

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Redirections Circuit 4

The Chrysalis Center, Inc.

(Contract Provider)

2121 Corporate Square Boulevard, Suite 124
Jacksonville, Florida 32216

Review Date(s): July 11-12, 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:

Mike Marino, Office of Program Accountability, Lead Reviewer (Standards 2 & 3)

Gwen Nelson, Office of Program Accountability, Regional Monitor (Standards 1 & 4)

Program Name: Redirections Circuit 4
Provider Name: The Chrysalis Center, Inc.
Location: Duval County / Circuit 4
Review Date(s): July 11-12, 2019

MQI Program Code: 1350
Contract Number: 10157
Number of Beds: 18-26
Lead Reviewer Code: 37

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Assessment Services, and (3) Intervention Services, which are included in the Probation and Community Intervention Standards.

Overall Rating Summary

Overall Rating Summary
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 Circuit 4 is operated by Chrysalis Health Services through a contract with the Department to provide behavioral health and support services to youth who are experiencing a range of needs which may be emotional, social, cognitive, behavioral, and psychiatric in nature. The program provides redirection services to probation, conditional release, and post-commitment probation youth who are referred by the Department. The program is contracted to serve eighteen to twenty-six male and female youth, ages eleven to nineteen. The program is comprised of a program director who is a licensed mental health counselor (LMHC), and five non-licensed therapists. The program director provides clinical supervision for the therapists. 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 Behavior Therapy (CBT). Services are provided in-home weekly and include individual and family therapy, with an average length of stay of twelve to sixteen 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 (Critical)	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures for completing initial a background screening on new employees and volunteers. The program hired two full time master's-level therapists since the last annual review. A background screening was completed on each therapist prior to their date of hire. Both therapists were found to be eligible for employment with the program. The provider completed an Annual Affidavit of Compliance with Level 2 Screening Standards which was submitted to the Department's Background Screening Unit on January 4, 2019.

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

The program has a policy and procedures for completing five-year background rescreenings. Staff and volunteers are rescreened every five years from their initial date of employment. The program had one staff member requiring a five-year rescreening. The rescreening for the staff member was submitted to the Department's Background Screening Unit more than ten days prior to the staff member's five-year anniversary and before the retained prints expiration date. The rescreen indicated the staff member was eligible to continue employment with the program.

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 has a policy and procedures regarding pre-service and in-service training. Two newly hired therapists were eligible for pre-service training in 2019. Each newly hired therapist completed training on information safety awareness, motivational interviewing, critical incident reporting requirements, trauma-informed care, and adolescent behavior. Two therapists were

eligible and reviewed for in-service training in 2018. The two the therapists completed all contractually required training, to include training on information safety awareness and human trafficking. Only management staff enter information on the Department's Juvenile Justice Information System (JJIS), and the management staff had completed JJIS training.

1.04 Incident Reporting (CCC) (Critical)	Non-Applicable
<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>	

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

1.05 Abuse Reporting (DCF) (Critical)	Satisfactory Compliance
<i>Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.</i>	

The program has a written policy and procedures addressing abuse reporting. The staff adheres to the program's code of conduct forbidding the staff from using physical abuse, profanity, threats, or intimidation. All services are provided in the home or at locations in the community, such as a youth's school. The program's office includes posted information with instructions on how to contact the Florida Abuse Hotline and the Central Communications Center (CCC). There were no reportable abuse incidents during this annual compliance review period. A review of youth records found there were no indications of abuse not being reported to the Florida Abuse Hotline

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

The program completes and submits monthly reports to the Department's contract manager and the Department's redirections coordinator. Reports included youth admissions, youth releases, abuse reports, personnel actions, incidents, and other pertinent information. The reports also contained youth monthly progress reports, monthly service summary reports, discharge summary reports, quarterly fidelity monitoring reports, compliance monitoring reports, and ad-hoc reports.

The program's youth roster matched the Department's census report. A review of five records found the date of admission and the date of termination documented in the youth's records correlated with the information found in the Department's Juvenile Justice Information System (JJIS).

1.07 JJIS and Data Requirements	Satisfactory Compliance
<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>	

The program has a policy and procedures for documenting data in the Department's Juvenile Justice Information System (JJIS). Program management enters information in JJIS. In addition, the program maintains an internal spreadsheet to track referral, admission, and release dates. Five youth records were reviewed. The internal spreadsheet and JJIS documented the program accepted each of the referrals within two business days of the referrals being entered into JJIS. A review of five closed youth records found release information was entered JJIS within twenty-four hours of the youth's release from the program. The reason for release was documented in JJIS for each youth, with four records documenting the youth completed treatment and services goals and one record documenting the youth did not complete treatment and service due to receiving new charges. Monthly progress reports were uploaded into JJIS for each youth reviewed, as were discharge summaries for released youth.

