

**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Redirection Services Circuits 5, 7, and 8**

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

**(Contract Provider)**

**1515 E Silver Springs Blvd Suite 206**

**Ocala, Florida 34470**

***Review Date(s): July 28-29, 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:

<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:

Jennifer Schad, Office of Accountability and Program Support, Lead Reviewer (Standard 1 and 4)

Renette Crosby, Office of Accountability and Program Support, Regional Monitor (Standard 2 and 3)

Program Name: Redirection Services Circuits 5, 7, and 8  
MQI Program Code: Cir 5 & 8 - 1348, Cir 7 - 1352  
Provider Name: The Chrysalis Center, Inc.  
Location: Marion County / Circuit 5  
Review Date(s): July 28-29, 2020

Contract Number: 10157  
Number of Beds: 38-56  
Lead Reviewer Code: 143

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 Redirection 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

\* 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	Case Coordination for 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).

## Overview

Redirection Services Circuits 5, 7, and 8 are 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 thirty-eight to fifty-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). Mental health services in Circuit 5 are provided by three full-time master's-level therapists. Mental health services in Circuit 7 are provided by a full-time master's-level therapist. Mental health services in Circuit 8 are provided by a licensed mental health counselor.

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. 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 in the home, school, or other community settings. Sessions are provided for sixty to ninety minutes twice a week, 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 an initial background screening for all newly hired staff. No new staff have been hired during the scope of the annual compliance review. Therefore, there were no applicable staff requiring background screening. All of the current staff are listed in the Clearinghouse. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unity January 30, 2020, meeting the annual requirement.

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 a five-year background rescreening for all staff, volunteers, mentors, and interns. No staff were applicable for a five-year rescreening during the scope of the 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"> <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 policy and procedures regarding pre-service and in-service training. One staff was applicable for pre-service training. The staff completed training in Motivational Interviewing, critical incident reporting requirements, trauma-informed care, and adolescent behavior. The required training was documented in the Department's Learning Management System (SkillPro). Active shooter training was not required for this staff per the contract. All of the trainings were documented in the program's internal training system. The program director was reviewed for in-service training. The program director is the only staff who enters

information into the Department's Juvenile Justice Information System (JJIS). The program director completed Information Safety Awareness as documented in SkillPro.

<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>	

The program has not had any reportable incidents during the 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 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 policy and procedures addressing abuse reporting. The program adheres to a code of conduct that forbids staff from using physical abuse, profanity, threats, or intimidation. All services are provided in the youth's home, in community locations, or remotely by electronic means. There were no allegations of abuse against staff during the annual compliance review period. There were two incidents reported to the Florida Abuse Hotline on behalf of the youth by the therapists. A review of internal incidents and youth records determined there were no indications of abuse not reported to the Florida Abuse Hotline.

<b>1.06 Administration</b>	<b>Satisfactory Compliance</b>
<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 detailing incidents and population data. These reports include the youth monthly progress report, monthly service summary report, discharge summary report, fidelity monitoring report, and ad hoc reports. Statistical information is maintained to include monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, and incidents. A review of the program's youth roster determined it corresponded with the Department's census report. A review of nine youth 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**

*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.*

The program has a policy and procedures for documenting data in the Department’s Juvenile Justice Information System (JJIS). The policy includes JJIS accuracy, completeness, and maintenance. Nine open youth records were reviewed, and each record contained a referral which was accepted within two business days of the referral. The date the services were initiated was entered as a formal placement in JJIS. Youth monthly reports were uploaded into the JJIS Documents Library by the program. Nine closed youth records were reviewed. At a minimum, each youth release is tracked by the program to include date of youth admission for service, date of discharge, and reason for release. All nine closed youth records had a discharge summary uploaded into the JJIS Documents Library by the program.

