

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Redirection Functional Family Therapy - Circuits 6, 17, 19 & 20**

***Southwest Key Programs, Inc.***

**(Contract Provider)**

**150 South Pine Island Road, Suite 300  
Plantation, Florida 33324**

***Review Date(s): January 7 - 8, 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:

Nicos Antonakos, Office of Program Accountability, Lead Reviewer (Standards 1, 2, and 3)  
Paula Friedrich, Office of Program Accountability, Regional Monitor, (Standards 2, 3, and 4)  
Felicia Goldstein, Office of Program Accountability, Regional Monitor, (Standards 2 and 3)  
Maryann Sanders, Office of Program Accountability, Deputy Regional Supervisor (Standards 1, 2, and 3)

Program Name: Redirections Functional Family Therapy  
MQI Program Code: 1422  
Provider Name: Southwest Key Programs, Inc.  
Location: Circuit 6, 17, 19, & 20  
Review Date(s): January 7 - 8, 2020

Contract Number: 10336  
Number of Beds: N/A  
Lead Reviewer Code: 180

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, and (4) Fidelity Monitoring which are included in the Redirection Services Standards.

### **Overall Rating Summary**

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

## 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	Non-Applicable

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

## Standard 2: Assessment Services Redirection Services Rating Profile

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

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## Standard 3: Intervention Services Redirection Services Rating Profile

### Indicator Ratings

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

\* 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

Southwest Key Programs Incorporated is contracted to provide redirection services to eighty youth, ages eleven to nineteen, located in Circuits 6, 15, 17, 19, and 20. Provided services include behavioral health support services to youth experiencing a range of emotional, social, cognitive, behavioral, and psychiatric needs. The program provides redirection services to probation, conditional release, and post-commitment probation youth who are referred by the Department. The contracted service capacity for each circuit is as follows: Circuit 6, ten to twelve youth, Circuit 15, ten to twelve youth, Circuit 17, twenty to twenty-eight youth, Circuit 19, ten to twelve youth, and Circuit 20, ten to sixteen youth. The program is comprised of two licensed clinical social workers (LCSWs), two clinical supervisors, and three master's-level, non-licensed therapists. Functional Family Therapy (FFT) is provided by the masters-level, non-licensed therapists. Program services are designed to facilitate a positive change in youth behavior and emotional functioning, bring about positive changes in criminal thinking, and provide the youth with the tools necessary to avoid future criminal involvement. Services are designed to address family issues and needs with the goal of improving family functioning. In addition, the program addresses criminogenic risk factors and the youth's individual risks and needs, as determined through the Department's Community Assessment Tool (CAT). The program directly addresses those identified risks and needs through providing FFT services a minimum of one time weekly through in-home family meetings, for an average of sixteen weeks. FFT is designed to address and improve family dynamics, strengthen family ties, provide case management support to address family needs and improve overall support and skills development to family members. At the time of the annual compliance review, the program reported no vacancies; however, two therapists were recently hired and in pre-service training.



## **Standard 1: Management Accountability**

<b>1.01 Initial Background Screening (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth or confidential youth records. A contract provider may hire an employee to a position which requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates he or she exhibits no behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a written policy and procedures addressing initial background screening to ensure staff, volunteers, mentors, and interns meet established statutory Level 2 Screening requirements. A review of initial background screenings for the seven hired staff found the program received background screenings from the Department's Background Screening Unit (BSU)/Clearinghouse prior to each staff having access to youth and confidential records. The program conducts a pre-employment assessment to ensure staff qualify to provide services to the youth and to satisfy the contract requirements. During the annual compliance review period, the program did not have volunteers, mentors, or interns working with youth. The Annual Affidavit of Compliance with Level 2 Screening Standards was notarized on February 5, 2019 and e-mailed to the Department's BSU on February 6, 2019, which did not meet the requirement of submission by January 31, 2019.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<i>Background screening/resubmission is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.</i>	

The program maintains a written policy and procedures requiring compliance with the Department's five-year background re-screening requirements. The program's human resource department tracks the five-year anniversary of hire dates and processes the five-year re-screenings for all staff. A review of the program's staff roster list indicated there were no staff who required a five-year re-screening since the last annual compliance review. There were no volunteers and interns working at the program since the last annual compliance review.

