

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Redirections Circuits 5, 7, and 8

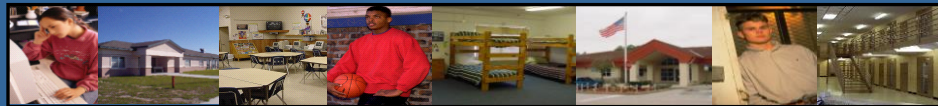
The Chrysalis Center, Inc.

(Contract Provider)

1515 E Silver Springs Blvd

Ocala, Florida 34470

Review Date(s): November 13-14, 2019



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions 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:

Amy Hutto, Office of Program Accountability, Lead Reviewer (Standards 1 and 4)

Jennifer Schad, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

Program Name: Redirections Circuit 5, 7, 8
MQI Program Code: Circuit 5 & 8 - 1348, Circuit 7 - 1352
Provider Name: The Chrysalis Center, Inc.
Location: Marion and Volusia County / Circuit 5, 7, 8
Number of Beds: 8 - 34
Review Date(s): November 13-14, 2019

Contract Number: 10157

Lead Reviewer Code: 157

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

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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)*	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

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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

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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 5, 7, and 8 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 youth ages eleven to nineteen redirection services for multiple circuits statewide; designating thirty to thirty-four slots for Circuit 5, eight to twelve slots for Circuit 7, and ten to fourteen slots in Circuit 8. The program is comprised of a program director who is a licensed mental health counselor (LMHC). Mental health services in Circuit 8 are provided by a licensed mental health counselor. Mental health services in Circuit 5 are provided by four full time master's-level therapists. Mental health services in Circuit 7 are provided by two full time master's-level therapists. All therapists receive clinical supervision from the program director. 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 in the home, school, or other community setting. Sessions are provided for sixty to ninety minutes twice a week 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
<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>	

The program has a policy and procedures for completing initial background screening on new employees and volunteers. Since the last annual compliance review the program hired seven full-time therapists. A background screening was completed on six of the therapists prior to their date of hire. The one therapist background screening was completed three days after their hire date. The therapist did not have client contact prior to receipt of the background screening. The provider completed an Annual Affidavit of Compliance with Level 2 Screening Standards which was submitted to the Department's Background Screening Unit on January 4, 2019.

1.02 Five-Year Rescreening	Satisfactory Compliance
<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>	

The program has a policy and procedures for completing five-year background rescreenings. Staff and volunteers are rescreened every five years from their initial date of employment. The program had one employee who was eligible for a five-year rescreening. The rescreening was submitted to the Department's Background Screening Unit at least ten business days prior to the employee's five-year anniversary and before the retained prints expiration date. The rescreen reflected the employee was eligible to continue employment.

1.03 Pre-Service and/or In-Service Training	Satisfactory Compliance
<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> <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 regarding pre-service and in-service training. Seven therapists personnel records were reviewed for pre-service training. Each newly hired therapist completed training in critical incident reporting, trauma informed care, and adolescent behavior.

The program supervisor was reviewed for in-service training. The program supervisor is the only staff member who enters information in the Department's Juvenile Justice Information System (JJIS). The program supervisor completed JJIS training and information security awareness training.

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

The program had one incident reported to the Central Communications Center (CCC) during the annual compliance review period. The incident was classified as a highway safety alert due to a staff member's driving record. The incident was reported to the CCC within two hours of the program becoming aware of the incident.

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 adheres to a code of conduct that forbids staff from using physical abuse, profanity, threats, or intimidation. All services are provided in home or in community locations. The program's office includes posting with instructions on how to contact the Florida Abuse Hotline and the Central Communications Center (CCC). There were no abuse allegations substantiated against staff. There was one allegation of abuse reported to the Florida Abuse Hotline on behalf of a client who reported past abuse to their therapist. The call was accepted by the Florida Abuse Hotline.

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

The program completes and submits monthly reports to the Department detailing incidents and population data. These reports includes the youth monthly progress report, monthly service summary report, discharge summary report, fidelity monitoring report, and ad hoc reports. Statistical information is maintained to include monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, and incidents. The program's youth roster corresponded with the Department's census report. A review of nine youth records found the date of admission and the date of termination documented in the youth's records correlated with the information found in the Department's Juvenile Justice Information System (JJIS).

