

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

REDIRECTION CIRCUIT ONE

Chrysalis Health Services, Inc.

(Contract Provider)

3250 West Navy Boulevard
Pensacola, Florida 32506

Review Date(s): January 8-9, 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:

Lea Herring, Office of Program Accountability, Lead Reviewer (Standards 1, 2, 3, & 4)

Program Name: Redirection Services - Circuit 1
 Provider Name: Chrysalis Health Services, Inc.
 Location: Escambia County / Circuit 1
 Review Date(s): January 8-9, 2019

MQI Program Code: 1347
 Contract Number: 10157
 Number of Beds: 24-32
 Lead Reviewer Code: 127

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 checked="" type="checkbox"/> DJJ Monitor | _____ # Clinical Staff | _____ # Program Supervisors |
| <input type="checkbox"/> DHA or designee | _____ # Food Service Personnel | 1 # Other (listed by title): Project Manager |
| <input type="checkbox"/> DMHCA or designee | _____ # Healthcare Staff | |

Documents Reviewed

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | _____ # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | _____ # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 5 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records/CORE |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 5 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

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

Observations During Review

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

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

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	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).

Program Overview

Redirections Circuit 1 is operated by Chrysalis Health Services through a contact 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 twenty-four to thirty-two male and female youth, ages eleven to nineteen. The program is comprised of a Regional Director, a Licensed Mental Health Counselor (LMHC), an in-house Program Director, and three therapists, with one being a LMHC and two 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 Positive Achievement Change Tool (PACT) assessment. The program directly addresses those identified risks and needs through Cognitive Behavioral Therapy (CBT). Services are provided weekly in-home and include individual and family therapy, with an average length of stay of fifteen to eighteen 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	Satisfactory Compliance
<p><i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i></p>	

The program has policy and procedures ensuring staff do not have contact with youth prior to receiving an eligible screening from the Department's Background Screening Unit (BSU). The program conducts background screenings for all newly hired staff. Three staff had been hired since the last annual compliance review. All three staff records reviewed had a background screening completed prior to the staff's date of hire. No exemptions were needed for any criminal history obtained. Additional screenings included clearance from the Department of Children and Families, a local county check, driving history, Florida Sexual Offender Registry check, and the National Sexual Offender Registry check. The Annual Affidavit of Compliance with Level 2 Screening Standards was sent to the Department January 8, 2018, meeting the annual requirement.

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

The program has a written policy and procedures addressing the five-year rescreening of staff, interns, and volunteers. The program's contract with the Department started in 2014; therefore, none of the staff were eligible for a five-year rescreening.

1.03 Pre-Service and/or In-Service Training	Satisfactory Compliance
<p><i>All applicable Redirections staff successfully complete 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 written policy and procedures establishing training requirements for staff. Three pre-service staff records were reviewed for pre-service training requirements. Each staff completed all required trainings, including Information Safety Awareness, Motivational Interviewing, critical incident reporting requirements, trauma-informed care, and adolescent behavior. All three staff completed all training prior to working with youth and within the ninety days of hire. The Program Director is the only staff who enters information into the Department's Juvenile Justice Information System (JJIS); therefore, the PD was the only staff required to and

completed JJIS training. All of the trainings required, which were offered in the Department Learning Management System (SkillPro), were found in the SkillPro system. Five in-service staff records were reviewed which included the Regional Director, Program Director, as well as the three clinical staff. All five staff completed Information Safety Awareness training; however, none of the staff are required to complete the training, as it is only required for staff who have access to JJIS.

1.04 Incident Reporting (CCC)	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 has a written policy and procedures in place regarding reporting incidents to the Central Communications Center (CCC). The program had two CCC reports during the annual compliance review period. The program had internal incidents logged in their internal incident tracking log. One CCC report was regarding program closure due to a hurricane and the other was regarding a youth arrest which received media attention. The CCC was called within two hours of the program's discovery of the incident. A review of internal incidents, grievances, and youth records found there were no additional incidents which should have been reported to the CCC.

