

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Redirection Services - Circuits 15 & 19
The Chrysalis Center, Inc, d/b/a Chrysalis Health
(Contract Provider)
7410 South US Highway 1, Suite 304
Port St. Lucie, Florida 34952

Review Date(s): November 19 - 21, 2019



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions which do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
Limited Compliance	Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator which result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator which typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Monitoring and Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Gabriel Medina, Office of Program Accountability, Lead Reviewer (Standards 1 & 4)
Keith Bennis, Office of Program Accountability, Regional Monitor (Standards 2 & 3)
Shakela Minns, Office of Program Accountability, regional Monitor (Standards 2 & 3)

Program Name: Redirection Services
Provider Name: The Chrysalis Center, Inc.
Location: St. Lucie County / Circuit 19
Review Date(s): November 19 - 21, 2019

MQI Program Code: 1344, 1346
Contract Number: 10157
Number of Beds: 28
Lead Reviewer Code: 50

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

Overall Rating Summary

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

Standard 1: Management and Accountability Redirection Services Rating Profile

Indicator Ratings

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

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

Standard 2: Assessment Services Redirection Services Rating Profile

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

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Standard 3: Intervention Services Redirection Services Rating Profile

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

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Standard 4: Fidelity Monitoring Redirection Services Rating Profile

Indicator Ratings

Standard 4 - Fidelity Monitoring		
4.01	Treatment Manual/Protocol	Satisfactory
4.02	Facilitator Training	Satisfactory
4.03	Internal Fidelity Monitoring*	Satisfactory
4.04	Corrective Action Based on Fidelity Monitoring	Satisfactory
4.05	Evaluation of Facilitator Skill in Delivering the Intervention	Satisfactory

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

Overview

Redirections Circuits 15 and 19 is operated by The Chrysalis Center, Inc. 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 twenty-eight male and female youth, ages eight to fourteen in Circuit 15, and eight to twelve in Circuit 19. The program is comprised of six positions including a licensed mental health counselor (LMHC), who serves as director for both circuits, and five master's-level non-licensed therapists. Two therapists provide mental health services for Circuit 15, and three therapists provide mental health services for Circuit 19. Redirection services are designated to facilitate a positive change in criminal thinking and provide youth with the tools necessary to prevent recidivism by delivering a balanced and restorative justice approach ensuring the provision of direct services are gender-responsive, address the impact of trauma on youth, and are sensitive to the unique needs of youth from different cultures. 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 the Cognitive Behavioral Therapy (CBT). Services are provided two times a week in the youth's home, school, or community settings 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
<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 they meet established statutory Level 2 Screening requirements of good moral character for all Department employees, volunteers, interns, and other employees. Reviewed documentation confirmed the Annual Affidavit of Compliance with Level 2 Screening Standards was submitted and signed on January 4, 2019, meeting the annual requirement. The program conducts additional screenings including a local county sheriff's office check, a National Sex Offender Search, and a Florida Sexual Offenders and Predators Search. The program did not have volunteers or interns; however, did hire a new full-time non-licensed therapist since the last annual compliance review. Reviewed documentation revealed the therapist received an eligible background screening prior to the initial hire date and was added to the program's Clearinghouse employee roster.

1.02 Five-Year Rescreening	Satisfactory Compliance
<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 has a written policy and procedures for conducting background re-screening for all staff, volunteers, mentors, and interns every five years from their date of hire. There were no staff, volunteers, mentors, or interns eligible for a five-year re-screening during the scope of this annual compliance review. Observations found the program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse. A review of five staff personnel records indicated the program staff adheres to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.

1.03 Pre-Service and/or In-Service Training	Satisfactory Compliance
<p><i>All Redirections staff successfully complete applicable training requirements as set forth below. The following training shall be completed prior to the delivery of direct services to Department youth and/or as in-service training to Redirections staff:</i></p> <ul style="list-style-type: none"> • <i>Juvenile Justice Information System (JJIS) - Pre-Service</i> • <i>Information Safety Awareness - Pre and In-Service</i> • <i>Motivational Interviewing (MI) - Pre-Service</i> • <i>Critical Incident Reporting Requirements - Pre-Service</i> • <i>Trauma Informed Care - Pre-Service</i> • <i>Adolescent Behavior - Pre-Service</i> 	

The program hired one staff since the last annual compliance review who was applicable for pre-service training. The program maintains an annual staff training plan which includes the course topics, hours of training, course descriptions, and course objectives. Reviewed training documentation confirmed the newly hired therapist received training in Motivational Interviewing, adolescent behavior, critical incident reporting, and trauma-informed care prior to having any contact with youth. The program's in-service training requirements stated staff with access to the Department's Juvenile Justice Information System (JJIS) are required to complete the Department's Information Security Awareness training course prior to accessing confidential information and are required to receive additional training on an annual basis. Interview with the program's regional clinical director found the program director and the regional clinical director are the only staff with access to JJIS. Reviewed training documentation indicated the regional clinical director and the program director completed the Department's Information Security Awareness training, as required. The program maintains training documentation in the Department's Learning Management System (SkillPro), as well as in Relias, their internal training database system.

