance abuse professionals. Therapists completed weekly visits with youth and their parents/guardians. Individual and family counseling sessions were completed during the weekly visits, with one hour being designated for individual counseling with the youth and another hour being designated for family counseling twice a week. Crisis intervention services are available through the program for youth and their families twenty-four hours a day, seven days a week. Case coordination is completed with the Department through e-mail and telephone calls.

|  |                                |
|--|--------------------------------|
| <b>3.05 Release/Discharge</b>  | <b>Satisfactory Compliance</b> |
| <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> |                                |

Five closed records were reviewed for release or discharge. The program coordinates all discharge planning with the Department's circuit coordinator and the youth's juvenile probation officer (JPO). Release and/or discharge summaries were provided to each youth's assigned JPO. Each summary referenced plans and recommendations for release/discharge. Three youth were released successfully and two unsuccessfully. A release/discharge summary was uploaded into the Juvenile Justice Information System (JJIS) in all five cases. The program also provided e-mails indicating their recommendations for release/discharge were sent to JPOs.

## Standard 4: Fidelity Monitoring

### Overview

The program provides the primary service of Cognitive Behavior Therapy (CBT), which is an evidence-based intervention. Staff facilitate CBT in individual and family therapy sessions. All staff receive training on CBT during orientation. Program directors are responsible for observing their staff in individual and family therapy sessions. The director's observations are documented on a Cognitive Therapy Rating Scale (CTRS). The CTRS results since the last review indicated the program received ratings of very good to excellent in the areas assessed. The assessed areas were general therapeutic skills, conceptualization, strategy, and techniques.

The delivery of the primary service is discussed weekly during clinical supervision. The primary service information is compiled by corporate staff and sent to the Department's contract manager on a quarterly basis. Staff are evaluated on the delivery of the primary service during the ninety-day probationary period and annually thereafter.

#### 4.01 Treatment Manual/Protocol

**Satisfactory Compliance**

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

The program has a written policy and procedures for the delivery of the primary service, Cognitive Behavior Therapy (CBT). The policy requires staff to provide therapy two times a week with the youth and the parent/guardian in individual and family therapy sessions. Staff are trained on the delivery of CBT. There were no individual or family therapy sessions scheduled on-site during the time of the annual compliance review.

#### 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 staff training records were reviewed for documentation of training on the evidence-based intervention, cognitive behavior therapy (CBT). All staff were trained by a qualified instructor on the primary service, CBT. The clinical staff were also trained on the Cognitive Behavior Therapy/Motivational Interviewing Using Empirically Based Practices Parts One and Two.

#### 4.03 Internal Fidelity Monitoring

**Satisfactory Compliance**

*The Redirection Service 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 submitted quarterly fidelity monitoring reports to the Department's contract manager. Internal fidelity monitoring of treatment staff is conducted by the program director. The program director is trained on the Cognitive Therapy Rating Scale (CRTS). The program director also conducts weekly clinical supervision and reviews of progress notes and treatment goals. Weekly clinical supervision was provided for the three non-licensed clinical staff and the part time licensed mental health counselor staff.



**4.04 Corrective Action Based on Fidelity Monitoring****Satisfactory Compliance**

*The Redirection Service 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 director observes staff during individual sessions with youth and families. This was documented on the Cognitive Therapy Rating Scale (CTRS) and in clinical supervision notes. These methods are used to conduct fidelity monitoring of cognitive therapy facilitated by staff. All staff had been observed by the program director as documented on the CTRS and clinical supervision notes. Some of the non-licensed counselors' therapy sessions are audiotaped for review by the program director. The program has a written policy and procedures by which corrective action is applied based on the fidelity monitoring. No staff was placed on a performance improvement plan during the annual compliance review period. A review of fidelity monitoring reports found no staff turnover during the delivery of Cognitive Behavior Therapy (CBT) sessions.

**4.05 Evaluation of Facilitator Skill in Delivering the Intervention****Satisfactory Compliance**

*Performance evaluations of the facilitators of the specific intervention/service include the evaluation of skill in delivering the interventions/services.*

Three personnel records were reviewed for performance evaluations. One of the staff received a probationary evaluation; one staff had an annual evaluation; and one staff was hired with less than one month of employment. The evaluation documents are based on the skills and abilities in delivering Cognitive Behavior Therapy (CBT). Evaluations were completed by the program director.

Program Name: Redirection Cir 4  
Provider Name: Chrysalis Health Services, Inc.  
Location: Duval County / Circuit 4  
Review Date(s): July 17-18, 2018

MQI Program Code: 1350  
Contract Number: 10157  
Number of Beds: 27  
Lead Reviewer Code: 130

### **Overall Rating Summary**

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