



Monitoring and Quality Improvement Standards for

Intensive Delinquency Diversion Services Programs FY 2020-2021



Office of Accountability and Program Support *Promoting continuous improvement and accountability in juvenile justice programs and services.*

The Department acknowledges the Monitoring and Quality Improvement (MQI) Standards are built upon Department rules, policies, procedures and manuals. As we continue to improve and refine our competitive procurement process, there may be instances in which requirements negotiated between the Provider and the Department exceed the MQI Standards. In instances where contractual obligations surpass requirement(s) set forth in the published Standards, the contract requirement will prevail.

MQI Standards for Intensive Delinquency Diversion Services Programs

Table of Contents

Standard 1: Management Accountability

1.01	Initial Background Screening*	1-3
1.02	Five-Year Rescreening	1-5
1.03	Protective Action Response (PAR)	1-6
1.04	Pre-Service/Certification Training	1-7
1.05	In-Service Training	1-8
1.06	Incident Reporting (CCC)*	1-10
1.07	Abuse-Free Environment*	1-11

Standard 2: Assessment Services

2.01	Youth Eligibility	2-2
2.02	Case Assignment	2-3
2.03	Initial Contact	2-4
2.04	Community Assessment Tool (CAT) Full Assessment	2-5
2.05	CAT Reassessment	2-6

Standard 3: Intervention Services

3.01	Youth-Empowered Success (YES) Plan Development	3-2
3.02	Youth Requirements/Change Goal Elements	3-3
3.03	Referrals for Mental Health and Substance Abuse Assessment and Treatment Services*	3-4
3.04	YES Plan Implementation/Supervision	3-5
3.05	Ninety-Day YES Plan Updates	3-6
3.06	Release	3-7

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

MQI Standards for
Intensive Delinquency
Diversion Services
Programs
Table of Contents

Standard 1: Management Accountability

1.01	Initial Background Screening*	1-3
1.02	Five-Year Rescreening	1-5
1.03	Protective Action Response (PAR)	1-6
1.04	Pre-Service/Certification Training	1-7
1.05	In-Service Training	1-8
1.06	Incident Reporting (CCC)*	1-10
1.07	Abuse-Free Environment*	1-11

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

1.01 Initial Background Screening

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 and confidential youth records.

A contracted provider may provide training and orientation to a potential employee before the screening process is completed. However, these individuals *may not* have contact with youth or confidential youth records until the screening is completed, the determination is “Eligible,” a copy of the criminal history report has been reviewed, and the employee demonstrates he or she exhibits no behaviors warranting the denial of employment.

An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

— CRITICAL —

Guidelines/Requirements: Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth and confidential youth records to ensure they meet established statutory Level 2 screening requirements. The Department is mindful or aware of its status as a criminal justice agency and its special responsibilities in dealing with the youth population. For this reason, the Department utilizes Level 2 Screening Standards, a fingerprint-based check that searches the Florida and National Crime Information Centers, as required in s. 435.05, 985.644 (3) and 985.66(3)(a) 3 F.S. The screening of individuals occurs prior to employment or volunteering and every five-years of continued service.

New Screening Required:

Moving from the Department to a contracted provider, from a contracted provider to the Department, or from one contracted provider company to another is considered a new hire and requires background screening.

- a. Process for Clearinghouse screenings with an eligible rating. When an individual has an eligible determination in the Clearinghouse and wants to be hired by a provider, payment and fingerprinting is not usually required, but the provider must:
 - i. Submit screening forms to the BSU (IG/BSU 002 and 005, and IG/BSU 003)
 - ii. Receive a completed copy of the screening from the BSU.
 - iii. Review the criminal history report and all documents attached to the screening form

New Screening NOT Required:

Contracted/grant provider volunteers, mentors, and interns who assist or interact with provider youth on an intermittent basis for less than ten (10) hours a month **do not** need to be background screened if an employee who has been background screened is always present and has the volunteer within his/her line of sight. (**Note:** Intermittent basis means the volunteer provides assistance on a noncontinuous basis or at irregular intervals; visiting no more than once a quarter. Volunteers desiring more frequent interaction with youth or records must be screened.)

Current employees of the Department or a [contracted](#) provider are not required to submit a new background screening when they are promoted, demoted, or transferred within their [company or organization](#), as long as there is no break in service.

[When a](#) volunteer [is](#) hired by the [provider or program](#), a new background screening [is not required](#), as long as there is no break in service.