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 not been any reports to the Department's Central Communications Center (CCC) during this 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 ensures all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline and/or Department of Children and Families (DCF) Florida Safe Families Network

(FSFN). Interviews completed with the regional clinical director and the program director indicated there were no reportable abuse allegations since the last annual compliance review.

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

Reviewed documentation revealed the program maintains statistical information which is reported monthly to the Department. Interview with the regional clinical director and the program director found the administrative team in the corporate office is responsible for maintaining detailed statistical information regarding program incidents, population data, admissions, releases, transfers, absconders, abuse reports, and medical and mental health emergencies. Monthly progress reports, monthly service summary reports, discharge summaries, reports, and fidelity monitoring reports are compiled and submitted by the program director to the corporate office. In addition, the program maintains a census of youth who are active in the program and are receiving services. A review of the program's youth census found the youth listed on the census matched the Department's Juvenile Justice Information System (JJIS) census report, and a review of three closed youth records indicated the date of the youth's admission and termination correlated with the JJIS information.

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

Reviewed documentation indicated the Department's Juvenile Justice Information System (JJIS) Youth Placement Module is utilized by the program to document referral, acceptances, placements, and rejections. All referrals made by the Department are reviewed and either accepted or rejected within two business days of receiving the referral. Youth information is entered in the JJIS Evidence-Based Services (EBS) Module to track all delivered services. The date services are initiated, the program enters a formal placement in the applicable JJIS program. Youth released from the program are entered into the JJIS Youth Release Module within twenty-four hours of their release. Three closed youth records confirmed the practice. The program maintains an internal tracking form which contains data regarding admissions and releases and document's the youth name, Department's identification number (DJJID), date of birth, circuit, date of placement, model assigned, and release date. Release reason for each youth admitted are collected and documented in JJIS. The review of the JJIS Department's Staff Verification System (SVS) module reflected data was maintained by the program.

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

The program provided evidence-based Cognitive Behavioral Therapy (CBT) to all youth enrolled and accepted in the program. The program maintained a Department's of Children and Families (DCF) license to provide substance abuse services for outpatient treatment, which expires on

September 30, 2020. The program’s regional clinical director and the program director oversee each circuit and are both licensed mental health counselors (LMHC). Each reviewed LMHC licenses expires on March 31, 2021. In addition, the program has five master’s-level non-licensed therapists working under the direct clinical supervision of the program director. The review of the supervision log confirmed each non-licensed mental health therapist is directly supervised by the program director on a weekly basis. Supervision means the LMHC has at least one hour a week of on-site, face-to-face contact and interaction with each non-licensed therapist for the purpose of overseeing and directing the provision of the mental health services in the program, as required.

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

The program maintained a Department’s of Children and Families (DCF) license to provide substance abuse services for outpatient treatment, which expires on September 30, 2020. The program’s regional clinical director and the program director oversee each circuit and are each licensed mental health counselors (LMHC) in the State of Florida. Reviewed licenses supported each expire on March 31, 2021. Although the program’s focus is not substance abuse services, all the non-licensed master’s-level therapists provided substance abuse services, as needed under the supervision of the program director. Interview completed with the program’s director indicated when a youth required a high level of substance abuse services the program immediately completed a referral to a substance abuse community provider. Reviewed documentation reflected each non-licensed mental health clinician is directly supervised by the program director, who provides a minimum of one hour of face-to-face supervision weekly for overseeing and directing the provided mental health and substance abuse services.

Standard 2: Assessment Services

2.01 Referral Process	Satisfactory Compliance
<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 to address the referral process by ensuring youth are referred to the program appropriately. The program is to accept or reject the referral in the Department's Juvenile Justice Information System (JJIS) within two business days of receiving the referral. A review of five youth records documented each referral was accepted within two business days. Each reviewed referral was appropriate for services. An informal interview with the program director confirmed the program's referral processing practice.

2.02 Admission and Services Provision Processes	Satisfactory Compliance
<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 five 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 in the Department's Juvenile Justice Information System (JJIS) confirmed requirements were incorporated as goals by the JPO on the youth's Youth Empowered Success (YES) Plan.