1.05 Abuse Reporting (DCF)	Satisfactory Compliance
<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>	

The program provides an environment in which youth, staff, and others feel safe and not threatened by any form of abuse. The program adheres to an Affidavit of Good Moral Character, forbidding staff from using physical abuse, profanity, threats, or intimidation. Five staff records were reviewed for code of conduct information. Each of the staff signed acknowledgements of receiving this information. These signed acknowledgments included the receipt of an employee manual, employment harassment policy, abuse and neglect policy, and a corporal and degrading punishment policy. There was no indication of abuse which had not been reported to the Florida Abuse Hotline. The Central Communications Center (CCC) incidents were reviewed for allegations of child abuse against staff. The Program Director and Project Manager were interviewed and reported there were no abuse allegations, reports, or grievances made against staff during the annual compliance review period.

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

The program submitted monthly reports to the Department's contract manager and Redirection Services Coordinator. The contract and reports submitted to the Department were sent monthly, as required, and captured all information required by the contract. Monthly reports submitted

included Monthly Progress Report, Monthly Service Summary, Discharge Summary, Fidelity Monitoring, and Ad Hoc.

1.07 JJIS and Data Requirements	Satisfactory Compliance
<i>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.</i>	

Five opened and three closed youth clinical records were reviewed. There was additional documentation, including an internal tracking sheet, which the program provided to confirm each of the youth's referrals to the program were accepted within forty-eight hours of the referral being made. The Department's Juvenile Justice Information System (JJIS) was used for all youth placements. All of the closed youth records indicated the youth were discharged in JJIS 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. An interview with the Program Director confirmed all monthly progress reports and discharge summaries are uploaded into JJIS.

1.08 Mental Health Services Staffing Requirements and Qualifications	Satisfactory Compliance
<i>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.</i>	

The Regional Director and Program Director (PD) are both licensed mental health counselors (LMHC) with licenses expiring March 31, 2019. The PD provides supervision to the three therapists. One of the three therapists is also a LMHC, with a license expiring March 31, 2019. Three staff records were reviewed for educational transcripts and qualifications. All staff had master's-level degrees in psychology. Each staff had at least one year of experience working directly with youth and/or in the related human services field. The three staff records reviewed 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. Clinical supervision was provided by the PD. All three staff records reviewed had documentation they had each attended weekly clinical supervision sessions with the PD. All licensed staff received training in the evidence-based programs provided by the program.

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 is licensed in accordance with the Chapter 397, Florida Statutes, which qualifies the program to provide outpatient substance abuse services to youth. Each of the program's staff were verified for staffing requirements and qualifications. The program employs a Regional Director, a Program Director (PD), and a Therapist, each of which are licensed clinical staff. The program also has two non-licensed clinicians. The PD provides supervision for all of the therapists. Each of the three therapists are master's-level clinicians with degrees in psychology. Each of the program's therapists, both licensed and non-licensed, were found to have face-to-face supervision by the licensed program director each week they provided services to youth.

Each supervision contact lasted a duration of one hour and covered counseling skills, techniques, and reviewed the staff's caseload.

Standard 2: Assessment Services

2.01 Referral Process	Satisfactory Compliance
<i>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).</i>	

Five youth clinical records were reviewed for the referral process. The Juvenile Probation Officer, who serves as the liaison between the circuit and program, refers appropriate youth by submitting a referral form and entering the youth in the Department's Juvenile Justice Information System (JJIS) Resource Booking Module. The program then reviews the referral and determines if the youth is appropriate for the program. The program maintains a referral tracking form to document the dates of when referrals were booked into JJIS, the date referrals were accepted by the program, the date of placement in the program, and the release date. The program provided documentation indicating the referrals were reviewed and accepted within forty-eight hours of the referrals being entered into JJIS for all five youth records reviewed. The program reported there are only denials of youth referrals when a youth and parent/guardian are not cooperative with treatment.