**1.08 Mental Health Services Staffing Requirements and Qualifications****Satisfactory Compliance**

*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.*

One staff was applicable for pre-service training for a non-licensed mental health clinical staff during the scope of the annual compliance review. The staff completed ninety-two hours of training to include basic counseling skills, program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, and adolescent development. The program has a program director and five therapists. The program director is a licensed mental health counselor (LMHC) with a clear and active license in the State of Florida which expires March 31, 2021. One therapist is also a LMHC with a clear and active license in the State of Florida which expires March 31, 2021. The program is licensed under Chapter 397 to provide substance abuse services. The Chapter 397 license expires September 30, 2020. The mental health services are provided by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional. For the four non-licensed staff, there was documentation showing clinical supervision occurred for each, during the past six months, with no exceptions. Each of the non-licensed mental health clinical staff hold a master’s degree in psychology or social work.

**1.09 Substance Abuse Services Staffing Requirements and Qualifications****Satisfactory Compliance**

*Substance abuse services must be provided by appropriately licensed providers and practitioners.*

The program is licensed through the Department of Children and Families to provide outpatient substance abuse services under Florida Statutes Chapter 397. The license is valid through September 30, 2020 and includes the specific site addresses. Substance abuse services are provided by master’s-level therapists with degrees in psychology and social work. The therapists are under the supervision of the program director, who is a licensed mental health counselor (LMHC).

## Standard 2: Assessment Services

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

Nine youth treatment records were reviewed for the referral process. The program reviewed and accepted the referral within two business days for all nine youth, as all were appropriate for services. Documentation in the Department's Juvenile Justice Information System (JJIS) case notes included assignment of a therapist.

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

Nine youth treatment records were reviewed for admission services. Each youth was referred to the program for services. All nine referred youth services commenced within seventeen calendar days of assignment, as required. Each youth had a start date in the Department's Juvenile Justice Information System (JJIS) correlating with the youth admission, intake date with the program and collaborating with the assigned juvenile probation officer (JPO) upon admission into the program. All nine Youth Empowered Success (YES) Plans were updated by the assigned JPO to incorporate this intervention service. There was documentation in all nine youth records indicating the parents/guardians agreeing to participate in the family-centered therapy.

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

There was documentation in all nine youth treatment records documenting the youth and parent/guardian participated in a face-to-face orientation on the date of the youth's admission and intake. Due to the COVID-19 pandemic, the face-to-face orientations occurred utilizing video conferencing. The orientation included a signed consent for service and release of information, a handbook detailing service goals, expectations of the youth and parent/guardian, hours and location of intervention services, emergency contact information, and identification of key staff for contact. The consent forms were maintained in each youth record.

<b>2.04 Clinical Assessments</b>	<b>Satisfactory Compliance</b>
<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>	

Nine youth treatment records were reviewed for clinical assessments. All nine youth received a clinical assessment which included parent/guardian and youth interviews, a standardized assessment instrument, identifying information, the reason for the assessment, relevant

background information, history of physical abuse, behavioral functioning, physical health, mental health history, substance abuse history, and education functioning. The assessments also included a review of available clinical records, caregiver assessment, current life situation, and source of stress. The assessments included treatment recommendations with clinical impressions, diagnostic formulation, summary of findings, and a review statement from a licensed mental health professional.

<b>2.05 Clinical Assessment Qualifications (Critical)</b>	<b>Satisfactory Compliance</b>
<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>	

Nine youth treatment records were reviewed for clinical assessment qualifications. Each clinical assessment was conducted by a licensed practitioner or a non-licensed clinician working under the direct supervision of a licensed mental health professional. Each clinical assessment was reviewed and signed by a licensed mental health counselor (LMHC).

## 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>	

In each of the nine records were reviewed, the program developed an individualized treatment plan based on the clinical assessment within thirty days of initiation of treatment. The individualized treatment plans were developed with a person-centered process in consultation with the youth and included others at the option of the youth. The person-centered process identified the youth's physical and mental health support needs, strengths, preferences, and desired outcomes. Each of the nine individualized treatment plans identified any family or other supports for the youth, identified the Redirection service utilized, was guided by the best practices and research on effective strategies for improved health and quality of life outcomes, and addressed diagnoses and symptoms identified in the clinical assessment. Each individualized treatment plan ensured the youth and family support system were involved in the treatment plan process and prevents the provision of unnecessary or inappropriate care. All nine individualized treatment plans included any history of trauma, includes the signatures of the youth, parent/guardian, and clinical staff developing the plan. Each plan was developed by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed practitioner, and was updated each month, as needed.