- a. Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by [Florida Department of Law Enforcement \(FDLE\)](#), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster. *(Note: Providers are encouraged to add employees and volunteers to their roster within ninety-days of completing the screening request to avoid additional screening cost.)*

Other Requirements:

Neither the Department nor contracted providers shall hire any applicant until:

- a. An eligible screening [determination](#) has been [made](#), and the criminal history report has been reviewed.
- b. An application with an ineligible/not eligible [determination](#) has received an approved exemption from disqualification from the Department, has received an eligible [determination](#), and the criminal history report has been reviewed.
- c. The provider has administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and has determined what is a passing score. (volunteers are not required to take or pass the assessment tool).
- d. The provider has placed a copy of the pre-employment tool and passing score in the applicant/employee record.
- e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority reviews the CCC Person Involvement Report, the Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) results, and completes any required agency personnel record reviews prior to hiring staff or utilizing a volunteer who will have contact with youth or access to confidential youth records. [The SVS module is not required for volunteers.](#)

Annual Affidavit Requirement:

Teachers/Instructional personnel who are paid by the school board or who are paid through funding provided by the school board [or](#) Department of Education to provide instruction to youth in a program are not required to undergo background screening by the Department.

Certified law enforcement and security officers who are paid by their law enforcement or security agency to provide security service in a center are not required to undergo background screening by the Department.

- a. Review records of all staff hired and volunteers starting since the last annual compliance review to determine a clearance was received prior to the employee being hired and volunteers starting. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the center) and volunteers.

- b. Confirm if an exemption was granted by the Department prior to hiring or utilizing any staff or volunteer currently working in the program who were rated ineligible/not eligible for employment by the Department's Inspector General to continue employment.
- c. Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards for the center, school, and law enforcement/security agency were submitted to the Background Screening Unit (BSU) prior to January 31 of the current calendar year. (Review spreadsheet sent from BSU.)

Reference:

- FDJJ-1800 and FDJJ-1800 PC, Background Screening Policy and Procedures
- F.S. 985.644, Departmental Contracting Powers; Personnel Standards and Screening

1.02 Five-Year Rescreening

Background rescreening/resubmission is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.

Guidelines/Requirements: A rescreening/resubmission is completed every five years, calculated from the agency hire date (original date of hire). This date does not change when a staff transfers within a Department or provider program or when a staff member is promoted. Five-year rescreens/resubmissions shall not be completed more than twelve months prior to the staff's five-year anniversary date.

When a rescreening/resubmission is submitted to the Background Screening Unit (BSU) at least ten business days prior to the five-year anniversary or retained prints expiration date, but it is not completed by the BSU on or before the anniversary or retained prints expiration date, the screening shall meet annual compliance review standards.

- a. Clearinghouse resubmissions must be initiated in the Clearinghouse portal at least ten business days prior to the Retained Prints Expiration Date.
- b. Clearinghouse rescreening/resubmission request forms must be submitted to the BSU at least ten business days prior to the Retained Prints Expiration Date.

When a rescreening/resubmission is *not* submitted to the BSU at least ten business days prior to the five-year anniversary or retained prints expiration date, and the BSU does not complete the rescreening prior to the anniversary or retained prints expiration date, the screening shall *not* meet annual compliance review standards.

Review the employee and volunteer roster to determine which staff and volunteers required a five-year rescreening/resubmission since the last annual compliance review. All eligible staff and volunteers should be reviewed.

Review records and Clearinghouse records of all applicable staff and volunteers hired five years since their initial hire date of employment to determine if a clearance was submitted at least ten days prior to the employee anniversary date of being hired within the agency (not promotional date) or to check retained prints expiration dates. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist and any education position hired by the center – *not employees paid by the school board*).

Reference:

FDJJ-1800 PC, Background Screening Policy and Procedures

1.03 Protective Action Response (PAR)

The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not used physical interventions or mechanical restraints during the scope of the review.

Program staff should be familiar with Florida Administrative Code 63H-1, which establishes the statewide framework to implement procedures governing the use of verbal and physical intervention techniques and mechanical restraints.

Review the program’s Department approved PAR Plan.

Review a sampling of PAR reports to determine if:

- A review was conducted by a PAR certified instructor/supervisory staff.
- A post-PAR interview was conducted with the youth by the program director, or designee, within thirty minutes after the incident.
- A review of the PAR incident report by the program director/supervisor or designee was conducted within seventy-two hours of the incident, excluding weekends and holidays.
- Statements were completed by all witnesses and participants.
- The reports were completed on the same day the incident occurred.
- The youth was referred to the licensed medical professional on-site or was taken off-site, as appropriate, should medical staff not be present, if findings of the post-PAR interview indicate the need for a PAR medical review.
- The techniques applied were approved by the Department.
- The report/attachments are placed in a central file within forty-eight hours of being signed by the program director.