1.03 Pre-Service and/or In-Service Training	Satisfactory Compliance
<p><i>All Redirections staff successfully complete applicable training requirements as set forth below. The following training shall be completed prior to the delivery of direct services to Department youth and/or as in-service training to Redirections staff:</i></p> <ul style="list-style-type: none"> <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 in place regarding pre-service and in-service training. A review of seven staff records showed five were applicable for in-service training and two were applicable for pre-service training. A review of the five applicable staff records documented each staff received the required in-service training. A review of the two applicable staff records for pre-service training documented each staff received the required pre-service training certification within ninety days of the initial start date. Each reviewed staff completed trainings to include the Department's Juvenile Justice Information System (JJIS), information security awareness, critical incident reporting, trauma informed care, adolescent behavior, and civil rights. All applicable completed trainings were delivered by qualified trainers and documented in the Department's Learning Management System (SkillPro). According to the program's contract, clinical practitioners who had previously completed training in effective communication with youth as part of their education are not required to take motivational interviewing training. The program maintains a written pre-service and in-service training plan which was signed by the Department's Office of Staff Development and Training on January 31, 2019.

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

There have been no Central Communications Center (CCC) incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.

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

The program has a policy and procedures in place to ensure all instances of child abuse, neglect, abandonment, and/or threatened harm are handled appropriately, efficiently, safely, systematically, and according to State of Florida regulations. The program's policy is to report all allegations of child abuse or suspected child abuse immediately to the Florida Abuse Hotline and/or Department of Children and Families (DCF) Florida Safe Families Network (FSFN). An

informal interview with the program's two supervisors indicated there were no reportable abuse allegations since the last annual compliance review.

<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's contract requires monthly population data reports and any incidents of youth who were detained to be submitted to the Department. The program provided documentation verifying the reports were submitted monthly to the Department and included detaining incidents and population data. The monthly reports included statistical information regarding admissions, releases, transfers, absconders, abuse reports, and medical and mental health emergencies. Also, the monthly reports documented youth progress, a monthly service summary report, discharge summaries, and fidelity monitoring information. A review of the program's youth census found the youth listed on the current census corresponded with the Department's Juvenile Justice Information System (JJIS). A review of three closed youth records indicated the date of each youth's admission and termination also correlated with JJIS entries.

<b>1.07 JJIS and Data Requirements</b>	<b>Satisfactory Compliance</b>
<i>The program and subcontracted service providers shall utilize the Department's Juvenile Justice Information System (JJIS) for data entry and shall monitor accuracy at all times.</i>	

Three closed youth records were reviewed, and documentation supported the program reviewed and accepted each referral within two business days of receipt, as required. None of the three reviewed referrals were rejected by the program. Reviewed documentation reflected the program clearly documented the date services began and face-to-face contact was made with each of the three youth. The Release Module within the Department's Juvenile Justice Information System (JJIS) was updated within twenty-four hours of all three youth's release from the program. Each release included a reason for release/discharge and each of the three closed youth records validated monthly progress reports and discharge summaries were uploaded into JJIS. The program also maintains an internal tracking system which includes each youth's date of admission, date of discharge/release, and reason for release.

<b>1.08 Mental Health Services Staffing Requirements and Qualifications</b>	<b>Satisfactory Compliance</b>
<i>All program staff providing mental health services shall meet the requirements identified in the guidelines, must have appropriate licensure or qualifications, and have completed the prerequisite training to provide such services according to Florida law.</i>	

A review of training records for three non-licensed clinical staff and two licensed clinical social workers (LCSWs) verified pre-service training included basic counseling and group skills, program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, and adolescent behavior. Documentation confirmed the three non-licensed mental health clinical staff providing services to youth received required weekly clinical supervision by a licensed clinician during the annual compliance review period. Documentation confirmed the three non-licensed therapists held a master's degree in the field of counseling, psychology, and/or social work from an accredited university.

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

According to the program's contract, substance abuse services are not required to be provided; therefore, this indicator rates as non-applicable.

## 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>	

The program has a written policy and procedures in place to address the referral process. The program will accept or reject a referral in the Department's Juvenile Justice Information System (JJIS) within two business days of receiving the referral. Fifteen youth records were reviewed. Fourteen of the fifteen youth records documented the referrals were processed within two business days. One youth record indicated the youth referral was processed one day late. All fifteen reviewed referrals documented the youth was accepted for services.

