

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Redirections- Circuits 6, 9, 10, 12, 13, 18**  
***Chrysalis Health Services***  
(Contract Provider)  
3800 W. Broward Blvd.  
Ft. Lauderdale, Florida 33312

*Review Date(s): December 11-12, 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:

Kamille Payne, Office of Program Accountability, Lead Reviewer (Standard 1)  
Jamila Bacchus, Office of Program Accountability, Regional Monitor (Standards 2 and 3)  
Brenda Comadore, Office of Program Accountability, Regional Monitor (Standards 2 and 3)  
Tamara Mahl-Adkins, Office of Program Accountability, Regional Monitor (Standards 2 and 3)  
Bonita Williams, Office of Program Accountability, Regional Monitor (Standard 4)  
Juan Youman, Office of Program Accountability, Regional Monitor (Standards 2 and 3)

Program Name: Redirections- Circuits 6, 9, 10, 12, 13, 18  
 MQI Program Code: 1337, 1338, 1339, 1340, 1341, 1342  
 Provider Name: Chrysalis Health Services  
 Location: Central Region County / Circuit  
 Review Date(s): December 11-12, 2018

Contract Number: 10157  
 Number of Beds:  
 Lead Reviewer Code: 161

### 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         | _____ # Program Supervisors  |
| <input type="checkbox"/> DHA or designee             | _____ # Food Service Personnel | <b>1</b> # Other (listed by title): <b><u>Director of Projects</u></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 checked="" 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 checked="" type="checkbox"/> Contract Monitoring Reports       | <input type="checkbox"/> PAR Reports                      | <b>13</b> # Personnel Records                            |
| <input checked="" type="checkbox"/> Contract Scope of Services        | <input type="checkbox"/> Precautionary Observation Logs   | <b>13</b> # Training Records/CORE                        |
| <input type="checkbox"/> Egress Plans                                 | <input type="checkbox"/> Program Schedules                | <b>6</b> # Youth Records (Closed)                        |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                   | <b>12</b> # Youth Records (Open)                         |
| <input type="checkbox"/> Exposure Control Plan                        | <input type="checkbox"/> Supplemental Contracts           | <b>6</b> # Other: <b><u>Rejected youth referrals</u></b> |
| <input type="checkbox"/> Fire Drill Log                               | <input type="checkbox"/> Table of Organization            |  |
| <input type="checkbox"/> Fire Inspection Report                       | <input type="checkbox"/> Telephone Logs                   |  |

#### Interviews

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

#### Observations During Review

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admissions                | <input 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.

## Standard 1: Management and Accountability Redirection Services Rating Profile

### Indicator Ratings

Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Pre-Service and/or In-Service Training	Satisfactory
1.04	Incident Reporting (CCC)*	Satisfactory
1.05	Abuse Reporting (DCF)*	Satisfactory
1.06	Administration	Satisfactory
1.07	JJIS and Data Requirements	Satisfactory
1.08	Mental Health Services Staffing Requirements and Qualifications	Satisfactory
1.09	Substance Abuse Services Staffing Requirements and Qualifications	Satisfactory

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

## Standard 2: Assessment Services Redirection Services Rating Profile

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

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

## Standard 3: Intervention Services Redirection Services Rating Profile

<b>Indicator Ratings</b>		
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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

Redirections is a program operated by Chrysalis Health Services, through a contract with the Department, in Circuits 6, 9, 10, 12, 13, and 18. The program operates on a flexible slot contract in order to provide services in each circuit based on the current need of the circuit. Redirections services are available to any youth on probation, post-commitment probation, or conditional release, and are offered as part of the youth's probation services. Redirection services include the provision of cognitive behavioral therapy (CBT) to each youth enrolled in the program through individual and family sessions. CBT is an evidence-based curriculum which is focused on helping youth and families replace abnormal coping skills, thinking, emotions, and behaviors. Redirection services are designed to facilitate positive changes in a youth by addressing family issues and the criminogenic risk factors identified through the Positive Achievement Change Tool (PACT) administered by the youth's juvenile probation officer (JPO). Additionally, Redirections will provide case management for youth in their care. Services are offered in-home or school and each youth spends an average of fifteen to eighteen weeks in the program to progress through each stage of the CBT process.