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 for documenting data in the Department's Juvenile Justice Information System (JJIS). Program management enters information in JJIS. A review of nine closed youth records was completed. The programs internal spreadsheet and JJIS were reviewed and confirmed the program accepted the referral within two business days. Additionally, the youth release module was utilized in each case to complete all releases and within twenty-four hours of youth's release from the program. Each record also reflected the youth's monthly progress reports and discharge summaries were uploaded into the JJIS Documents Library by the provider. All nine records reflected each youth release is tracked by the program to include the date of youth admission for service, date of discharge/release, and the release reason for each youth admitted.

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.

Seven therapists personnel records were reviewed for their qualifications. Each therapist has a master's-level degree in counseling, social work, or a related field. One of the therapists is a licensed mental health counselor. All of the therapists had documentation of training on t basic counseling skills, program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development and typical behavior problems, and Cognitive Behavioral Therapy model. The therapists are non-licensed and receive clinical supervision from the program director. The program director is a licensed mental health counselor (LMHC) with a clear and active license in the State of Florida which expires on March 31, 2021. The therapists' records documented weekly clinical supervision sessions with each session lasting an hour.

1.09 Substance Abuse Services Staffing Requirements and Qualifications**Satisfactory Compliance**

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

The program is licensed through the Department of Children and Families to provide outpatient substance abuse services. Substance abuse services are provided by master's-level therapists with degrees in counseling and social work. The therapists are under the supervision of the program director, who is a licensed mental health counselor (LMHC).

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>	

Ten youth treatment records were reviewed. The program reviewed and accepted the referral within two business days for all ten youth. An interview with the program director confirmed the responsibility for accepting the referrals. There was documentation in the youth records and Juvenile Justice Information System (JJIS) case notes when a youth was referred and assigned to a therapist.

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>	

Ten youth treatment records were reviewed. Each youth was referred to the provider for services. Each referred youth services commenced within seventeen calendar days of assignment to the therapist. Each youth had a start date in the Juvenile Justice Information System (JJIS) correlating with the youth's admission and intake date with the provider. Each youth had documentation of the provider collaborating with the assigned juvenile probation officer (JPO) upon the youth's admission into the program. Each youth's Youth Empowered Success (YES) Plan was updated by the assigned JPO to incorporate this intervention service. There was documentation in all ten youth records of the parent/guardian agreeing to participate in the family-centered therapy.

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>	

Ten youth treatment records were reviewed. There was documentation in all ten records of the youth and parent/guardian participating in a face-to-face orientation on the date of the youth's admission and intake. The orientation included a signed consent for service and release of information, a handbook detailing service goals, expectations of the youth and family, hours and location of intervention services, emergency contact information, and identification of key staff for contact. The consent forms were maintained in each youth's record.

2.04 Clinical Assessments	Satisfactory Compliance
<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>	

Ten youth treatment records were reviewed. Each youth received a clinical assessment at intake. There was documentation each youth and parent/guardian were interviewed in all ten records. The provider's clinical assessment utilized a standardized assessment instrument

which included identifying information, the reason for the assessment, relevant background information, behavioral functioning, physical health, and education functioning. The assessment also included history of abuse, witnessing violence or trauma, mental health history, substance abuse history, any previous treatment and outcome, and the current life situation and sources of stress. A review of available clinical records and information were completed, if applicable. The assessment included treatment recommendations with clinical impressions, diagnostic formulation, summary of findings, and a review statement from a licensed mental health professional.

2.05 Clinical Assessment Qualifications (Critical)	Satisfactory Compliance
<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>	

Ten youth treatment records were reviewed. Each clinical assessment was conducted by a licensed practitioner or a non-licensed clinician working under the direct supervision of a licensed mental health professional. Each clinical assessment was reviewed and signed by the program director, a licensed mental health counselor (LMHC). The program has five non-licensed clinical staff and one licensed clinical staff providing services. The five non-licensed clinical staff holds a master's-level degree from an accredited college in a human services related field and work under the direct supervision of the program director, a LMHC.

