

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Redirection Services - Circuits 15 and 19
The Chrysalis Center, Inc, d/b/a Chrysalis Health
(Contract Provider)
4701 South US Highway 1, Suite 304
Port St. Lucie , Florida 34952

Review Date(s): December 16-17, 2020



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

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

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

Review Team

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

Tonya Gittens, Office of Accountability and Program Support, Lead Reviewer (Standards 1 & 4)
Nico Antonakos, Office of Accountability and Program Support, Regional Monitor (Standard 3)
Shakela Minns, Office of Accountability and Program Support, Regional Monitor (Standard 2)

Program Name: Redirections Services - Circuits 15 and 19
Provider Name: The Chrysalis Center, Inc.
Location: St. Lucie County / Circuit 19
Review Date(s): December 16-17, 2020

MQI Program Code: 1344,1346
Contract Number: 10157
Number of Beds: 28
Lead Reviewer Code: 160

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, (3) Intervention Services, and (4) Fidelity Monitoring, which are included in the Redirection 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)*	Non-Applicable
1.05	Abuse Reporting (DCF)*	Satisfactory
1.06	Administration	Satisfactory
1.07	JJIS and Data Requirements	Satisfactory
1.08	Mental Health Services Staffing Requirements and Qualifications	Satisfactory
1.09	Substance Abuse Services Staffing Requirements and Qualifications	Satisfactory

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

Standard 2: Assessment Services Redirection Services Rating Profile

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

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Standard 3: Intervention Services Redirection Services Rating Profile

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

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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 15 and 19 are operated by The Chrysalis Center, Inc. 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 eight to fourteen male and female youth in Circuits 15 and 19, ages eleven to nineteen. The program is comprised of seven positions including two licensed mental health counselors (LMHC), one who serves as director for both circuits and one who serves as the regional clinical director, and five master's-level, non-licensed therapists. Two therapists provide mental health services for Circuit 15, and three therapists provide mental health services for Circuit 19. Redirection services are designed to facilitate a positive change in youth behavior and emotional functioning, bring about positive changes in criminal thinking, and provide the youth with the tools necessary to avoid future criminal involvement. Services are designed to address family issues and needs with the goal of improving family functioning. In addition, the program addresses criminogenic risk factors and the youth's individual risks and needs, as determined through the Department's Community Assessment Tool (CAT). The program directly addresses those identified risks and needs through Cognitive Behavioral Therapy (CBT). Services are provided twice a week in the youth's home, school, or community settings, focusing on the youth's violence/aggression, conduct disorders, oppositional defiance disorders, substance abuse, mental health conditions, peer and family relationships skills, and attitudes. At the time of the annual compliance review, the program had no vacancies. The program's COVID-19 pandemic alternative services include tele-mental health protocols approved by the Department effective April 20, 2020.

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 written policy and procedures addressing initial background screenings to ensure staff, volunteers, and interns meet established statutory Level 2 Screening requirements of good moral character. The program hired one new staff since the last annual compliance review. A background screening was completed prior to the staff's contact with youth or confidential youth records. The staff was added to the program's Clearinghouse staff roster. The program did not have volunteers or interns since the last annual compliance review. Reviewed documentation confirmed the Annual Affidavit of Compliance with Level 2 Screening Standards was submitted and signed on January 30, 2020, meeting the annual requirement.

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 written policy and procedures for conducting background rescreenings for all staff, volunteers, mentors, and interns every five years from the date of hire. The program had one staff eligible for a five-year background rescreening. Documentation showed the rescreening was completed within the required ten business days prior to the staff's five-year anniversary date. There were no volunteers, mentors, or interns eligible for a five-year rescreening since the last annual compliance review.

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

The program maintains an annual staff training plan which includes the course topics, hours of trainings, course descriptions, and course objectives. The program hired one staff since the last annual compliance review who was applicable for pre-service training. A review of the staff training record reflected staff completed Motivational Interviewing, critical incident reporting, trauma-informed care, adolescent behavior, active shooter, and civil rights trainings prior to having any contact with youth.