### 1.01 Initial Background Screening (Critical)

### Satisfactory Compliance

*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.*

The program has a written policy and procedures requiring an initial background screening for all new staff. Five staff were applicable for initial background screening and each was found with an eligible screening in the Clearinghouse system and assigned to the program's Clearinghouse roster prior to their hire dates. Additionally, each staff record documented the program verified the staff's criminal history, Central Communications Center (CCC) person involvement report, Staff Verification System (SVS) module, and Florida Department of Law Enforcement (FDLE) background results. The staff were not eligible for the pre-employment assessment, as the assessments are not required for staff hired for positions which require professional degrees. None of the staff had a break in service in the SVS or were hired from a different provider or the Department. The program does not utilize interns or volunteers.



<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 regarding five-year background rescreening's. The program did not have any staff eligible for five-year rescreening's during the annual compliance review period.

<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 establishing training requirements for staff. Five pre-service staff records were reviewed for new staff training requirements. Each staff completed all required trainings, including Information Safety Awareness, Motivational Interviewing, critical incident reporting requirements, trauma informed care, and adolescent behavior. Four of the five staff completed all training prior to working with youth and within ninety days of hire; one staff completed critical incident reporting requirements 123 days after hire. None of the staff received the Department's Juvenile Justice Information System (JJIS) training, as only the program directors have access to JJIS. All of the trainings required, which were offered in the Department Learning Management System (SkillPro), were found in the SkillPro system. Five in-service staff records were reviewed and three of the five completed Information Safety Awareness during the annual compliance review period; however, none of the staff required the training, as it is only required for staff who have access to JJIS.

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

The program has a written policy and procedures in place regarding reporting incidents to the Central Communications Center (CCC). The program had one CCC report across each of the six reviewed circuits during the annual compliance review period. The CCC was called within two hours of the program's discovery of the incident. A review of internal incidents, grievances, and youth records found there were no additional incidents which should have been reported to the CCC.

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

The program has a written policy and procedures in place to establish an abuse-free environment. Further, the program has each staff sign an Affidavit of Good Morale Conduct, which outlines appropriate conduct for staff to ensure youth are free from abuse and provided services in a therapeutic environment. Each of the ten staff pre-service and in-service records reviewed, along with the three reviewed supervisory staff records included the signed affidavit from the staff's hire date. The program did not have any calls to the Florida Abuse Hotline during the annual compliance review period. A review of Central Communications Center (CCC) incidents, the program internal incident log, and youth records found the program had no instances of abuse which should have been reported to the Florida Abuse Hotline.

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

The program maintains a safe and appropriate treatment environment by tracking information pertinent to the care of youth to report to the Department. Statistical information is kept on youth admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, and incidents. The program submitted all required monthly and quarterly reports to the Department's contract manager, as evidenced by provided e-mails and uploaded reports found in the contract SharePoint page. The reports submitted include the Monthly Service Summary Report, Discharge Summary Report, Fidelity Monitoring Report, and any other reports, as needed. Additionally, the Youth Monthly Progress report was found for each of the twelve reviewed youth in the Department's Juvenile Justice Information System (JJIS) youth document upload module. A review of JJIS and the youth census revealed the admission and termination dates of each youth were consistent.

<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 provider utilizes the Department's Juvenile Justice Information System (JJIS) to respond to all referrals and to place youth in the Redirections program. A review of six closed youth records found each youth referral was accepted within two business days and the youth was released from the placement in JJIS within twenty-four hours of their discharge from the program. The admission date, discharge date, and discharge reason were found for each youth in JJIS and matched the program census provided. Further, the program tracks all referrals and outcomes internally. Youth Monthly Progress Reports and Discharge Summaries for each of the six youth records reviewed were found in the document upload module in JJIS. The program enters all staff information into JJIS in the Staff Verification System (SVS).

<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>	

Each of the program’s staff in all six circuits reviewed were verified for staffing requirements and qualifications. The program employs a regional director and two program directors, each of which are licensed clinical staff and provide all supervision for the therapists. Each of the three directors have a clear and active license from the Florida Department of Health, as a licensed mental health counselor (LMHC), with expiration dates of March 31, 2019. The program also employs one licensed and nine non-licensed therapists. The licensed therapist also has a clear and active license from the Florida Department of Health as a LMHC with the expiration date of March 31, 2019. Each of the nine non-licensed therapists were all master’s-level clinicians with degrees in psychology, social work, or counseling. Each of the thirteen staff employed by the six circuits were found to have training in cognitive behavioral therapy (CBT), which is the evidence-based service provided by the therapists to all youth in the program. Further, each of the five new staff employed by the program completed new therapist training in topics including basic counseling skills, program philosophy, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, and normal and abnormal adolescent development. Each of the program’s nine non-licensed clinical staff were found to have face-to-face supervision by a licensed program director each week they provided services to youth during the annual compliance review period. Each supervision contact lasted a duration of one hour and covered counseling skills, techniques, and reviewed the staff’s caseload.