2.03 Intake Conference and Orientation	Satisfactory Compliance
<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 orientation process of youth and parents/guardians by ensuring a face-to-face contact is made with the program by the date of the first clinical session by the provider/practitioner. Each youth and parent/guardian receive a program handbook/brochure upon their orientation to the program. A review of the orientation process and handbook reflected it 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, and identification of key staff for contact. A review of five youth records reflected each contained documentation confirming the youth and parent/guardian participated in the orientation process no later than the date of their first clinical session and each consent form was maintained in the youth's record.

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. The clinical assessment includes the administration of appropriate standardized assessment instruments, such as a symptoms checklist and behavioral rating scales when clinically indicated. A review of five youth records confirmed each youth received a clinical assessment, as required. Each clinical assessment reflected consideration of background information, reason for assessment, history of physical abuse, behavioral functioning, physical health, mental health, substance abuse history, and education functioning. Each clinical assessment contained clinical impressions, diagnostic formulation, a summary of findings, and a typed statement by the licensed mental health counselor (LMHC) confirming their review of the assessments and concurrence with the findings and treatment recommendations.

2.05 Clinical Assessment Qualifications (Critical)**Satisfactory Compliance**

Clinical Assessments must be conducted by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed mental health practitioner.

The program has a written policy and procedures to address the qualifications required to conduct a clinical assessment. Clinical assessments are conducted by the licensed mental health counselor (LMHC) or non-licensed master's-level therapist working under the direct supervision of the LMHC. A review of five youth records confirmed each contained a clinical assessment conducted by a non-licensed master's-level therapist with the appropriate qualifications. Each reviewed clinical assessment contained a statement by the LMHC confirming a review of the assessment and concurrence with the findings of treatment recommendations. Reviewed documentation confirmed the LMHC conducted at least one-hour a week of face-to-face supervision with the non-licensed mental health therapists as required.

Standard 3: Intervention Services

3.01 Individualized Treatment Plan/Plan of Care	Satisfactory Compliance
<i>The program shall develop an individualized treatment plan based on the clinical assessment, which is developed with a person-centered process in consultation with the youth, and others at the option of the youth such as the youth's family, guardian, and treating and consulting health care and support professionals. The person-centered planning process must identify the individual's physical and mental health support needs, strengths and preferences, and desired outcomes.</i>	

Five youth records were reviewed and reflected an individualized treatment plan was completed within thirty days of the initiation of treatment for each youth based on the youth's clinical assessment. Each plan was developed with a person-centered process in consultation with the youth and others at the option of the youth and prevents the provision of unnecessary or inappropriate care. The person-centered planning process identifies the youth's physical and mental health support needs, strengths and preferences, and desired outcomes. Reviewed documentation reflected each individualized treatment plan was established with the youth and their parent/guardian. Each plan identified youth/family supports, diagnoses and symptoms identified, the Redirection Service the youth is assessed to need, physical and mental health supports, and the youth's trauma history, as applicable. Each plan identified how the program addressed the youth's identified needs. The individualized treatment plans included signatures of the youth, parent/guardian, and clinical staff. Each reviewed plan was completed by a non-licensed master's-level therapist working under the direct supervision of the program director, who is a licensed mental health counselor (LMHC). Each plan was reviewed and signed within ten days by the LMHC and was updated, as necessary.

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>	

Five staff personnel records were reviewed for educational accreditations and qualifications. Each personnel record confirmed staff earned a master's-level degree from an accredited university in the field of counseling, clinical mental health, social work, or clinical psychology. In addition, there were two licensed mental health counselors (LMHC) serving as the regional clinical director and program director. The non-licensed therapists' records were reviewed and documented weekly clinical supervision sessions with the program director, with each session lasting at least an hour. Each staff exceeded the required minimum of two years of direct experience working with emotionally disturbed youth with criminogenic factors and their parent/guardian. Reviewed documentation reflected all staff received adequate training and possess the required education to perform their duties. All staff are employed by The Chrysalis Center, Inc.