A review of five in-service staff training records showed staff completed Motivational Interviewing, critical incident reporting, trauma-informed care, adolescent behavior, active shooter, and civil rights trainings. Program staff with access to the Department's Juvenile Justice Information System (JJIS) are required to complete JJIS training, along with information security awareness training, prior to accessing confidential information annually. An interview with the program director found the program director and the regional clinical director are the only staff with access to JJIS. A review of the training records reflected both applicable staff completed JJIS and information security awareness training, as required. All completed staff training was documented in the Department's Learning Management System (SkillPro) within thirty days of training completion, as well as in the program's internal training system, Relias.

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

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

1.05 Abuse Reporting (DCF) (Critical)	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures in place to ensure all instances of child abuse, neglect, abandonment, and/or threatened harm are handled appropriately, efficiently, safely,

systematically, and according to State of Florida regulations. The program had one allegation of child abuse or suspected child abuse reported. Documentation showed the allegation was immediately reported to the Florida Abuse Hotline. There were no abuse allegations substantiated against staff.

A review of five staff personnel records indicated the program staff adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation. The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse.

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

The program is required to report statistical information monthly to the Department. Documentation showed the detailed statistical information regarding program incident, population data, admissions, releases, transfers, absconders, abuse reports, and medical and mental health emergencies. Monthly progress reports, monthly service summary reports, discharge summaries, and fidelity monitoring reports were compiled and submitted by the program director to the corporate office. The program maintains a census of youth who are active in the program and receiving services. The program's youth census matched the Department's Juvenile Justice Information System (JJIS) census report.

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

A review of three closed youth records reflected the program reviewed and either accepted or rejected referral within two business days of referral. Each record documented the date services were initiated in the Department's Juvenile Justice Information System (JJIS) program. Youth information was entered in the JJIS Evidence-Based Services (EBS) Module to track all delivered services. Youth released from the program are entered into JJIS Youth Release Module within twenty-four hours of release. A review of the three closed records documented the program's practice. The program has an internal tracking form which documents each youth's date of admission and discharge, along with youth's name, Department identification number (DJJID), circuit assigned, and release reason. The release reason for each youth was documented in JJIS. The review of the JJIS Department's Staff Verification System (SVS) module reflected data was maintained by the program.

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

The program provides evidence-based Cognitive Behavioral Therapy (CBT) to all youth admitted in the program. The program's regional clinical director and the program director are

both licensed mental health counselors (LMHC), whose licenses expires on March 31, 2021. The program has five non-licensed, master's-level therapists, who are supervised by the LMHCs. The LMHCs conduct at least one hour a week of on-site, face-to-face contact and interaction with each non-licensed therapist. A review of the supervision logs for each non-licensed therapist reflected the program's practice.

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 maintains a Department's of Children and Families (DCF), Chapter 397 license to provide substance abuse services for outpatient treatment, which expires on February 14, 2021. The program has two licensed mental health counselors (LMHC). Both LMHCs are licensed in the State of Florida and which expire on March 31, 2021 for both. The program's focus is not substance abuse services; however, all non-licensed, master's-level therapists provided substance abuse services, as needed, under supervision of the LMHC. Reviewed documentation reflected each non-licensed mental health clinician was directly supervised by the LMHC, who provided a minimum of one hour of face-to-face supervision weekly for overseeing and directing the provided mental health and substance abuse services.

Standard 2: Assessment Services

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

The program has a written policy and procedures outlining the referral process for all youth admitted into the program. The program's practice is to accept or reject the referral in the Department's Juvenile Justice Information System (JJIS) within two business days of receiving the referral. Five youth records were reviewed for the referral process. Each record reflected the referral was accepted within two business days, as required. Each reviewed referral was appropriate for services. An interview with the contract manager and program director confirmed this practice.