<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>	

The program has a written policy and procedures to address the intake admission and provision process. A review of fifteen youth records confirmed each youth was assessed within seventeen calendar days of receiving the referral from the Department. Each reviewed record confirmed the program contacted the assigned juvenile probation officer (JPO) to share information ensuring each youth actively participated and was progressing in meeting the requirements of the intervention. Each referral reflected the parent/guardian agreed to participate in therapy to receive training, treatment, and supports to assist the family in overcoming obstacles which prevent recidivism. Reviewed documentation within the Department's Juvenile Justice Information System (JJIS) confirmed eleven of the fifteen youth requirements were incorporated within the youth's Youth Empowered Success (YES) Plan. In four of the fifteen youth records, the YES Plans were not updated by the JPO to include the youth's intervention services goals; however, each youth was receiving services.

<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>	

The program has a written policy and procedures to address the intake conference and orientation process. The program will ensure a face-to-face contact is made with the youth and parents/guardians by the date of the first clinical session. Documentation showed each youth and parent/guardian received a copy of the program handbook during the orientation. The handbook contained information regarding consent for services, release of information from the youth and parent/guardian, detailed service goals, expectations of the youth and parent/guardian, proposed hours and location of services, emergency contact information, and identification of key staff for contact. All fifteen youth records documented the family participated in the orientation process during the first clinical session. Each youth's record had a consent form electronically signed by the youth and the parent/guardian.

**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.*

The program has a written policy and procedures ensuring youth receive a clinical assessment of their emotional and behavioral functioning through a structured clinical interview with the youth and parent/guardian. A review of fifteen youth records confirmed each youth received a clinical assessment, as required. Each clinical assessment included youth identifying information, consideration of background information, reason for assessment, history of physical abuse, behavioral functioning, physical health, mental health, substance abuse history, and education functioning. The therapist also assessed the youth's current life situation and sources of stress. Each youth's clinical assessment contained treatment recommendations, clinical impressions, diagnostic formulation, and summary of findings. All fifteen clinical assessments included a statement by the licensed clinician confirming their review of the assessments and concurrence with the findings of the 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 mental health practitioner.*

The program has a written policy and procedures to address the non-licensed mental health clinical staff provided services to youth under the direct supervision of the licensed clinical social worker (LCSW). Documentation confirmed the three non-licensed mental health clinical staff providing services to youth received required clinical supervision from the program's LCSW during the annual compliance review period. Documentation confirmed the three non-licensed therapists held a master's degree in the field of counseling, psychology, and/or social work from an accredited university. Documentation showed the three non-licensed therapists met the Department's qualifications of education and experience.



## Standard 3: Intervention Services

<b>3.01 Individualized Treatment Plan/Plan of Care</b>	<b>Satisfactory Compliance</b>
<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>	

The program has a written policy and procedures regarding the creation of the individualized treatment plan. Fifteen youth records were reviewed. Fourteen of the fifteen youth records documented an individualized treatment plan was completed within thirty days of the initiation of treatment based on the youth's clinical assessment. One youth record was not applicable since the youth was newly admitted to the program. Each youth's individualized treatment plan was developed by a therapist which included a person-centered process in consultation with the youth and the youth's family. Documentation confirmed the person-centered planning process identifies the youth's physical and mental health support needs, strengths and preferences, and desired outcomes. Each youth's individual treatment plan documented family support for the youth, diagnosis and symptoms identified during the clinical assessment, history of trauma, and the appropriate care for the youth. All fifteen individualized treatment plans documented signatures of the youth, youth's parent/guardian, and non-licensed mental health clinical staff. Also, each plan was reviewed and signed by the licensed clinical social worker (LCSW) within ten days. Seven of the fifteen youth records were applicable for having a history of trauma which was considered when developing each youth's plan. Thirteen of the fifteen youth records documented the individual performance plan included family support. One youth record indicated there was no family support and documentation showed the family and youth refused services. The second reviewed plan was missing family involvement elements.

