

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Redirection Services - Circuits 15 & 19**  
***The Chrysalis Center, Inc. d/b/a Chrysalis Health***  
(Contract Provider)  
230 South Dixie Highway  
Lake Worth, Florida 33460

*Review Date(s): December 4 - 6, 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:

Keith Bennis, Office of Program Accountability, Lead Reviewer (Standard 1)  
Rondarrell George, Office of Program Accountability, Regional Monitor (Standard 2)  
Gabriel Medina, Office of Program Accountability, Regional Monitor (Standard 4)  
Shakela Minns, Office of Program Accountability, Regional Monitor (Standard 3)



## 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).

# Standard 1: Management Accountability

## Overview

On February 1, 2014, The Chrysalis Center, Inc. d/b/a/ Chrysalis Health entered into a contractual agreement with the Department to provide Redirection Services to various circuits throughout the State of Florida. On September 1, 2015, contract amendment number three was executed and these services were extended to Circuits 11, 15, 16, 17, and 19. On September 13, 2017, contract amendment number seven was executed which redistributed the allotted youth slots for the program overall. As a result, the program withdrew from providing services in Circuits 11, 16, and 17 due to low enrollment and redistributed those slots to other circuits who often had long wait lists. Each of the remaining circuits have a maximum slot capacity of ten to fourteen youth. The program utilizes Cognitive Behavioral Therapy (CBT) as the treatment modality for the provision of in-home individual and family therapy services. The average length of stay for youth is between fifteen to eighteen weeks. This was designed to provide evidenced-based therapeutic interventions for youth on probation, conditional release, or post-commitment probation, along with their family members. The program is responsible for working cooperatively with the Department and the juvenile probation officers to ensure referred youth and their families receive the most appropriate services to effectively and efficiently serve the youth and their families within the community. The provider is accountable for delivering the specified CBT modality consistent with the balanced and restorative justice approach and to ensure the provision of direct services are gender-responsive, address the impact of trauma on youth, and are sensitive to the unique needs of youth from different cultures. The program maintains a combined organizational chart for the two circuits which consisted of the program's regional director, who is a licensed mental health counselor (LMHC), the program director, who is also a LMHC, and four non-licensed master's-level therapists working under the direct supervision of the program director. The program has one non-licensed therapist assigned to Circuit 15 and three non-licensed therapists assigned to Circuit 19. The program does not serve any youth in their field office due to all services being provided in-home and in the community with the youth and family. Staff must complete required trainings prior to having contact with youth. The program's office building and offices were observed to be clean, organized, and maintained. Chrysalis does not maintain an automated external defibrillator on-site. While on-site during the annual compliance review, the annual compliance review team also conducted an audit of the provider's invoice billing for the month of October 2018. A review of 100% of the invoicing submitted to the Department for youth receiving services found no errors or deficiencies noted in the billing.

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 that 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 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.</i>	



The program has a written policy and procedures addressing initial background screening to ensure they meet established statutory Level 2 Screening requirements of good moral character for all Department employees, volunteers, interns, and contracted employees. Reviewed documentation reflected the Annual Affidavit of Compliance with Level 2 Screening Standards was submitted and signed on January 8th, 2018, meeting the annual requirement. The program conducts additional screenings on any potential new-hire as well, which includes a local county sheriff's office check, driving history check, a National Sex Offender Search, as well as a Florida Sexual Offenders and Predators Search. The program did not have any volunteers or interns but did hire two new full-time non-licensed therapist staff members since the last annual compliance review. Reviewed documentation confirmed the staff received an eligible background screening prior to their initial hire date and each staff was added to the program's Clearinghouse employee roster. According to Department policy, the hiring authority may proceed with the hiring process once a background screening with an "Eligible" rating is received, an exemption from disqualification has been granted to an applicant with a disqualifying offense, and the applicant has successfully passed the assessment for direct-care positions. This assessment requirement is not applicable to volunteers, certain positions requiring a professional license, certification, or degree.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.</i>	

The program has a written policy and procedures in place for conducting background re-screenings for all staff, volunteers, mentors, and interns every five years from the date of hire by the program. During this annual compliance review period, there were no staff, volunteers, mentors, or interns eligible for a five-year re-screening.