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 personnel records for the five therapists were reviewed for educational transcripts and qualifications. Each therapist has a master's-level degree in mental health counseling or related field. Each therapist had the required two years of experience in counseling. All therapists had documentation of training on basic counseling skills, program philosophy, therapeutic environment, behavior management, client rights, crisis intervention, early intervention, documentation requirements, adolescent development, and the Cognitive Behavioral Therapy model. The therapists are non-licensed and receive clinical supervision from the program director, who is a licensed mental health counselor (LMHC). The LMHC's license was found to be active and clear in the State of Florida and expires on March 31, 2021. The therapists' records documented weekly clinical supervision sessions with the LMHC, with each session lasting at least an hour.

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 through the Department of Children and Families for the provision of outpatient substance abuse services. Substance abuse treatment services are provided by the non-licensed therapists under the supervision of the program director, who is a licensed mental health counselor (LMHC). All of the therapists have master's-level degrees in counseling.

Standard 2: Assessment Services

2.01 Referral Process	Satisfactory Compliance
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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).

Five youth records and e-mail correspondence between the program and Department for three additional youth were reviewed to determine if the program accepted or rejected referrals within two business days, as required. Each of the five active records documented the program accepted the referral within two business days. E-mail correspondence for the three additional youth documented referrals were rejected within two business days and the reason(s) for the rejection was documented in the e-mails. In each record, the e-mail correspondence included, at a minimum, the statewide redirections coordinator or designee and the assigned juvenile probation officer (JPO). The Department acknowledged and concurred with the rejection in each case. Interviews with program staff and the redirections coordinator for the circuit confirmed this practice.

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

Five youth records were reviewed for admission and service provisions. Each record documented youth and families were assessed and began to receive services within two to nine days of the referral for services, well within the requirement of seventeen calendar days. Each record documented the Department's Juvenile Justice Information System (JJIS) was updated when services commenced. E-mails reflected program therapists collaborated with assigned juvenile probation officers (JPO) to ensure youth were actively engaged and progressed in meeting program requirements. All five records showed parents/guardians agreed to participate in the program's counseling services, which was acknowledged by signature. Each youth's Youth Empowered Success (YES) Plan included the intervention services provided by the program.

2.03 Intake Conference and Orientation	Satisfactory Compliance
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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 program.

Five youth records were reviewed for a completed intake conference and orientation. All records documented a face-to-face orientation was conducted with the youth and parent/guardian on the date of the first clinical session. Each record contained consent forms for services and release of information signed by the youth and parent/guardian during the first session. Each record also contained an orientation verification form signed by the youth and parent/guardian. The orientation verification form included the expectations of the youth and parent/guardian, service goals, hours and locations of services, program contact information, access to information and participation in treatment planning, limits of confidentiality, the rules of conduct and program expectations, grievance procedures, telephone numbers for Florida Abuse Hotline, Substance Abuse and Mental Health Program Office, Florida Advocacy Council, and Chrysalis Health's infection control policies and procedures.

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>	

Five youth records were reviewed. A clinical assessment was completed utilizing a standardized assessment instrument in each record. Each clinical assessment documented interviews with the youth and parent/guardian, which were completed during the initial intake meeting with the youth and parent/guardian. The clinical assessments documented identifying information, relevant background information, trauma history, developmental history, medical history, mental health history, substance abuse history, and education history. The assessments also documented information regarding the youth's living situation, social history, potential to self-harm, potential to harm others, and treatment recommendations. Four of the five assessments included a full mental status exam. In one assessment, a page including information for the mental status exam was left blank. Each clinical assessment documented clinical impressions, diagnostic formulation, and a summary of findings. All clinical assessments were reviewed and signed by the program director, a licensed mental health professional, which included a statement confirming the review of the assessment 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>	

A review of five youth records found clinical assessments were completed by qualified staff. The clinical assessments were completed by a non-licensed therapist working under the direct supervision of the program director, who is a licensed mental health professional. Each assessment was reviewed and signed by the program director.

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 for treatment plans/plans of care. Each record contained a comprehensive treatment plan based on the clinical assessment. Each treatment plan was developed in consultation with the youth and parent/guardian. Each plan reflected the 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 identified needs. The treatment plans included signatures of the youth, parents/guardians, and clinical staff. The plans were reviewed and signed within ten days of completion by the program director, who is a licensed mental health professional. None of the youth required an update to their treatment plan.