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>	

Five youth clinical records were reviewed for the admission process. In each record, an initial face-to-face interview was conducted with the youth and parent/guardian on the date of admission into the program. Each of the youth and parents/guardians signed agreements to participate in Cognitive Behavior Therapy (CBT). All of the records contained emails documenting contacts between treatment staff and Juvenile Probation Officers (JPO) discussing goals and intervention services. A review of five Youth Empowered Success (YES) Plans found four of the five youth's plans included the intervention service by the JPO.

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 provider/practitioner.</i>	

Five youth clinical records were reviewed and found each youth and parent/guardian had a face-to-face intake conference and orientation, which were conducted on the same day. Consent forms were signed by all required parties and were maintained in the clinical records. Orientation was documented on a Consent for Treatment Services form. All elements required by the contract with the Department were addressed in orientation. An overview of the program is given to the youth and their parents/guardians which contains information including release of information from the youth and parent/guardian, delivery of handbook/brochure detailing service goals, expectations of the youth and family, proposed hours and location of intervention services, emergency contact information, and identification of key staff for contact.

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>	

A review of five youth clinical records found each youth received a clinical assessment during their initial intake conferences. A face-to-face interview was conducted with the youth and their parent/guardian during the completion of the clinical assessment. The clinical assessment incorporated all required elements, including, but not limited to, the identifying information, reason for assessment, relevant background information, history of abuse and other forms of trauma, behavioral functioning, physical history, mental health history and response to any previous treatment, substance abuse history and response to any previous treatment, review of available clinical records and other information needed to develop the youth's treatment plan, caregiver assessment as person responsible for implementing the youth's treatment plan, current life situation and sources of stress, an examination of the youth's mental health needs, strengths and preferences, current functioning and symptoms and diagnoses, and treatment recommendations. All five youth records contained clinical assessments which also included clinical impressions, diagnostic formulation, summary of findings, and a statement by the Licensed Mental Health Professional confirming review of the assessment and concurrence with the findings and treatment recommendations.

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

The program has two non-licensed and one licensed therapists. The Program Director (PD) and Regional Director are both Licensed Mental Health Counselors (LMHC). The therapists work under the direct supervision of the PD. The PD reported during an interview, in the event she is unavailable, the Regional Director provides supervision for the non-licensed therapists. Each clinical assessment was completed by a therapist and reviewed by the LMHC. The LMHC reviewed, approved, and signed all clinical assessments.

Standard 3: Intervention Services

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

A review of five youth clinical records found an Individualized Treatment Plan was developed for each youth. The plans were developed with input from each youth, parent/guardian, and therapist. The person-centered process identifies the youth's physical and mental health support needs, strengths, preferences, and desired outcomes. Each plan was electronically signed by the youth, parent/guardian, and therapist completing the plan. The individualized treatment takes into account any family or other supports for the youth, identifies the redirection service the youth is assessed to need, guided by best practices and research on effective strategies for improved health and quality of life outcomes, addresses diagnoses and symptoms identified in each of the youth's clinical assessment, service provider ensures the youth and identified support members are fully involved in the treatment plan process, prevents the provision of unnecessary or inappropriate care, and history of trauma. The Licensed Mental Health Counselor (LMHC) reviewed and signed all five of the plans within ten days of completion. Individualized Treatment Plans appeared to be updated, as necessary.

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>	

Four staff records were reviewed for educational transcripts and qualifications. All staff have master's-level degrees. Each staff had the required one year of experience working directly with youth and/or in a related human services field. Two of the therapists were not licensed and received clinical supervision provided by the Program Director, who is a Licensed Mental Health Counselor (LMHC). One therapist is a LMHC. All staff attended weekly clinical supervision sessions.