<b>1.03 Pre-Service and/or In-Service Training</b>	<b>Satisfactory Compliance</b>
<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"> <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>	

The program hired two staff since the last annual compliance review who were applicable for pre-service training. The program continues to maintain an annual staff training plan which includes the course topics, hours of training, course descriptions, and course objectives. Reviewed documentation confirmed each newly hired staff received training in Motivational Interviewing, critical incident reporting, trauma-informed care, and adolescent behavior prior to having any contact with youth. The program's in-service training requirement states staff with access to the Department's Juvenile Justice Information System (JJIS) are required to complete the Department's Information Security Awareness training course prior to accessing confidential information and are required to receive additional training on an annual basis. An informal

interview with the program's regional director confirmed the program's directors are the only staff with access JJIS. Reviewed training documentation of the program's director and regional director, who each have access to JJIS, confirmed each completed Information Security Awareness training, as required. The program maintains training documentation in the Department's Learning Management System (SkillPro), as well as in their internal training database system, Relias.

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

The program has a policy and procedures in place to address reporting incidents to the Central Communications Center (CCC) within two hours of the incident or within two hours of becoming aware of the incident. The program had one incident reported to the CCC during the annual compliance review period. A review of the CCC report reflected it was related to a complaint against staff. Reviewed documentation of the report validated the incident was reported to the CCC within the required two-hour timeframe. An informal interview was conducted with the program's regional director, who confirmed the program hasn't had any other internal incidents or grievances since the last annual compliance review. The program did not have any additional internal incidents or grievances completed since the last annual compliance review period.

<b>1.05 Abuse Reporting (DCF) (Critical)</b>	<b>Satisfactory Compliance</b>
<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 has a policy and procedures to ensure all instances of abuse, neglect, abandonment, and/or threatened harm are handled appropriately, effectively, safely, systematically, and according to State of Florida regulations. The program ensures all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline and/or the Department of Children and Families (DCF) Florida Safe Families Network (FSFN). The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. Program staff adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidations. The program requires all new staff to sign a corporal and degrading punishment policy acknowledgment, as well as a professional conduct agreement, which states all staff are responsible to ensure client rights are upheld and are treated in a safe and nurturing manner at all times. During the intake process, each youth is provided with a program description which outlines abuse and neglect reporting, as well as the Florida Abuse Hotline telephone number. The program ensures youth have unimpeded access to self-report alleged abuse and the Florida Abuse Hotline telephone number is provided to each youth and parent/guardian during the orientation meeting. The program maintains a tracking log of applicable Central Communications Center (CCC) and Florida Abuse Hotline reports. Reviewed documentation reflected the program had one incident called into the Florida Abuse Hotline since the last annual compliance review, which was a complaint against staff. The program acted by removing this staff from contact with any youth while the incident was investigated. The program's

regional director confirmed this staff member resigned from the program before the investigation was completed. Five youth records were reviewed as the sample size for this annual compliance review. Reviewed documentation from each record reflected there were not any indications of abuse not being reported to the Florida Abuse Hotline.

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

Reviewed documentation indicated the program maintains statistical information which is reported monthly to the Department. An interview with the program director confirmed the administrative team in the corporate office is responsible for maintaining detailed statistical information regarding program incidents and population data. Statistical information included admissions, releases, transfers, absconders, abuse reports, medical and mental health emergencies, and incidents. Reports are compiled and submitted by the program director to include monthly progress reports, monthly service summary reports, discharge summary reports, and fidelity monitoring reports. The program maintains a census of youth who are active in the program and are receiving services. A review of the program's youth census indicated the youth listed on the program's census matched the Department's Juvenile Justice Information System (JJIS) census report. A review of five closed youth records reflected the date of the youth's admission and termination correlated with the information in JJIS.