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"> ▪ Individual therapy services ▪ Family therapy services ▪ Group therapy services ▪ Twenty-four-hour crisis therapeutic support <p><i>The number of sessions per week shall be based on the youth and family needs and dictated by the modality.</i></p>	

Five youth records were reviewed for therapy services delivered based on the Cognitive Behavioral Therapy (CBT) modality. Each reviewed record documented the youth being provided individual and family therapy services. A combination of therapy services, aside from twenty-four-hour crisis services, are provided at least twice a week. All treatment is documented in the youth's progress notes which provide a description of the service (treatment session/activity) and the youth/families participation in the session/activity. Each of the reviewed records validated CBT therapy services were provided twice weekly for sixty-minutes each unless the youth and/or family were unavailable, which was indicated in progress notes. The progress notes documented the course of treatment and the youth's progress in meeting their clinical goals and objectives as specified in the treatment plan. Each youth's monthly summary was uploaded into the Department's Juvenile Justice Information System (JJIS) and an e-mail was also sent to the assigned juvenile probation officer notifying them of the uploaded monthly summary. At the time of each youth's orientation to the program, the youth and parent/guardian are provided with telephone numbers for emergency crisis services to assist in managing crisis situations. These services are available twenty-four hours a day, seven days a week.

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>	

Five youth records were reviewed for the coordination of mental health and/or substance abuse treatment services. Each reviewed record contained an individualized treatment plan which included mental health and/or substance abuse goals and objectives which were identified in the youth's clinical assessment and diagnosis. Each reviewed record validated sixty-minute individual and family therapy services were provided twice weekly unless the youth and/or family were unavailable. Crisis intervention services are available through the program for youth and their families twenty-four hours a day, seven days a week.

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>	

Five closed youth records were reviewed for release and discharge planning activities. The five reviewed closed records included successful and unsuccessful discharges. Reviewed documentation confirmed the program coordinated the discharge planning with the youth's juvenile probation officer and statewide redirection coordinator by way of e-mail or telephone contact. Each discharge summary was uploaded into the Department's Juvenile Justice

Information System for each and each youth's individual progress note was updated to reflect service activity.

Standard 4: Fidelity Monitoring

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

The program maintains a Cognitive Behavioral Therapy (CBT) manual which contains pre-adolescent and adolescent treatment protocol. The fully developed evidence-based CBT program consists of a strong research-based theoretical foundation with activities consistent with the foundation and includes individual and family therapy. The CBT manual outlines intervention worksheets and homework, specific training by CBT certified trainers, and a fidelity monitoring process. The program provides CBT to all applicable youth in circuits 15 and 19. Fidelity monitoring is conducted by a licensed mental health counselor (LMHC) supervisor utilizing weekly supervision meetings. The program uses the Cognitive Therapy Rating Scale (CTRS) evaluation tool for each session to measure the therapist's adherence and fidelity. The facilitator delivery was not observed since services are provided in the youth's home, school, and/or community and not provided in the program's office.

4.02 Facilitator Training	Satisfactory Compliance
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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. The program has two master's-level non-licensed therapists for Circuit 15, and three master's-level non-licensed therapists for Circuit 19. Reviewed training documentation and interview with the program director found each staff member was formally trained in the delivery of Cognitive Behavioral Therapy (CBT) by the program's regional training coordinator, who is certified by agency and clinical standards to train CBT. Each therapist's training included an extensive review of the CBT manual and treatment protocols, and an ongoing review of taped examples of CBT sessions and practice exercises. The program director is a licensed mental health counselor and oversees the delivery of the services provided by all therapists and ensures the CBT model and adherence to protocol is followed.

4.03 Internal Fidelity Monitoring (Critical)	Satisfactory Compliance
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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 routinely monitor the delivery of the Cognitive Behavioral Therapy (CBT). The review of the program's Redirection Fidelity Monitoring Quarterly Reports for the past six months confirmed fidelity monitoring is occurring at least monthly for each facilitator, and the actual implementation matches the model protocol. Each reviewed report contained an executive summary, a performance measurement session, a data analysis and interpretation session and conclusions and recommendations. Documentation reviewed also revealed fidelity monitoring is conducted continuously to monitor the implementation of treatment quality. Therapists with problems on adherence to the CBT model are placed on a performance improvement plan which includes

increasing in the frequency of the sessions and supervision until the therapist's performance returns to the required levels.

4.04 Corrective Action Based on Fidelity Monitoring	Satisfactory Compliance
<i>The program has a process by which corrective action is applied and demonstrated based on the fidelity monitoring of the delivery of the evidence-based practice, promising practice or alternative family-centered therapy.</i>	

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 Cognitive Behavioral Therapy (CBT). Interview with the licensed mental health counselor/program director found the program's therapists had no identified need for any corrective action during the scope of this annual review period.

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

The review of the performance evaluations of the five 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 performance evaluation reviewed was completed at a minimum annually. Reviewed training documentation found the program director conducted ninety-day performance evaluations for newly hired staff and an annual performance evaluation for all staff thereafter. Evaluations reflected competency in the maintenance of the required annual training, adherence to the policy and procedures applicable, communications skills, training development and presentation, commitment to customer service, and understanding of available technologies who positively impact their work and the program therapy protocol.