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>	

Personnel records for the five therapists were reviewed for practitioner qualifications to complete treatment plans and therapy in accordance with the program's contract. Each personnel record showed the staff earned a master's degree from an accredited university or college in the field of counseling or social work. All of the staff had at least two years of experience working with emotionally disturbed children with criminogenic needs and all staff were certified in the delivery of Cognitive Behavioral Therapy. The therapists' records documented weekly clinical supervision sessions with the program director, who is a licensed mental health counselor, with each session lasting at least an hour.

3.03 Redirection Therapy Services	Satisfactory Compliance
<i>The program shall provide the following for Redirection Service youth based on the modality:</i> <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> <i>The number of sessions per week shall be based on the youth and family needs and dictated by the modality.</i>	

Five youth records were reviewed for therapy services delivered based on the modality, Cognitive Behavioral Therapy (CBT), to include individual therapy services, family therapy services, and twenty-four-hour crisis therapeutic support. Youth and parents/guardians are given contact information for their therapist for twenty-four-hour crisis support and treatment plans reflected twenty-four-hour crisis support will be provided, as needed. Each record

documented the youth were provided individual and family therapy services in accordance with CBT. All of the records documented therapy services were provided weekly with few exceptions, with one hour during the weekly visit being individual therapy with the youth and one hour being family therapy with the parent/guardian and youth. There were five weeks without services provided of a possible sixty-three weeks in the five records reviewed, and there were explanations for each missing week documented by therapists in incidental progress notes.

Monthly summaries were provided to the assigned juvenile probation officer by e-mail and through the documents upload module in the Department's Juvenile Justice Information System (JJIS) every thirty days in four of the five records. In one record, one monthly summary was uploaded three weeks late.

3.04 Case Coordination for Mental Health and/or Substance Abuse Treatment Services	Satisfactory Compliance
<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>	

Five youth records were reviewed for mental health and/or substance abuse treatment services. Each record indicated the youth and parent/guardian received individual and family therapy services to address criminogenic risk factors and mental health and/or substance abuse needs. Documentation indicated each therapy session lasted one hour. Case notes documented therapists collaborated with juvenile probation officers (JPO) to share information in order to ensure the youth could complete treatment successfully.

3.05 Release/Discharge	Satisfactory Compliance
<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>	

Seven youth records were reviewed for release/discharge (two youth selected as active records were terminated by the end of the review and considered for release/discharge along with five other closed records selected for review). Six youth were successfully terminated due to completing treatment objectives and one youth was terminated as unsuccessful due to receiving new charges. Each record documented therapists coordinated discharge planning with the assigned juvenile probation officer (JPO) and completed a discharge summary. Discharge summaries were uploaded into the Department's Juvenile Justice Information System (JJIS) and e-mailed to the assigned JPO. In one record, a discharge summary for another youth was initially uploaded in JJIS, but the correct discharge summary was uploaded once the error was discovered. Case notes reflected when youth completed or were terminated from the program.

Standard 4: Fidelity Monitoring

4.01 Treatment Manual/Protocol	Satisfactory Compliance
<i>There is a specific written manual or protocol for the treatment service(s). The facilitators of the service(s) adhere to the written manual or protocol.</i>	

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

4.02 Facilitator Training	Satisfactory Compliance
<i>All facilitators of the service(s) must have received formal training specific to the intervention or model/protocol by a qualified trainer in each specific service(s).</i>	

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

4.03 Internal Fidelity Monitoring (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 submitted quarterly fidelity monitoring reports to the Department's contract manager. Internal fidelity monitoring of treatment services is conducted by the program director. The program director is trained on the Cognitive Therapy Rating Scale (CRTS). The program director also conducts weekly clinical supervision and reviews of progress notes and treatment goals, which was documented as part of the weekly clinical supervision provided for the non-licensed clinical therapists.

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>	

Staff interviews indicated the program director observes each therapist during individual sessions with youth and families. The sessions are documented on the Cognitive Therapy Rating Scale (CTRS) and in clinical supervision notes. These methods are used to conduct fidelity monitoring of cognitive therapy facilitated by the therapists. Some of the non-licensed therapists' therapy sessions are audiotaped for review by the program director. The program has a written policy and procedures by which corrective action is applied based on the fidelity monitoring. None of the therapists were placed on a performance improvement plan during the annual compliance review period based on fidelity monitoring. A review of fidelity monitoring

reports found no the staff turnover during the delivery of Cognitive Behavior Therapy (CBT) sessions.

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>	

Three personnel records were reviewed for performance evaluations. One therapist received a probationary evaluation and two therapists had an annual evaluation. The evaluations completed were completed by the program director and based on the skills and abilities in delivering Cognitive Behavior Therapy (CBT).