

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Redirections Circuits 5, 7, and 8**

***The Chrysalis Center, Inc.***

**(Contract Provider)**

**412 S. Palmetto Avenue**

**Daytona Beach, Florida 32114**

***Review Date(s): November 6-7, 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:

Mike Marino, Office of Program Accountability, Lead Reviewer (Standards 1-4)

Jillian Lewandowski, Office of Program Accountability, Regional Monitor (Standards 1-4)

Program Name: Redirections Circuits 5, 7, and 8  
 MQI Program Code: Circuit 7 - 1352, Circuits 5 & 8 - 1348  
 Provider Name: The Chrysalis Center, Inc.  
 Location: Volusia and Marion County / Circuit  
 Number of Beds: Circuit 7 - 8 to 12 slots, Circuit 5 - 30 to 34 slots, Circuit 8 - 10 to 14 slots  
 Review Date(s): November 6-7, 2018

Contract Number: 10157  
 Lead Reviewer Code: 37

### Methodology

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

### Persons Interviewed

- |  |                                |  |
|--|--------------------------------|--|
| <input checked="" type="checkbox"/> Program Director | _____ # Case Managers          | _____ # Maintenance Personnel                                |
| <input type="checkbox"/> DJJ Monitor                 | _____ # Clinical Staff         | <b>1</b> # Program Supervisors                               |
| <input type="checkbox"/> DHA or designee             | _____ # Food Service Personnel | <b>1</b> # Other (listed by title): <b>Regional Director</b> |
| <input type="checkbox"/> DMHCA or designee           | _____ # Healthcare Staff       |  |

### Documents Reviewed

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Reports                 | <input type="checkbox"/> Fire Prevention Plan             | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character     | <input type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs            |
| <input checked="" type="checkbox"/> CCC Reports                | <input type="checkbox"/> Key Control Log                  | <input checked="" type="checkbox"/> Youth Handbook  |
| <input type="checkbox"/> Confinement Reports                   | <input type="checkbox"/> Logbooks                         | _____ # Health Records                              |
| <input type="checkbox"/> Continuity of Operation Plan          | <input type="checkbox"/> Medical and Mental Health Alerts | _____ # MH/SA Records                               |
| <input type="checkbox"/> Contract Monitoring Reports           | <input type="checkbox"/> PAR Reports                      | <b>7</b> # Personnel Records                        |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs   | <b>8</b> # Training Records/CORE                    |
| <input type="checkbox"/> Egress Plans                          | <input type="checkbox"/> Program Schedules                | <b>9</b> # Youth Records (Closed)                   |
| <input type="checkbox"/> Escape Notification/Logs              | <input type="checkbox"/> Sick Call Logs                   | <b>13</b> # Youth Records (Open)                    |
| <input type="checkbox"/> Exposure Control Plan                 | <input type="checkbox"/> Supplemental Contracts           | _____ # Other: _____                                |
| <input type="checkbox"/> Fire Drill Log                        | <input checked="" type="checkbox"/> Table of Organization |   |
| <input type="checkbox"/> Fire Inspection Report                | <input type="checkbox"/> Telephone Logs                   |   |

### Surveys

\_\_\_\_\_ # Youth                      \_\_\_\_\_ # Direct Care Staff                      \_\_\_\_\_ # Other: \_\_\_\_\_

### Observations During Review

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

### Comments

Items not marked were either not applicable or not available for review.

The program keeps records electronically, thus information needed from records was printed to PDF files and provided to the annual compliance review team to be reviewed.

## 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

\* 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

Redirection Services in Circuits 5, 7, and 8 are operated by Chrysalis Health through a contact with the Department. The contract, which includes redirection services for multiple circuits statewide, designates thirty to thirty-four slots for Circuit 5, eight to twelve slots for Circuit 7, and ten to fourteen slots in Circuit 8. Staffing for Redirections in Circuits 5, 7, and 8 includes three therapists for Circuit 5, two therapists for Circuit 7, one therapist for Circuit 8, and one program director who oversees the therapists in all three circuits. The program director is a licensed mental health counselor (LMHC). The office for Circuits 5 and 8 is located in Ocala, Florida. The office for Circuit 7 is located in Daytona Beach, Florida. The regional clinical director for Chrysalis, who is also a LMHC and provides oversight for redirection services programs throughout the state, works out of the Circuit 7 office.

Redirections is designed to provide evidence-based practices, promising practices, and/or alternative family centered therapy for male and female youth ages eleven to nineteen, who have been placed on probation, conditional release, or post-commitment probation. The program provides cognitive behavioral therapy (CBT) services, which are provided in the home and include individual and family counseling sessions. CBT services are to be provided weekly and the average length of stay in the program is twelve to sixteen weeks.