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

The program is licensed in accordance with the Chapter 397, Florida Statutes, which qualifies the program to provide outpatient substance abuse services to youth. Each of the program’s staff in all six circuits reviewed were verified for staffing requirements and qualifications. The program employs a regional director and two directors, each of which are licensed clinical staff and provide all supervision for the therapists. Each of the three directors have a clear and active license from the Florida Department of Health, as a licensed mental health counselor (LMHC) with expiration dates of March 31, 2019. The program also employs one licensed and nine non-licensed therapists. The licensed therapist also had a clear and active license from the Florida Department of Health as an LMHC with an expiration date of March 31, 2019. Each of the nine non-licensed therapists were all master’s-level clinicians with degrees in psychology, social work, or counseling. Each of the program’s nine non-licensed staff were found to have face-to-face supervision by a licensed program director each week they provided services to youth during the annual compliance review period. Each supervision contact lasted a duration of one hour and covered counseling skills, techniques, and reviewed the staff’s caseload.

## Standard 2: Assessment Services

### Overview

Redirections services in Circuits 6, 9, 10, 12, 13, and 18 are available to any youth on probation, post-commitment probation, or conditional release. Youth are referred by their juvenile probation officer (JPO) and the project manager reviews each referral in the probation resource booking module in the Department's Juvenile Justice Information System (JJIS). Once a youth is accepted into the program, a face-to-face interview is conducted which includes providing the youth and parent/guardian with an orientation to the program, as well as completion of the initial clinical assessment. Each clinical assessment and subsequent therapy sessions are completed by the youth's assigned therapist and reviewed by the program director, who is a licensed mental health counselor (LMHC).

#### 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).*

The program has a written policy and procedures regarding the referral process. A review of twenty-four youth records, four from each reviewed circuit, found the program accepted or rejected each referral within two business days, excluding weekend and holiday hours. Twelve of the youth were rejected and there was documentation in each showing the program contacted the assigned juvenile probation officers (JPO) to review the referral prior to declining the referral. An interview with the staff responsible for processing the referrals was conducted. The staff indicated the Department will complete the referral in the Probation Resource Booking module in the Department's Juvenile Justice Information System (JJIS) and the program has two business days to either accept or reject the referral. There is a checklist which is completed to determine if the youth is eligible for services. Items included on the checklist include required information to be uploaded into JJIS by the youth's JPO, a Positive Achievement Change Tool (PACT) Full Assessment completed within the last thirty days, completed sex offender treatment prior to referral (if the youth is a sex offender), the youth cannot be held in secure detention, a parent/legal guardian shall be present and willing to participate in services, no alternative services shall be provided, and the youth must reside in the county in which the services are to be provided. After initially accepting the referral, an internal referral form is completed and provided to the program director, who will enter the information from the youth into the program's electronic case management system (ECR) to allow the therapist to access the youth's information and enter notes and assessments. The assessments must be completed within seventeen calendar days from the time of referral.

#### 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).*

The program has a written policy and procedures regarding the admission and service provision process. A review of twenty-four records found twelve, two from each circuit, were applicable to receive services. The services for each youth were commenced within seventeen calendar days of referral for services. A review of each youth's Youth-Empowered Success (YES) Plan

revealed eleven of the YES Plans were updated to include goals by the juvenile probation officer (JPO) to incorporate intervention services; one YES Plan was not updated by the JPO. There was documentation in each record to validate the youth and parent/guardian agreed to participate in the family-centered therapy which includes training, treatment, and support to assist the family in overcoming obstacles and prevent recidivism.

<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 provider/practitioner.</i>	

The program has a written policy and procedures in place regarding the intake conference and orientation process required for each youth within seventeen days of the referral to the program being accepted. There was documentation in each of the twelve applicable youth records reviewed, two from each circuit, of the youth and parent/guardian participating in a face-to-face orientation by the date of the first clinical session by the program and within seventeen days of the referral being accepted by the program. Orientation included the following elements: signed consent for services/information release from the youth and parent/guardian, the delivery of the youth handbook detailing service goals, expectations of the youth and parent(s)/guardian(s), proposed hours and location of services, emergency contact information, and identification of key staff for contact.