Standard 3: Intervention Services

3.01 Individualized Treatment Plan/Plan of Care	Satisfactory Compliance
<i>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.</i>	

Ten youth treatment records were reviewed. The program developed an individualized treatment plan based on the clinical assessment within thirty days of initiation of treatment for all ten youth. The individualized treatment plan was developed with a person-centered process in consultation with the youth and included the youth's family support system. The person-centered process identified the youth's physical and mental health support needs, strengths, preferences, and desired outcomes. Each individualized treatment plan takes into account the youth's family support, identifies the Redirection service the youth would be utilizing, is guided by the best practices and research on effective strategies for improved health and quality of life outcomes, and addresses diagnoses and symptom identified in the clinical assessment. Each individualized treatment plan ensures the youth and family support system are involved in the treatment plan process, includes any history of trauma, and prevents the provision of unnecessary or inappropriate care. Each individualized treatment plan includes the signatures of the youth, parent/guardian, and clinical staff developing the plan. Each plan was signed by the program director, a licensed mental health counselor. Each plan was updated each month, as needed.

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

In addition to the program director who is a licensed mental health counselor (LMHC), the program has five non-licensed clinical staff and one licensed clinical staff providing services. Each practitioner is employed by the Redirections service provider and has received training for the treatment service they are providing. The licensed therapist staff is a LMHC. The five non-licensed clinical staff hold a master's-level degree from an accredited college in a human services related field and work under the direct supervision of the program director, a LMHC. Each master's-level clinical staff had the required experience for the practitioner's position. The program is licensed under Chapter 397 and each practitioner meets the qualifications to provide substance abuse services.

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>	

Ten youth treatment records were reviewed. There is documentation in each record the program is providing individual and family therapy services. This program does not provide group therapy services. Therapy services are provided two times weekly unless the youth and family are unavailable, or as dictated by modality. There was documentation in the youth record for missed or rescheduled appointments. Individual and family therapy services were documented in progress notes for each youth. Each therapy session was noted to be a minimum of thirty minutes. Each youth had monthly written reports provided to the juvenile probation officer (JPO) and uploaded into the Juvenile Justice Information System (JJIS) every thirty days. The program provides twenty-four hours, seven days a week crisis therapeutic support to assist youth and their families in managing a crisis.

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 ensures individual and therapy includes the provision of insight oriented, cognitive behavioral therapy interventions to address criminogenic risk factors with the youth and family. The program does not conduct group counseling. Each youth's treatment plan includes one hour weekly for case coordination activities. The therapists provides case coordination to help ensure there is consistent communication with the family and juvenile probation officer working towards successfully completing treatment.

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>	

Nine closed youth treatment records were reviewed. For each record prior to the release or discharge of the youth from the program, the program coordinated with the assigned juvenile probation officer (JPO). There was copy of the youth's discharge summary uploaded in the Juvenile Justice Information System (JJIS) for each youth's record. Each youth had a discharge case note reflecting the release or discharge of the youth from the intervention service.

Standard 4: Fidelity Monitoring

4.01 Treatment Manual/Protocol	Satisfactory Compliance
<i>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.</i>	

The program has a written policy and procedures for the delivery of their treatment service, Cognitive Behavioral Therapy (CBT). The therapists adhere to the written protocol for delivery of services and are trained on the delivery of CBT. Sessions occur in the community; therefore, were unable to be observed during the time of the annual compliance review.

4.02 Facilitator Training	Satisfactory Compliance
<i>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).</i>	

Seven staff training records were reviewed for documentation of training in Cognitive Behavioral Therapy (CBT), which is an evidenced-based intervention. All staff were trained by a qualified instructor on how to deliver the intervention services.

4.03 Internal Fidelity Monitoring (Critical)	Satisfactory Compliance
<i>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.</i>	

The program submits quarterly fidelity monitoring reports to the Department's contract manager. The program director is responsible for conducting internal fidelity monitoring of treatment services. Documentation reflected fidelity monitoring was completed at least once a month for each therapist. The program director is trained on the Cognitive Therapy Rating Scale (CRTS).

4.04 Corrective Action Based on Fidelity Monitoring	Satisfactory Compliance
<i>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.</i>	

The program has a policy and procedures regarding corrective action based on fidelity monitoring. Documentation reflected the program director completes fidelity monitoring of each therapists through observations of the therapists during sessions and reviewing recordings of sessions. The sessions are documented on the Cognitive Therapy Rating Scale (CTRS) and in clinical supervision notes. None of the therapists were placed on a performance improvement plan during the annual compliance review period based on fidelity monitoring.

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.

Three personnel records were reviewed for performance evaluations. One record was of the program director who received an annual performance evaluation. The remaining two therapists were employed less than a year and received performance evaluations at three month intervals. The evaluations of the therapists were completed by the program director and reflected their skills and abilities in delivering Cognitive Behavioral Therapy (CBT) to their clients.