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

The program has a written policy and procedures outlining the admission and provision process. Five reviewed youth records confirmed each youth was referred for services. All youth services commenced within seventeen calendar days of referral. A review of the Department's Juvenile Justice Information System (JJIS) reflected all five youth had a start date in JJIS correlating with the youth's admission. Each reviewed youth record confirmed the program contacted the youth's assigned juvenile probation officer (JPO) to share information ensuring each youth actively participated and was progressing in meeting the requirements of the intervention. All five records showed the youth's parents/guardians agreed to participate in the program's counseling services, which was acknowledged by signature. The Youth Empowered Success (YES) Plan for two youth included the intervention services provided by the program. The three remaining YES Plans were created prior to the youth's admission to program and had not been updated with the intervention services.

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

The program has a written policy and procedures to address the orientation process for youth and parents/guardians by ensuring a face-to-face contact is made with the program by the date of the first clinical session by the provider/practitioner. Five youth records were reviewed to determine, upon acceptance, each youth participated in an intake conference and program orientation. Due to the COVID-19 pandemic, the program is currently utilizing tele-mental health services. All records documented orientation was conducted by way of tele-mental health with the youth and parents/guardians on the date of the first clinical sessions. Each record contained consent forms for services and release of information signed by the youth and parent/guardian during the first session. Each youth and parent/guardian received a program handbook/brochure during the orientation to the program.

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.

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>	

The program has a written policy and procedures ensuring youth receive a Clinical Assessment regarding the youth’s emotional and behavioral functioning through a structured clinical interview with the youth and parent/guardian. Five youth records were reviewed for clinical assessments. Each record contained a Clinical Assessment which documented interviews with the youth and parent/guardian, which were completed during the initial intake meeting with the youth and parent/guardian. Each Clinical Assessment reflected consideration of relevant background information, behavioral functioning, trauma and abuse history, developmental history, medical history, mental health history, substance abuse history, and education history. The assessments documented information regarding the youth’s living situation, social history, potential to self-harm, and potential to harm others. Each Clinical Assessment contained clinical impressions, diagnostic formulation, a summary of findings, and a typed statement by the licensed mental health counselor (LMHC) confirming their review of the assessments and concurrence with the findings and treatment recommendations.

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>	

The program has a written policy and procedures to address the qualifications required to conduct a clinical assessment. Clinical Assessments are conducted by the licensed mental health counselor (LMHC) or non-licensed, master’s-level therapist working under the direct supervision of the LMHC. A review of five youth records found clinical assessments were completed by qualified staff. Each reviewed Clinical Assessment contained a statement by the LMHC confirming a review of the assessment and concurrence with the findings of treatment recommendations. Reviewed documentation confirmed the LMHC conducted at least one-hour a week of face-to-face supervision with the non-licensed mental health therapists, as required.

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>	

Five youth records were reviewed, and each reflected an individualized treatment plan was completed within thirty days of the initiation of treatment for each youth based on the youth's clinical assessment. Each plan was developed with a person-centered process in consultation with the youth. With the youth's permission, family members were included in the Clinical Assessment process. The person-centered planning process identifies the youth's physical and mental health support needs, strengths, preferences, and desired outcomes. Reviewed documentation reflected each individualized treatment plan was established with the youth and parent/guardian. All five reviewed plans verified the program conducted clinical assessments to address the youth's identified needs, address diagnoses, and symptoms. The youth's physical and mental health supports, and the youth's trauma history, were considered when providing services. The individualized treatment plans included signatures of the youth, parent/guardian, 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 (LMHC). Each plan was reviewed and signed within ten days by the LMHC and was 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>	

Five staff personnel records were reviewed for educational accreditations and qualifications. Each personnel record confirmed staff earned a master's-level degree from an accredited university in the field of counseling, clinical mental health, social work, or clinical psychology. Two staff included licensed mental health counselors (LMHC) serving as the regional clinical director and program director. The five non-licensed therapists' records were reviewed and documented weekly clinical supervision sessions with the program director, with each session lasting at least an hour. Each staff exceeded the required minimum of two years of direct experience working with at-risk 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.