<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>	

The program has a written policy and procedures in place regarding the requirements for clinical assessments for each youth receiving services. A review of twelve applicable youth records, two in each circuit, revealed each youth received a clinical assessment. During the assessment, the youth and parent/guardian were interviewed and reviewed all required elements. Each clinical assessment included clinical impressions, diagnostic formulation, summary of findings, and a statement by the program director, who is a licensed mental health counselor (LMHC), confirming their review of the assessment and concurrence with the findings and treatment recommendations.

<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 practitioner.</i>	

Twelve applicable youth records were reviewed, two from each circuit, and each clinical assessment was found to be completed by a non-licensed clinician, working under the direct supervision of a licensed mental health counselor (LMHC), who serves as the program director. The nine non-licensed mental health clinical staff and one LMHC who completed the clinical assessments hold master's-level degrees from accredited universities or colleges in a related human service field. There was documentation of the nine non-licensed mental health clinicians

receiving at least one hour a week of face-to-face supervision with the program director for the purpose of overseeing and directing the mental health services provided.

## Standard 3: Intervention Services

### Overview

Redirections services in Circuits 6, 9, 10, 12, 13, and 18 employ the evidence-based practice of cognitive behavioral therapy (CBT) for each youth in the program through individual and family therapy sessions. Additionally, the therapists offer case management services and twenty-four-hour crisis support to youth. The program employs nine non-licensed master's-level therapists and one licensed mental health counselor (LMHC) to provide all Redirection services, under the supervision of the program directors and regional director, who are LMHC clinicians. Redirection services are provided based on each youth's individual treatment plan, which is based on their clinical assessment and identified risk factors from the Positive Achievement Change Tool (PACT) administered by the youth's juvenile probation officer (JPO). The provider is licensed in accordance with the Chapter 397, Florida Statutes to provide outpatient substance abuse services as part of the CBT curriculum.

#### 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.*

The program has a written policy and procedures regarding the requirements for an individualized treatment plan (ITP) for each youth who receives services. A review of twelve applicable youth records, two from each circuit, found the provider developed an ITP based on the clinical assessment for each youth. Each ITP was developed with a person-centered process in consultation with the youth and parent/guardian. The person-centered process identifies the youth's physical and mental health support needs, strengths, preferences, and desired outcomes, and addresses the youth's diagnoses and symptoms and history of trauma. The program is guided by the best practices and research on effective strategies for improved health and quality of life outcome, ensuring the youth and identified support members are fully involved in the treatment plan process and preventing the provision of unnecessary or inappropriate care. Each ITP included the signature of the youth, parent/guardian, and clinical staff and was reviewed and authorized within ten days by the licensed mental health counselor (LMHC), who is the program director. According to the staff, unless a youth is reassigned to a new therapist, there is no updated ITP completed. None of the records were applicable for an updated plan.

#### 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.*

The program employs nine non-licensed clinicians and one licensed mental health counselor (LMHC) to provide Redirection services across the six circuits, as well as two program directors and a regional director, who are also LMHCs. The program directors provide direct supervision to the non-licensed clinicians. Each of the nine non-licensed mental health/substance clinical

staff each hold a master's-level degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field. Each of the four LMHCs were found to have a clear and active license in the State of Florida, with their licensures expiring March 31, 2019. There was documentation indicating each of the thirteen practitioners were trained and certified to deliver cognitive behavioral therapy (CBT) services.

<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>▪ <i>Individual therapy services</i></li> <li>▪ <i>Family therapy services</i></li> <li>▪ <i>Group therapy services</i></li> <li>▪ <i>Twenty-four-hour crisis therapeutic support</i></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>	

The program has a written policy and procedures regarding the provision of Redirection therapy services to each youth enrolled in the program. A review of twelve applicable youth records, two in each circuit, found the provider delivered individual and family therapy services. There was documentation of the provider offering therapy twice a week, unless the youth and parent/guardian were unavailable, or once a week as dictated by modality. Therapy was documented in each youth's progress notes, which were maintained in each youth's record and a written report of the youth's progress was provided to the juvenile probation officer (JPO) through upload in the Department's Juvenile Justice Information System (JJIS) every thirty days. The program also provides twenty-four hours, seven days a week crisis therapeutic support to assist youth and their parent/guardians to manage crisis situations.