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 stating staff and volunteers will be background screened in accordance with the Department’s background screening requirements. The program conducts additional screenings on new staff as well, which includes a local county sheriff office check, driving history check, the Department of Children and Families background screening process, Florida Sexual Offender Registry search, and the National Sexual Offender Registry search. Seven staff were hired since the last annual compliance review. A check of the Clearinghouse reflected each staff had a background screening completed prior to hire. Each employee had an eligible rating documented in Clearinghouse and was added to the Clearinghouse employment roster. The program has not had any volunteers since the last annual compliance review. The provider, Chrysalis Health, submitted an Annual Affidavit of Compliance with Level 2 Screening Standards to the Background Screening Unit on January 8, 2018, meeting the annual requirement.



<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 addressing the five-year rescreening of staff and volunteers. The program has not had any staff or volunteers applicable for a five-year rescreening since the last annual compliance review.

<b>1.03 Pre-Service and/or In-Service Training</b>	<b>Satisfactory Compliance</b>
<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>	
<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 has a written policy and procedures addressing pre-service and in-service training. Newly hired staff are to complete pre-service training within ninety-days of hire. Training records for eight staff were reviewed. Six staff were applicable for pre-service training. Each staff received the required pre-service training within ninety days, which included training on motivational interviewing, critical incident reporting, adolescent behavior, and trauma-informed care. The two staff reviewed for in-service training are the only two staff with access to the Department's Juvenile Justice Information System (JJIS) and both had completed training on JJIS. All eight staff received training on information safety awareness.

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

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.

<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>	

Eight personnel records were reviewed, which reflected each staff signed a Chrysalis Health abuse and neglect policy to acknowledge they read, understood, and agreed to the abuse and

neglect policy. The stated purpose of the policy is to ensure all cases of child abuse, neglect, abandonment, and/or threatened harm are handled appropriately, efficiently, safely, systematically, and according to Florida regulations. There have not been any abuse allegations made against staff during the annual compliance review period. Two applicable records were reviewed for staff reporting suspected abuse to the Florida Abuse Hotline. In each record, the assigned therapist documented the suspected abuse, the date and time the call was made to the Florida Abuse Hotline, the identification number for the operator taking the call, and action taken by the Department and Children and Families (DCF). A review of youth records found there were no indications of abuse which were not reported.

<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>	

The program roster matched the census report in the Department’s Juvenile Justice Information System (JJIS) Probation Resource Booking Web for each circuit. A review of thirteen records, with included nine closed records, found admission and release dates from the records matched the dates listed in JJIS. The program submitted monthly reports to the Department, which also accurately reflected admission and release dates for all youth. The monthly reports included data on admissions, releases, transfers, absconds, incidents, and personnel. The program also completed monthly youth progress reports, discharge summary reports, and quarterly fidelity monitoring reports.

<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 program maintains a spreadsheet to track referral, admission, and release dates. The spreadsheet reflected when referrals were received through the Department’s Juvenile Justice Information System (JJIS) booking module and when referrals were accepted by the program. The spreadsheet showed all referrals were accepted by the program within two business days. Admission and release dates on the program roster and in all records reviewed matched the dates listed in JJIS. Admission dates coincided with the first face-to-face contact with the youth and parents/guardians. Release dates and the reasons for release were entered into JJIS within twenty-four hours. Monthly summaries were uploaded into JJIS in each of the thirteen records reviewed. Three records were missing one monthly summary.

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

Mental health services are provided by licensed mental health professionals or non-licensed mental health professionals working under the direct supervision of a licensed mental health professional. The programs currently have six therapists providing mental health services and the supervisor is a licensed mental health counselor (LMHC). Each therapist has a master’s

degree in counseling, social work, or clinical psychology. Five of the six therapists were hired since the last annual compliance review. Each new therapist completed the required pre-service trainings, to include on the Cognitive Behavioral Therapy model. A review of supervision logs showed the supervisor, a LMHC, provided at least one hour of supervision each week for the therapists with the exception of one week for one therapist and two weeks for another therapist.

<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 programs are licensed under Chapter 397, Florida Statutes to provide outpatient substance abuse services. The license for the Volusia County office in Circuit 7 expires on March 18, 2019, and the license for the Marion County office in Circuit 5, which also serves Circuit 8, expires on October 1, 2019. Observations verified the license was posted in the Daytona Beach office. The non-licensed therapists work under the direct supervision of the supervisor, who is a licensed mental health counselor.