3.03 Redirection Therapy Services	Satisfactory Compliance
<p><i>The provider shall provide the following for Redirections youth:</i></p> <ul style="list-style-type: none"> • <i>Individual therapy services</i> • <i>Family therapy services</i> • <i>Group therapy services</i> <p><i>A combination of therapy services, aside from Redirection 24 hour crisis therapeutic support services, must be provided two times weekly unless youth and family are unavailable and/or once a week as dictated by modality.</i></p>	

Five youth clinical records were reviewed for therapy services. A review of the contract found program staff are responsible for the delivery of individual, family, crisis intervention, and supportive therapy. Documentation supported each youth received individual and family therapy services on a weekly basis. Supportive counseling and crisis intervention was provided and documented when a need was identified. The program completed progress reports and uploaded them into the Department’s Juvenile Justice Information System (JJIS). The program also provides twenty-four hour crisis therapeutic support twenty-four hours a day, seven days a week.

3.04 Mental Health and/or Substance Abuse Treatment Planning	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>	

Five youth clinical records were reviewed for individualized plans of care. All plans were signed by youth, parent/guardian, and treatment staff. Goals and objectives were individualized to meet each youth’s needs. All of the plans documented the youth’s mental health and/or substance abuse diagnoses. Symptoms and behaviors which would be the focus of treatment were also stipulated on the plans. Case notes documented therapists completed or attempted weekly visits with the youth and parents/guardians to complete individual mental health or substance abuse counseling sessions. Documentation reflected each individual session was at least one hour in length. The program communicated with assigned Juvenile Probation Officers (JPO) through monthly reports. Coordination with schools and service providers was documented, as applicable. The program also offers twenty-four crisis services to assist youth and their families in crisis situations.

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>	

Three closed records were reviewed for release procedures. All three youth records were for youth who were successfully discharged from the program. Each closed record documented program staff communicated with the assigned Juvenile Probation Officer (JPO), by email, prior to requesting a youth be discharged from the program. The Discharge Summary outlined services provided and reasons for release in each record. The Discharge Summaries were sent, by email, to the assigned JPO in each record. All three youth records had evidence the

Discharge Summaries were uploaded into the Department's Juvenile Justice Information System (JJIS) upon completion.

Standard 4: Fidelity Monitoring

4.01 Treatment Manual/Protocol	Satisfactory Compliance
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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 program has a written policy and procedures addressing the delivery of the primary service, Cognitive Behavior Therapy (CBT). A review of youth records and case notes revealed youth are receiving therapy services, as required by CBT. Staff are to be trained on the delivery of CBT. Case notes documented youth received CBT services through individual and family therapy sessions, which are scheduled to occur weekly. None of the therapy sessions were able to be observed during the annual compliance review.

4.02 Facilitator Training	Satisfactory Compliance
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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).

Three facilitator training records were reviewed for documentation of training on the evidence-based intervention, Cognitive Behavior Therapy (CBT). All facilitators received training on advanced CBT and train the trainer. All staff received training in CBT from a qualified trainer.

4.03 Internal Fidelity Monitoring	Satisfactory Compliance
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The Redirection 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 was accomplished through observations of treatment staff by the Program Director (PD). The PD also received training in Cognitive Behavior Therapy. This was documented on the Cognitive Therapy Rating Scale (CRTS). CRTS instruments also documented the use of audio tapes, as a means of conducting fidelity monitoring. Fidelity monitoring was also accomplished through weekly clinical supervision and reviews of progress notes and treatment goals. Clinical supervision was provided on a weekly basis.

4.04 Corrective Action Based on Fidelity Monitoring	Satisfactory Compliance
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The Redirection 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.

A review of fidelity monitoring reports and an interview with the Program Director found none of the staff had been placed on a performance improvement plan during 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.

Three staff records were reviewed for performance evaluations. Staff receive a thirty-day, sixty-day, ninety-day, and annual evaluations for their first year as a therapist. An example of a staff evaluation was received Program Director and direct supervisor and reviewed. All staff were evaluated on their delivery of Cognitive Behavior Therapy, as well as their skills and abilities in the primary service.

Program Name: Redirection Circuit 1
Provider Name: Chrysalis Health Services, Inc.
Location: Escambia County / Circuit 1
Review Date(s): January 8-9, 2019

MQI Program Code: 1347
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Lead Reviewer Code: 127

Overall Rating Summary

Overall Rating Summary

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