<b>1.07 JJIS and Data Requirements</b>	<b>Satisfactory Compliance</b>
<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>	

The Department's Juvenile Justice Information System (JJIS) Youth Placement Module is utilized by the program to document referral acceptances, placements, and rejections. Referrals made by the Department to the program must be reviewed and either accepted or rejected within two business days of receiving the referral. Youth information is entered in the JJIS Evidence-Based Services (EBS) Module to track services delivered. On the date services are initiated, the program enters a formal placement in the appropriate JJIS program. The program uses Cognitive Behavioral Therapy (CBT) with all enrolled youth in both circuits. Youth released from the program are entered into the Youth Release Module in JJIS within twenty-four hours of their release. Five closed youth records were reviewed and reflected each youth's referral was reviewed and accepted within two business days of the referral being made and the Youth Placement screen in JJIS was utilized by the program. Reviewed documentation reflected youth monthly progress reports and discharge summaries were uploaded into the JJIS Documents Library by the program each youth. The Youth Release Module in JJIS was used to release each youth from the program. Each of the releases were documented as being entered within twenty-four hours of the youth's release and included a release reason. The program maintains an internal tracking form which contains data regarding admissions and releases and documents the youth's name, Department identification number (DJJID), date of birth, circuit, date of placement, model assigned, and release date. A review of the Department's Staff Verification System (SVS) module within JJIS reflected data was maintained by the program.

<b>1.08 Mental Health Services Staffing Requirements and</b>	<b>Satisfactory Compliance</b>
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<b>Qualifications</b>	
<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 program is a private, for-profit, mental health agency which employs licensed and non-licensed mental health therapists to provide Cognitive Behavioral Therapy (CBT), an evidence-based service, to all youth enrolled in the program. The program maintains a license under Chapter 397, Florida Statutes, which expires on October 1, 2019. The program's director and regional director oversee each circuit and are each licensed mental health counselors (LMHC). Each LMHC holds a clear and active license in the State of Florida. The program has four non-licensed master's-level therapists working under the direct supervision of the program director. Three staff records were reviewed, which contained one staff record from Circuit 15 and two staff records from Circuit 19. Reviewed documentation reflected the one non-licensed therapist in Circuit 15 has a master's-level degree in science education with a focus on mental health counseling from an accredited college. Reviewed documentation reflected one of the non-licensed staff in Circuit 19 has a master's-level degree in social work while the other reviewed record reflected the staff has a master's-level degree in science education with a focus on mental health counseling. Reviewed documentation reflected each non-licensed mental health clinical staff is directly supervised by a licensed mental health professional on a weekly basis. The program director, who is a LMHC, provides a minimum of one hour of face-to-face supervision weekly for the purpose of overseeing and directing the provided mental health services.

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

The program is licensed under the Department of Children and Families (DCF) Chapter 397, Florida Statutes. The program's director and regional director oversee each circuit and are each licensed mental health counselors (LMHC). Each LMHC holds a clear and active license in the State of Florida. The program has a total of four non-licensed master's-level therapists working under the direct supervision of the program director. Three staff records were reviewed which contained one staff record from Circuit 15 and two staff records from Circuit 19. Circuit 15 has one non-licensed therapist who holds a master's-level degree in social work while Circuit 19 has two non-licensed therapists, one who holds a master's-level degree in social work and the other who holds a master's-level degree in science education with a focus on mental health counseling. Reviewed documentation reflected each non-licensed mental health clinical staff is directly supervised by the program director, who provides a minimum of one hour of face-to-face supervision weekly for overseeing and directing the provided mental health services.

## **Standard 2: Assessment Services**

<b>Overview</b>
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The program utilizes Cognitive Behavioral Therapy (CBT) when providing services to a youth and their family. Youth and families who may benefit from evidence-based CBT are referred to the program by the Department. Redirection treatment includes provisions of clinical services which are psychological, behavioral, and psychosocial and is designed to maintain youth in their homes and communities. Services are highly supportive, individualized, and flexible, requiring a family approach to dealing with all problems affecting the youth's functioning within the community. Youth accepted into the program meet with a therapist for a face-to-face interview on the day of admission to the program. The program's orientation for the youth and parent/guardian occurs during the intake conference. Once accepted, the youth receives a clinical assessment conducted by a master's-level therapist to determine the appropriateness for, and placement in, treatment. The clinical assessment is completed by non-licensed provider staff with the youth and parent/guardian, or caretaker, and is reviewed by a licensed mental health counselor to include a statement of concurrence with the finding and recommendations. Based on the clinical assessment, program staff develop an individualized plan of care to include individual, family, and group therapy for the youth and family. The use of CBT facilitates youth and their respective parent/guardian to replace maladaptive coping skills, thinking, emotions, and behaviors with adaptive positive habits and behaviors. Treatment goals address violence, aggression, conduct disorders, oppositional defiance disorders, substance abuse, mental health conditions, peer/family relationships, and skills. Crisis intervention and management assistance services are available twenty-four hours a day, seven days a week.