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>	

The program has a program director and five therapists. The program director is a licensed mental health counselor (LMHC), as well as one of the therapists. Each therapist is employed by the Redirection Service provider and received training in the service provided. Each of the four non-licensed clinical staff hold a master's degree in psychology or social work. The non-licensed staff work under the direct supervision of a licensed mental health professional. The program is licensed under Chapter 397 to provide substance abuse services.

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"> <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>	

A review of documentation in each of the nine treatment records reviewed indicated the program provided individual and family therapy services. This program does not provide group therapy services. Therapy services are provided twice a week, unless the youth and family are unavailable, or as dictated by modality. There was documentation in the youth records for missed or rescheduled appointments. Services offered were based on modality requirement. Individual and family therapy services were documented in progress notes for each youth. Each youth had monthly written reports provided to the juvenile probation officer (JPO) and uploaded into the Department’s Juvenile Justice Information System (JJIS) every thirty days. Documentation of mental health and or substance abuse assessments, evaluation, treatment planning, and counseling therapy were available in all nine of the individual treatment records. The program provides twenty-four hours a day, seven days a week crisis therapeutic support to assist youth and families in managing a crisis. Each therapy session is a minimum of thirty minutes with at least twenty-five minutes reserved for counseling, unless otherwise specified.

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>	

The program ensures individual and therapy includes the provision of insight-oriented, cognitive behavioral therapy interventions to address criminogenic risk factors with the youth and parents/guardians. The program does not conduct group counseling. The therapists provide case coordination to help ensure there is consistent communication with the parent/guardian and juvenile probation officer (JPO) working towards successfully completing treatment.

3.05 Release/Discharge	Satisfactory Compliance
<p><i>Prior to release or discharge of a youth from services (prior to completion of the intervention) the Redirection Service provider must coordinate discharge planning with the youth’s JPO.</i></p>	

Nine closed youth treatment records were reviewed for release/discharge. In all nine records, the program coordinated with the assigned juvenile probation officer (JPO). There was copy of the discharge summary uploaded in the Department’s Juvenile Justice Information System (JJIS) for each youth record. Each youth had a discharge case note reflecting the release or discharge of the youth from the intervention service.

## **Standard 4: Fidelity Monitoring**

### **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 has a policy and procedures for the delivery of the primary service, cognitive behavior therapy (CBT), an evidence-based treatment model. The program has written protocol for CBT. The protocol manual thoroughly outlines exactly what a facilitator must do in delivering the service. The delivery of evidence-based interventions is accomplished through individual and family therapy sessions. Services are also delivered through crisis therapeutic support services. All youth are required to participate in two combined services each week.

### **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 five training records for therapists documented the staff completed training for the primary service, cognitive behavior therapy (CBT). The primary service, CBT, is an evidence-based practice. The training was provided by a qualified instructor.

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

**Satisfactory Compliance**

*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.*

Fidelity monitoring is accomplished through clinical supervision of all therapist staff. There was documentation of clinical supervision by the program director, weekly, with each therapist, licensed and non-licensed. In preparation of the weekly clinical supervision, the program director listens to a sampling of taped recordings of each therapist providing the primary service. Clinical supervision notes documented a discussion of the delivery of the primary service, cognitive behavioral therapy with therapist staff. The corporate office also completes quarterly reports, which address the delivery of the primary service.

### **4.04 Corrective Action Based on Fidelity Monitoring**

**Satisfactory Compliance**

*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.*

Corrective action is accomplished through guidance and coaching during the weekly clinical supervision sessions. The program director provides immediate feedback on staff delivery of the primary service. One of the staff is currently on a corrective action plan as a result of the fidelity monitoring.



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

Performance evaluations for all five therapists were reviewed. The evaluation reflected an evaluation by a qualified supervisor of the facilitator's skills and abilities in delivering the intervention. The evaluations are completed every six months.