<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>	

A review of twelve applicable youth records, two in each circuit, found the provider completed individual and family therapy services, including the provision of insight-oriented, cognitive behavioral interventions to the individual youth to address criminogenic risk factors and any identified mental health needs, as well as substance use disorders. A combination of therapy services was provided at least twice a week. Sessions were held for one hour with a minimum of fifty minutes reserved for counseling. Case coordination, which includes assisting the youth and parents/guardians in obtaining resources such as school, psychiatric appointments, coordinating basic needs, and working with the juvenile probation officer on sanctions, is also offered to each youth, as needed. In addition, the therapists provide twenty-four-hour crisis support to youth, seven days a week. In each of the records reviewed, the program communicated with the youth and parent/guardian to facilitate the youth's successful completion of treatment.

<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>	



The program has a written policy and procedures regarding the release and discharge process. Six closed youth records were reviewed, one from each circuit, for release/discharge from the program. There was evidence the program coordinated discharge planning with each youth's assigned juvenile probation officer (JPO) prior to discharge. Each of the discharge summaries were uploaded in the Department's Juvenile Justice Information System and the assigned JPO was notified by e-mail or telephone. The case notes were updated to reflect service activity for each of the youth.

## Standard 4: Fidelity Monitoring

### Overview

Redirections services in Circuits 6, 9, 10, 12, 13, and 18 provide youth cognitive behavior therapy (CBT) through individual and family sessions held in the youth's home or at school. Additionally, staff provide case management services and twenty-four-hour crisis support to youth. Upon hire, each staff is trained in delivering the CBT curriculum through therapy sessions and are monitored for fidelity to the curriculum. The program employs nine non-licensed master's level therapists and one licensed mental health counselor (LMHC) to provide CBT services to youth. CBT services are overseen by two program directors and one regional director, who are all LMHCs. The directors monitor each staff for fidelity to the CBT model and evaluate them on their performance as part of on-going supervision and regular 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 manual/protocol which includes the delivery of cognitive behavioral therapy (CBT). The manual/protocol has detailed instructions to delivering services for the youth they are providing services to. The manual outlines what the facilitator must do in delivering the service. The annual compliance review team was unable to observe delivery of service, as services are provided off-site.

#### 4.02 Facilitator Training

**Satisfactory Compliance**

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

The provider has three certified cognitive behavioral therapy (CBT)/Motivational Interviewing trainers who provide training to the therapists, which was verified by trainer certifications. Twelve staff personnel records were reviewed and each of the staff were trained in CBT (evidenced-based practice, promising practice, and alternative family-centered therapy). The staff were trained by a qualified instructor on how to deliver the intervention services.

#### 4.03 Internal Fidelity Monitoring (Critical)

**Satisfactory Compliance**

*The Redirection program has an internal process to monitor the delivery of the evidence-based practice, promising practice or alternative family centered therapy to examine how closely actual implementation matches the model protocol.*

The provider utilizes the form Cognitive Therapy Rating Scale (CTRS) to conduct internal fidelity monitoring. The provider conducts fidelity monitoring by reviewing audiotaped sessions. Fidelity monitoring is conducted at least once a month, for each facilitator, for each service delivered. Nine of the twelve therapists were applicable for fidelity monitoring, each therapist received fidelity monitoring dating back to June 2018. Fidelity monitoring was conducted by a qualified trainer.

<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 manual/protocol regarding corrective action based on fidelity monitoring. The program reported there have not been any fidelity monitoring reports identifying corrective actions; therefore, treatment staff were not able to be interviewed regarding their involvement in corrective actions for the annual compliance review period.

<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>	

The program has three supervisors who have been trained to conduct evaluations for delivery of services. The evaluations are utilized to ensure the therapists are facilitating cognitive behavioral therapy (CBT), as required. Nine of the twelve therapist evaluations reviewed were applicable for an evaluation. Two of the twelve therapists are supervisors and each was trained in CBT. All therapist evaluations were completed by supervisors on an annual basis. Three of the nine applicable therapists were hired in 2018; therefore, each had three month evaluations completed. An interview was conducted with one of the supervisors on the process of the completion of evaluations. The supervisor reported the therapist and supervisor each rate the therapist's performance for the year. They discuss the ratings and improvements needed for the upcoming year. The supervisor and therapist sign the completed evaluation.

Program Name: Redirections- Circuits 6, 9, 10, 12, 13, 18  
MQI Program Code: 1337, 1338, 1339, 1340, 1341, 1342  
Provider Name: Chrysalis Health Services  
Location: Central Region County / Circuit  
Review Date(s): December 11-12, 2018

Contract Number: 10157  
Number of Beds:  
Lead Reviewer Code: 161

### **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>