A PAR report shall be completed after an incident involving the use of counter moves, control techniques, takedowns, or the application of mechanical restraints. A PAR report is not required when mechanical restraints are used for the movement of youth outside of the secure area of operations or during transports.

Reference:

- F.A.C. 63H-1.007-1.009, Staff Training, Basic Curricula (PAR)

****Pending Rule Change – updates may be made at a later date****

1.04 Pre-Service/Certification Training

Contracted non-residential staff are trained in accordance with Florida Administrative Code (FAC). Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.

Contracted non-residential staff who have not completed essential skills training, as defined by FAC, do not have any direct contact with youth.

Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.

Guidelines/Requirements: The following essential skills must be completed prior to direct contact with youth:

- PAR (thirty-two hours, within ninety calendar days of hiring)
- CPR/First Aid Certified
- Professionalism and Ethics Training
- Suicide Prevention Training
- Emergency Procedures Training

All contracted providers shall submit, in writing, a list of pre-service training to the Department's Office of Staff Development and Training including the course names, descriptions, objectives, and training hours for any instructor-led training on the required topics. (It may be helpful to view the "All Trainings Completed" report for each staff.)

It is the expectation of the Department, all training, both pre-service and instructor-led, to be documented in the Department's Learning Management System (SkillPro) [within thirty days of training completion](#).

Review SkillPro and staff training records for the completion of a minimum of 120 hours of web-based and/or instructor-led training. All training must be completed within 180 days of being hired.

Ensure all staff have completed essential skills training prior to direct contact with youth.

For Contracted Non-Residential staff:

Returning staff who return more than one year from separation shall complete all requirements set forth in subsection 63H-2.004(1), F.A.C., as they are no longer considered trained.

Contracted Staff who cross over from residential to non-residential shall complete all training requirements set forth in subsection 63H-2.004(1), F.A.C.

Reference:

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- IDDS Contract Requirements

****Pending Rule Change – updates may be made at a later date****

1.05 In-Service Training

Contracted and state non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff completed pre-service training.

Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.

Guidelines/Requirements: The following are mandatory training topics which must be completed each year by contracted non-residential staff (unless specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- PAR update (As required by PAR Rule Chapter 63H-1)
- CPR (annually)
- First Aid (annually)
- Professionalism and Ethics
- Active Shooter

Supervisory staff shall complete eight hours of training in the areas such as:

- Management
- Leadership
- Personal Accountability
- Employee Relations
- Communication Skills
- Fiscal

All contracted programs shall submit to the Department's Office of Staff Development and Training a written list including course names, descriptions, objectives, and training hours for any instructor-led in-service trainings.

It is the expectation of the Department, all training, both in-service and instructor-led, is to be documented in the Department's Learning Management System (SkillPro) [within thirty days of training completion](#).

In-service training begins the calendar year after a staff completes his/her pre-service training.

Programs shall develop an annual in-service calendar which must be updated as changes occur.

Review training records and/or the Department's Learning Management System (SkillPro) for contracted non-residential staff in subsequent years of employment to ensure training was completed, as required. This sample must include supervisory staff.

This indicator shall be rated based on a review of training completed during the last full calendar year prior to the annual compliance review.

[Review staff interview results regarding training participation.](#)

Reference:

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-1.012, Annual Training Requirement

1.06 Incident Reporting

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.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any reportable incidents during the scope of the review. If there are no CCC reports for the past six months, the regional monitor(s)/reviewer(s) may sample reports since the date of the last annual compliance review, but no more than twelve months.

Incidents discovered and reported by the review team during the review shall be considered “Non-Applicable,” unless documentation exists that the program was aware of the incident, but failed to report it.

The purpose of the CCC is to provide a service to the Department, the providers, and programs in maintaining a safe environment for the treatment, care, and provision of services to youth. The CCC activities are conducted twenty-four hours a day, seven days a week. The telephone number for the CCC is

1-800-355-2280.

Violations of criteria outlined in the Department’s FDJJ 1920 policy will be reported to the CCC for dissemination to the related program area and contracted providers.

The reporting of incidents shall be consistent with the Department’s requirements. The regional monitor(s)/reviewer(s) shall be familiar with the Department’s incident reporting requirements and list of reportable incidents.

Review CCC reports for the past six months to determine compliance with CCC reporting procedures.

Review internal incidents/grievances to determine if additional incidents should have been reported to CCC.