## Standard 2: Assessment Services

### Overview

Youth are referred to the program by the Department's Circuit Probation offices. When youth are accepted into the program, a therapist schedules a face-to-face interview with the youth and their parent/guardian. Therapists use the initial interview to complete a clinical assessment. The results of the clinical assessments are then used to identify the youth's goals when developing the individualized treatment plan. The initial face-to-face interview also includes program orientation, during which the youth and parent/guardian agree to participate in services and receive a written program description of services.

#### 2.01 Referral Process

#### Satisfactory Compliance

*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).*

Thirteen records were reviewed and found the program reviewed and accepted or rejected referrals within two business days, as required. Five youth records were reviewed for rejected referrals and each record indicated the program contacted the juvenile probation officer (JPO) and the statewide redirection coordinator when the referred youth was not appropriate for services. It was noted there were not any disputes over the rejections. Interviews with staff confirmed the program's practice.

#### 2.02 Admission and Services Provision Processes

#### Satisfactory Compliance

*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).*

Thirteen youth records were reviewed for admission and service provisions. Each record reflected the youth were referred by the Department for services through Chrysalis Health. Each record reflected services commenced within seventeen calendar days of the referral for services. Each record documented the Department's Juvenile Justice Information System (JJIS) was updated when services commenced for the youth and documentation reflected the program collaborated with the youth's assigned juvenile probation officer (JPO) to ensure the youth actively engaged and progressed in meeting the requirements of the service provided. The Youth Empowered Success (YES) Plan for twelve of the thirteen youth included intervention services. Twelve of the thirteen records documented the parent/guardian agreement to participate in the program's counseling services. In the remaining record, case notes documented parent/guardian participation in the initial face-to-face meeting and subsequent services; however, the agreement to participate was not included in the youth's record.

**2.03 Intake Conference and Orientation****Satisfactory Compliance**

*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.*

Thirteen 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. An orientation verification form was signed by the youth and parent/guardian in twelve of the thirteen records reviewed. 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 Abuse Registry, Substance Abuse and Mental Health Program Office, Florida Advocacy Council, and Chrysalis Health's infection control policies and procedures. Documentation also reflected signed consent forms for services and release of information from the youth and parent/guardian in each of the twelve of the thirteen records reviewed.

**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.*

Each of the thirteen reviewed youth records documented a clinical assessment was completed utilizing a standardized assessment instrument. Each clinical assessment included an interview with the youth and parent/guardian, identifying information, relevant background information, trauma history, developmental history, medical, mental health history, substance abuse history, and education history. All of the assessments included information regarding the youth's living situation, social history, potential to self-harm, potential to harm others, a mental health status exam, and treatment recommendations. Each clinical assessment included clinical impressions, diagnostic formulation, a summary of findings, and a statement by a licensed mental health professional confirming a review of the assessment 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.*

A review of thirteen records found clinical assessments were completed by qualified staff. Five of the clinical assessments were completed by a licensed mental health counselor and eight were completed by a non-licensed mental health professional working under the direct supervision of a licensed mental health professional.

## Standard 3: Intervention Services

### Overview

Therapists develop an individualized treatment plan following the completion of a clinical assessment. The individualized treatment plan addresses needs identified in the clinical assessment and includes the input of the youth and their parent/guardian. Individual and family therapy sessions are scheduled once a week, with therapists providing Cognitive Behavioral Therapy (CBT) in treatment sessions. The program completes monthly summaries detailing youth progress and services provided. Discharge summaries are completed when youth successfully complete services or are closed as unsuccessful due to lack of progress or participation. The summaries are uploaded in the Department's Juvenile Justice Information System (JJIS).

#### 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.*

Thirteen youth records were reviewed for individualized treatment plans. Each record contained an individualized treatment plan based on the completed clinical assessment. Each treatment plan was developed in consultation with the youth and parent/guardian. Each plan took into account 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 individualized treatment plans included signatures of the youth, parents/guardians, and clinical staff. The plans were reviewed and signed by a licensed practitioner within ten days in twelve of the thirteen records reviewed. In the remaining record, case notes indicated equipment issues prevented the licensed professional from recording an electronic signature within ten days, and the plan was electronically signed by the licensed professional twelve days late. One individualized treatment plan required an update, which was completed and signed by all required parties within the required ten-day time frame.

#### 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.*

Eight personnel records 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, clinical mental health, social work, or clinical psychology. 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.