<b>3.02 Practitioner Qualifications</b>	<b>Satisfactory Compliance</b>
<i>Treatment Plans and Therapy shall be provided by a licensed practitioner or a clinician meeting the qualifications set forth in the contract.</i>	

Three staff training records were reviewed for education verification and qualifications. Each record confirmed staff earned a master's-level degree from an accredited university in the field of counseling, psychology, and/or social work. In addition, there were two licensed clinical social workers (LCSWs). One was serving as the regional executive director and the other as the program director. A review of the three non-licensed therapist's training records showed weekly clinical supervision sessions were conducted with the program director, with each session lasting at least an hour. Each reviewed staff record documented clinical staff exceeded the required minimum of two years of direct experience working with at-risk youth. All program staff are employed by Southwest Key Programs Incorporated and the program is not required to provide substance abuse services. If a youth is identified with a substance abuse problem, the program would submit a referral to an outside provider or contact the youth's assigned juvenile probation officer (JPO).

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>	

The program has a written policy and procedures regarding providing redirection therapy services to youth. Fifteen youth records were reviewed. Documentation in all fifteen records showed the program provided Functional Family Therapy (FFT) services and clinical staff met with the family and youth at least once a week for one hour. The clinical staff documented each youth's progress in their treatment notes and a written progress report was submitted to each youth's juvenile probation officer (JPO) once a month. Documentation on each youth's record verified the program provides twenty-four hour, seven days a week crisis therapeutic support to assist youth and their families in managing crisis situations. All fifteen reviewed records included updated progress notes, documentation of meetings with the family and youth, and/or attempted contact when a youth was on abscond status. All documentation of mental health and/or substance abuse assessments/evaluations, treatment planning and counseling/therapy was permanently filed in the Department's Individual Healthcare record.

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 has a written policy and procedures to ensure youth have access to necessary and appropriate mental health and substance abuse services performed by a qualified clinical therapist. Ten of the fifteen youth records were applicable for additional services. The remaining five youth were not applicable for additional services. Nine of the ten applicable records documented a referral was made. One youth was identified as needing a psychiatric evaluation and the therapist did not made the referral. The therapist assisted the youth and family in obtaining resources, coordinating basic needs and/or working with the juvenile probation officer (JPO) to complete court ordered sanctions in nine of the ten youth. One record reflected the therapist did not communicate with the JPO in an instance when the youth's whereabouts were unknown.

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>	

A review of three closed youth records indicated each successfully completed the program. Reviewed documentation supported prior to each release or discharge, the therapist coordinated discharge planning with the assigned juvenile probation officer (JPO). Upon release, each youth's discharge summary was uploaded into the Department's Juvenile Justice Information System (JJIS). Reviewed documentation supported there was e-mail



communication with the assigned JPO regarding each youth's discharge, and the case notes and the Department's case notebook module in JJIS was updated to reflect successful completion of the program for each youth.

## **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 written manual in place regarding Functional Family Therapy (FFT) treatment services. Documentation supported each of the facilitators adhere to the written protocol. FFT is designed to address and improve family dynamics, strengthen family ties, provide case management support to address family needs, and improve overall support and skill development of family members.

### **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 program has policy and procedures in place regarding facilitator training. Reviewed training documentation and an interview with the program director verified two licensed clinical social workers (LCSWs), two clinical supervisors, and three master's-level, non-licensed therapists were formally trained in the delivery of Functional Family Therapy (FFT), which is an evidenced based practice. The program director is an LCSW and oversees the delivery of the services provided by all therapists to ensure the FFT model and protocol is followed.

### **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.*

The program has a written policy and procedures regarding fidelity monitoring to monitor the delivery of Functional Family Therapy (FFT) at least once a month. A review of the program's internal fidelity monitoring reports for the past six months confirmed fidelity monitoring is occurring at least once a month for each of the three facilitators, and the actual implementation matches the model protocol. All staff conducting fidelity monitoring were trained in FFT by a qualified trainer.

### **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.*

The program has policy and procedures regarding corrective action based on fidelity monitoring. Reviewed documentation confirmed this process is applied and demonstrated, when needed, based on the fidelity monitoring of the Functional Family Therapy (FFT). Documentation reviewed for the past six-months for the three master's-level, non-licensed therapists showed none were identified for corrective actions. An interview with the program director confirmed the

program's therapists had no identified need for any corrective action and exceeded expectations during the six-month 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 policy and procedures regarding staff performance evaluations. Two of the three staff were applicable for an annual evaluation and one was applicable for a ninety-day performance evaluation. The review of the performance evaluations of the three non-licensed, master's-level therapists indicated the program director reviewed and approved each evaluation of the facilitator's skills and abilities in the delivery of the intervention services. Each staff evaluation reflected competency in the maintenance of the required annual training, adherence to the policy and procedures, and communications skills.