<b>2.01 Referral Process</b>	<b>Satisfactory Compliance</b>
<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>	

The program has a written policy and procedures in place to address the referral process by ensuring youth are referred to the program appropriately. The program has a practice in which the program will accept or reject the referral in the Department's Juvenile Justice Information System (JJIS) within two business days of receiving the referral. A review of five youth records documented each of the referrals were accepted within two days and none of the referrals were rejected. An informal interview with the program director confirmed the program's referral processing practice.

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

The program has a written policy and procedures in place to address the intake admission and provision process. A review of five youth records confirmed each youth was assessed within seventeen calendar days of referral from the Department and were placed in the Department's Juvenile Justice Information System (JJIS). All reviewed records confirmed the program contacted the assigned juvenile probation office (JPO) to share information ensuring each youth actively participated and was progressing in meeting the requirements of the intervention. Each referral confirmed the parent/guardian agreed to participate in therapy to receive training, treatment, and supports to assist the family in overcoming obstacles which prevent recidivism.

<b>2.03 Intake Conference and Orientation</b>	<b>Satisfactory Compliance</b>
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*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.*

The program has a written policy and procedures to address the orientation process of youth and parents/guardians making a face-to-face contact with the program by the date of the first clinical session by the provider/practitioner. Each youth and parent/guardian receive a program handbook/brochure during orientation. A review of the orientation process and handbook reflected it contained information regarding consent for services, release of information from the youth and parent/guardian, detailed service goals, expectations of the youth and parent/guardian, proposed hours and location of services, and identification of key staff for contact. A review of five youth records revealed each record contained documentation reflecting the youth and parent/guardian participated in the orientation process no later than the date of their first clinical session. Each consent form was maintained in each youth's record.

**2.04 Clinical Assessments**

**Satisfactory Compliance**

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

The program has a written policy and procedures ensuring youth receive a clinical assessment of his or her emotional and behavioral functioning through a structured clinical interview with the youth, parent/guardian, or caregiver. The clinical assessment includes the administration of appropriate standardized assessment instruments, such as a symptoms checklist and behavioral rating scales, when clinically indicated. A review of five youth records revealed each youth received a clinical assessment, as required. Each clinical assessment reflected consideration of background information, reason for assessment, history of physical abuse, behavioral functioning, physical health, mental health, substance abuse history, and education functioning. Furthermore, each clinical assessment contained clinical impressions, diagnostic formulation, a summary of findings, and a typed statement by the licensed mental health professional confirming their review of the assessments and concurrence with the findings and treatment recommendations.

**2.05 Clinical Assessment Qualifications (Critical)**

**Satisfactory Compliance**

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

The program has a written policy and procedures in place to address the qualifications needed to conduct a clinical assessment. Clinical assessments are conducted by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed mental health professional (LMHP). A review of five youth records revealed each contained a clinical assessment conducted by a non-licensed mental health clinical staff with the appropriate qualifications. Each reviewed clinical assessment contained a statement by the LMHP confirming a review of the assessment and concurrence with the findings of treatment recommendations. Reviewed documentation confirmed the LMHP had at least one-hour a week of face-to-face supervision with the non-licensed mental health clinical staff.



## Standard 3: Intervention Services

### Overview

Treatment services are provided by licensed and non-licensed staff who work under the direct supervision of a licensed mental health professional. The program's regional director and program director are each licensed mental health counselors (LMHC), each holding a clear and valid license in the State of Florida. 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. Individual therapy includes the provision of insight-oriented CBT interventions to address criminogenic risk factors. Family therapy services include the provision of insight-oriented and CBT interventions for the youth. The program completes monthly summaries detailing the youth's progress and services provided. The summaries are uploaded monthly into the Department's Juvenile Justice Information System.