<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>	

Thirteen 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. Each record documented youth were provided individual and family therapy services. CBT services do not require group therapy. Eight of the thirteen records documented therapy services were provided two times each week unless the youth and parent/guardian were unavailable. In the remaining five records, which were for youth who had been in the program at least sixteen weeks, two records did not have documentation for three weeks of therapy services, two did not have documentation of services for two weeks, and one record did not have documentation of services for one week. Staffing issues were noted as the reason for the missing weeks. 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 ten of the thirteen records. In three records, one monthly summary was not uploaded into JJIS. The program's contract requires twenty-four-hour crisis intervention, which was included on each of the youth's individualized treatment plans.

<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>	

Thirteen 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 the youth's identified criminogenic risk factors and mental health and/or substance abuse disorders. Each record documented therapy sessions were a minimum of thirty minutes, with the vast majority of sessions lasting one hour. Case notes documented therapists collaborating with juvenile probation officers (JPO) to share information and ensure youth could complete treatment successfully.

<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>	

Nine youth records reviewed were applicable for release/discharge, with three closed unsuccessfully, five successfully, and one as an administrative discharge due to a loss of jurisdiction. Each record documented the program coordinated discharge planning with the assigned juvenile probation officer (JPO) and completed a discharge summary. The discharge summary was uploaded into the Department's Juvenile Justice Information System (JJIS) in

each record. Upon release/discharge, the therapist notified the assigned JPO and case notes were updated accordingly.



## **Standard 4: Fidelity Monitoring**

### **Overview**

The program provides Cognitive Behavior Therapy (CBT), which is an evidence-based intervention. Therapists facilitate CBT services through individual and family therapy sessions. Therapists receive training on CBT during pre-service training. The program director monitors the delivery of CBT by either observing individual and family therapy sessions or reviewing recordings of the sessions. The director's observations are documented on a Cognitive Therapy Rating Scale (CTRS). The delivery of CBT is discussed during clinical supervision. Primary service information for all Chrysalis programs is compiled by corporate staff and sent to the Department's contract manager on a quarterly basis.

#### **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 specific written manual titled Cognitive Behavioral Therapy Pre-Adolescent and Adolescent Treatment Protocol - Individual and Family Treatment Version. The manual outlines what a facilitator must do in delivering the service, to include the cognitive behavioral approach for delinquent youth, therapist preparation, treatment sessions, adherence to protocol, supervision issues, knowledge and skills required, engaging youth, how to structure treatment sessions, and long-term targets. Case notes documented youth received Cognitive Behavioral Therapy (CBT) services through individual and family therapy sessions, which are scheduled to occur weekly. No individual or family therapy sessions were observed during the annual compliance review.

#### **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).*

A review of training records for all eight staff found each staff member received formal training in the evidence-based service, Cognitive Behavioral Training (CBT). The formal training was conducted by a qualified instructor.

#### **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.*

Internal fidelity monitoring reports were reviewed for the six therapists. Documentation showed each therapist received fidelity monitoring, which was provided by the program director, at least once a month. The program director listens to tapes of Cognitive Behavior Therapy (CBT) sessions in order to conduct fidelity monitoring. The program director has been trained to utilize the Cognitive Therapy Rating Scale (CRTS). Chrysalis Health completes quarterly fidelity monitoring reports for service delivery of evidence-based practices, promising practices, and

alternative family-centered therapy conducted statewide. The quarterly report is submitted to the Department's contract manager.

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

The program has a written policy and procedures in place for corrective action based on fidelity monitoring. Weekly fidelity monitoring reports reviewed found three instances of corrective action needed for therapists in the delivery of Cognitive Behavior Therapy (CBT). The corrective actions needed were time-limited and included steps to be taken by the parties responsible. Subsequent fidelity monitoring reports demonstrated the required corrective action was implemented.

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

None of the therapists were due for an annual performance evaluation during the annual compliance review period, as one had a performance evaluation prior to the annual compliance review period and all others were hired within the last twelve months. The template for the annual performance evaluation for therapists includes an assessment of facilitation of Cognitive Behavioral Therapy (CBT) services. The program director's performance evaluation included the evaluation of clinical services provided by therapists, to include delivery of CBT.

Program Name: Redirections Circuits 5, 7, and 8  
MQI Program Code: Circuit 7 - 1352, Circuits 5 & 8 - 1348  
Provider Name: The Chrysalis Center, Inc.  
Location: Volusia and Marion County / Circuit  
Number of Beds: Circuit 7 - 8 to 12 slots, Circuit 5 - 30 to 34 slots, Circuit 8 - 10 to 14 slots  
Review Date(s): November 6-7, 2018

Contract Number: 10157  
Lead Reviewer Code: 37

### **Overall Rating Summary**

<b>Overall Rating Summary</b>
<b>All indicators have been rated Satisfactory and no corrective action is needed at this time.</b>