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"> ▪ <i>Individual therapy services</i> ▪ <i>Family therapy services</i> ▪ <i>Group therapy services</i> ▪ <i>Twenty-four-hour crisis therapeutic support</i> <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 reviewed record documented the youth were provided individual and family therapy services. In accordance with the Centers for Disease Control and Prevention (CDC) guidelines regarding the Covid-19 pandemic, the program provides individual and family counseling services through video conference calls. A combination of therapy services, aside from twenty-four-hour crisis services, are provided at least twice a week. All treatment is documented in the youth's progress notes which provide a description of the service (treatment session/activity) and the youth and parent/guardian participation in the session. Each of the reviewed records validated CBT services were provided twice weekly for sixty-minutes each unless the youth and/or parents/guardians were unavailable, which was indicated in progress notes. The progress notes documented the course of treatment and the youth's progress in meeting clinical goals and objectives, as specified in the youth's treatment plan. Each youth's monthly summary was uploaded into the Department's Juvenile Justice Information System (JJIS) and an e-mail was sent to the assigned juvenile probation officer (JPO) notifying them of the uploaded monthly summary. At the time of each youth's orientation to the program, the youth and parent/guardian were 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.

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>	

Five youth records were reviewed for the coordination of 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. None of the five reviewed records were applicable for additional mental health and/or substance abuse coordinated services which were not offered at the program. In an informal interview, the program director stated if needed, youth are referred to Drug Abuse Treatment Association, Inc. (DATA) for substance abuse services. In addition, the program offers Chrysalis aftercare services once Redirection services have been successfully completed.

3.05 Release/Discharge**Satisfactory Compliance**

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.

Three closed youth records were reviewed for release and discharge planning activities. All three reviewed closed records verified the youth were successfully discharged. Reviewed documentation confirmed the program coordinated the discharge planning with the youth's juvenile probation officer (JPO) and statewide redirection coordinator by e-mail or telephone contact. Each discharge summary was uploaded into the Department's Juvenile Justice Information System (JJIS) and each youth's individual progress note was updated to reflect service activity.

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 maintains a Cognitive Behavioral Therapy (CBT) manual which contains pre-adolescent and adolescent treatment protocol. The fully developed evidence-based CBT program consists of a strong research-based theoretical foundation with activities consistent with the foundation and includes individual and family therapy. The program provides CBT to all applicable youth in Circuits 15 and 19. The delivery of evidence-based interventions is accomplished through individual and family therapy sessions. The facilitator delivery was not observed, as this annual compliance review was conducted off-site.

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>	

The program has policy and procedures in place regarding facilitator training. The program has two master's-level, non-licensed therapists for Circuit 15, and three master's-level, non-licensed therapists for Circuit 19. Reviewed training documentation showed each staff received training in Cognitive Behavioral Therapy (CBT) by the program's regional training coordinator, who is certified by agency and clinical standards to train CBT. The program director is a licensed mental health counselor and oversees the delivery of the services provided by all therapists and ensures the CBT model and adherence to protocol is followed.

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 has a written policy and procedures regarding fidelity monitoring to routinely monitor the delivery of the Cognitive Behavioral Therapy (CBT). A review of the last six months of Redirection Fidelity Monitoring Quarterly Reports confirmed fidelity monitoring occurred at least monthly for each facilitator, and the actual implementation matches the model protocol. Documentation showed fidelity monitoring was conducted continuously to monitor the implementation of treatment quality.

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 policy and procedures regarding corrective action based on fidelity monitoring. An interview with the program's regional director stated the program had no discrepancies in fidelity of delivery since the last annual compliance review. Reviewed documentation showed

the process was applied and demonstrated, when needed, based on the fidelity monitoring of the Cognitive Behavioral Therapy (CBT).

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

A review of five staff performance evaluations reflected each evaluation was completed by a qualified supervisor of the facilitator's skills and abilities in delivering the intervention. All evaluations were conducted annually. Reviewed training documentation found the program director conducted ninety-day performance evaluations for newly hired staff and an annual performance evaluation for all staff thereafter.