#### 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 and reflected an individualized treatment plan was completed within thirty days of initiation of treatment for each youth based on the clinical assessment. Each treatment plan was established with the youth and parent/guardian. Each plan identified youth/family supports, diagnoses and symptoms identified, physical and mental health supports, and the youth's trauma history, as applicable. Each plan identified how the program addressed the youth's identified needs. The individualized treatment plans included signatures of the youth, parents/guardians, and clinical staff. Each reviewed plan was completed by a non-licensed master's-level therapist working under the direct supervision of the program director, who is a licensed mental health counselor. Each plan was reviewed and signed within ten days by a licensed practitioner and are updated, as necessary.

#### 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 staff personnel records were reviewed for educational accreditations and qualifications. Each personnel record reflected staff earned a master's degree from an accredited university or college in the field of counseling, clinical mental health, social work, or clinical psychology. Two of the five staff are licensed mental health counselors (LMHC). Each staff exceeded the required minimum of two years of direct experience working with emotionally disturbed youth with criminogenic factors and their parent/guardian. Reviewed documentation reflected all staff received adequate training and possess the required education to perform their duties. 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 Redirection Service youth based on the modality:</i></p> <ul style="list-style-type: none"> <li>▪ Individual therapy services</li> <li>▪ Family therapy services</li> <li>▪ Group therapy services</li> <li>▪ Twenty-four-hour crisis therapeutic support</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 for therapy services delivered based on the Cognitive Behavioral Therapy (CBT) modality. Each record documented the youth were provided individual and family therapy services. Each of the reviewed records validated therapy services were provided twice weekly unless the youth and/or family were unavailable. Each youth's monthly summary was uploaded into the Department's Juvenile Justice Information System Intake Web, which is accessible to the juvenile probation officer (JPO), and an e-mail was also sent to the assigned JPO. At the time of orientation to the program, each youth and parent/guardian are provided with telephone numbers for emergency crisis services to assist in managing crisis situations. These services are available twenty-four hours a day, seven days a week.

<b>3.04 Mental Health and/or Substance Abuse Treatment Services</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 for mental health and/or substance abuse treatment services. Each reviewed record contained an individualized treatment plan which included mental health and/or substance abuse goals and objectives, which were identified in the youth's clinical assessment and diagnosis. Each of the reviewed records validated therapy services were provided twice weekly unless the youth and/or family were unavailable. Each record documented therapy sessions were a minimum of thirty minutes to one hour. Crisis intervention services are available through the program for youth and their families twenty-four hours a day, seven days a week. The Cognitive Behavioral Therapy does not require group therapy.

<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 youth records were reviewed for release and discharge planning activities. Each youth was discharged successfully from the program. Reviewed documentation confirmed the program coordinated the discharge planning with the youth's juvenile probation officer by way of e-mail or telephone contact. Each discharge summary was uploaded into the Department's Juvenile Justice Information System for each record and each youth's individual progress note was updated to reflect service activity.

## **Standard 4: Fidelity Monitoring**

### **Overview**

The program has a written Cognitive Behavioral Therapy (CBT) manual which contains a pre-adolescent and adolescent treatment protocol, as well as other applicable publications to clarify how the services provided are to be delivered by each facilitator. The program provides CBT as the evidence-based treatment service to all applicable youth in Circuits 15 and 19. The program has a comprehensive process to regularly monitor the fidelity of the model in each therapy session provided. Fidelity monitoring is conducted by a licensed mental health counselor (LMHC) supervisor utilizing weekly supervisor's meetings. The program uses the Cognitive Therapy Rating Scale (CTRS) evaluation tool for each session completed to measure the clinician's adherence and fidelity.

#### **4.01 Treatment Manual/Protocol**

#### **Satisfactory Compliance**

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

The program maintains a written policy and procedures regarding fidelity monitoring. The program has a written, thirty-eight-page, Cognitive Behavioral Therapy (CBT) manual which includes a pre-adolescent and adolescent treatment protocol. The individual and family treatment version manual of Chrysalis Health outlines exactly what a facilitator must do in delivering services. In addition, the manual includes procedures for therapist preparation, adherence to protocol, fidelity monitoring, how to structure treatment services, explaining the CBT model to the youth, how to set long-term targets, managing potential difficulties, treatment sessions action plans, and bibliography. A review of five youth records confirmed the program facilitator's knowledge and adherence to the manual and protocol. Since the program's services are provided by the program's therapist at the youth/family's home, school, and/or in the community, an observation of the facilitator's delivery of the services was not possible.

#### **4.02 Facilitator Training**

#### **Satisfactory Compliance**

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

The program has a written policy and procedures regarding facilitator training. The program currently has one non-licensed therapist assigned to Circuit 15 and three non-licensed therapists assigned to Circuit 19. Reviewed documentation reflected each staff member was formally trained in the delivery of Cognitive Behavioral Therapy (CBT) by the program's regional training coordinator, who is certified by agency and clinical standards to train CBT. The agency uses extensive procedures to select, train, and monitor therapists in the delivery of the CBT treatment. The training includes an extensive review of the CBT manual and treatment protocols, as well as a review of taped examples of CBT sessions and practice exercises. The program director, who is a licensed mental health counselor, oversees the delivery of the services provided by the non-licensed staff members and ensures the CBT model and adherence to protocol is followed. The non-licensed staff training is consistently observed to ensure appropriate presentation of material and model fidelity.

#### **4.03 Internal Fidelity Monitoring (Critical)**

#### **Satisfactory Compliance**

*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 has a written policy and procedures regarding fidelity monitoring. Reviewed documentation confirmed the program has an internal process to routinely monitor the delivery of the Cognitive Behavioral Therapy (CBT) practice and to examine how closely actual implementation matches the model protocol. The program's CBT protocol outlined how fidelity monitoring is conducted continuously to monitor implementation of the treatment, facilitate consistently of the treatment quality, therapist skillfulness, adherence to the model guidelines, and delivery of manual-specific active ingredients unique to this approach. The program director rates the session utilizing the Cognitive Therapy Rating Scale (CTRS). The CTRS measures each therapist's specific competency and highlights strengths and weaknesses in each reviewed session. Therapists with problems on adherence to the CBT model are placed on a performance improvement plan which includes increasing the frequency of the sessions and supervision until the therapist's performance returns to acceptable levels. Quarterly CBT fidelity monitoring reports were approved and submitted by Chrysalis Health's chief clinical officer on January 10, 2018, April 11, 2018, July 13, 2018, and October 11, 2018. Each reviewed report contained an executive summary, a performance measurement section, a data analysis and interpretation section, and conclusions and recommendations. All the reviewed reports confirmed fidelity monitoring occurred at least monthly for each facilitator of the service delivered.

**4.04 Corrective Action Based on Fidelity Monitoring**

**Satisfactory Compliance**

*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.*

The program has a written policy and procedures regarding corrective action based on fidelity monitoring. This process is applied and demonstrated, as needed, based on the fidelity monitoring of the delivery of the evidence-based and promising practice of Cognitive Behavioral Therapy (CBT). An interview with the program director coupled with reviewed documentation indicated the program's therapists had no identified need for any corrective action during the annual compliance review period.

**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.*

The program conducts ninety-day performance evaluations for newly hired staff and an annual performance evaluation for all staff thereafter. A review of five performance evaluations of facilitators providing Cognitive Behavioral Therapy (CBT) for Circuits 15 and 19 revealed each had skills and abilities outlined in delivering CBT evidence-based practices on their evaluation. Three of the five staff members were hired in 2018 and were not yet applicable for receiving an annual evaluation. Evaluations reflected competency in the maintenance of the required annual training, adherence to the policy and procedures applicable, communications skills, training development and presentation, commitment to customer service, and understanding of available technologies who positively impact their work and the program therapy protocol.

Program Name: Redirections Services  
Provider Name: The Chrysalis Center, Inc.  
Location: Palm Beach County / Circuits 15, 19  
Review Date(s): December 4 - 6, 2018

MQI Program Code: 1344, 1346  
Contract Number: 10157  
Number of Beds: 28  
Lead Reviewer Code: 142

### **Overall Rating Summary**

#### **Overall Rating Summary**

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