Reference:

- F.A.C. 63F-11, Central Communications Center

1.07 Abuse-Free Environment

Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent/guardian, 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/guardian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

— CRITICAL —

Guidelines/Requirements: The program shall provide an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. To promote an abuse free environment, the program shall:

1. Adhere to a Code of Conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.
2. Ensure all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.
3. Ensure youth have unimpeded access to self-report alleged abuse.
4. Ensure youth eighteen years of age or older have unimpeded access to self-report abuse allegations to the Central Communications Center (CCC).

Review CCC reports and program incident reports to determine if there have been any abuse allegations substantiated against staff or if staff have reported abuse on behalf of a youth.

If any allegations have been made against staff, review any documentation of management interventions and disciplinary actions in response to the incident.

Review youth records to ensure there were not any indication of abuse not being reported to the Florida Abuse Hotline.

Review the program's Code of Conduct to ensure compliance with statute.

Reference:

- F.S. 39.201, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."
- F.A.C. 63F-11.004, Central Communications Center
- FDJJ Policy 1100 – Rights of Youth in DJJ Care, Custody, or Supervision
- F.A.C. 63E-7.006 (1)(E), Residential Services, Quality of Life and Youth Grievance Process

Standard 2

MQI Standards for Intensive Delinquency Diversion Services Programs

Table of Contents

Standard 2: Assessment Services

2.01	Youth Eligibility	2-2
2.02	Case Assignment	2-3
2.03	Initial Contact	2-4
2.04	Community Assessment Tool (CAT) Full Assessment	2-5
2.05	CAT Reassessment	2-6

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

2.01 Youth Eligibility

Youth admitted to the program must meet the admission criteria defined by the provider's contract: Youth shall have a minimum of one documented risk factor in two of the four areas of family, school, substance abuse, or delinquency factors.

Guidelines/Requirements: Each program should ensure youth meet criteria. The program is funded to provide intensive intervention for a very specific target population.

Review a sample of records to determine if the program is serving the population for which it is designed.

Review a sample of youth records to determine if each youth met eligibility requirements.

Reference:

- Scope of Services, IDDS Contract

2.02 Case Assignment

The case is assigned to a case manager within seven calendar days of the referral being received by the provider.

Guidelines/Requirements: It is imperative supervisors assign youth to a case manager (CM) quickly following the youth's assignment to the program. Each record shall contain the received date and document when the case was assigned to a CM.

Review the date the disposition was entered by the juvenile probation officer (JPO), as this will be the actual start to the program's seven calendar days to make a case assignment. The provider should not be held accountable for a JPO entering this disposition into the system late. Once the JPO has made this placement in the Department's Juvenile Justice Information System (JJIS), the case should then appear on the unassigned list for the JDAP/IDDS provider.

Review youth records to determine if youth were assigned to a case manager within seven calendar days.

This assignment is not captured in JJIS.

Reference:

- Scope of Services, IDDS Contract

2.03 Initial Contact

Face-to-face contact shall be conducted with the youth and parent/guardian within seven working days of the referral being received by the program. The youth and parent/guardian sign the participation agreement during the initial face-to-face contact with the case manager.

Guidelines/Requirements: During the initial meeting, the case manager obtains the signature of the youth and parent/guardian on the participation agreement, denoting their understanding of the expectations of the program. (The date of this signature is the date of intake.) If intake does not occur within seven working days of the referral being received by the provider, the youth shall be removed from active status for billing purposes.

Review youth records to ensure documentation reflects the initial contact and signing of the participation agreement occurred within seven days working days.

Reference:

- Scope of Services, IDDS Contract

2.04 Community Assessment Tool (CAT) Full Assessment

The CAT Full Assessment shall be completed for all youth, regardless of risk to reoffend, within ten calendar days of admission. The CAT Assessment will document pre- and post- testing results.

Guidelines/Requirements: Program staff shall complete a Community Assessment Tool (CAT) on all youth. Staff completing the CAT shall use the interview with the youth, along with his or her own observations and those of collateral sources such as parents/guardians, other Department staff, law enforcement, and/or other informed persons who have knowledge of the youth's behavior and background.

Any CAT completed by a juvenile probation officer (JPO) during the intake process shall not be used to determine compliance with this indicator.

Review a sample of CATs in the Department's Juvenile Justice Information System (JJIS) to ensure the program is completing a CAT Full Assessment within ten calendar days of admission (admission is the first face-to-face meeting with the youth).

Admission is defined as placement being entered in JJIS.

Reference:

- Scope of Services, IDDS Contract

2.05 CAT Reassessment

Regardless of risk to reoffend, the CAT Reassessment (i.e. Full Assessment) shall be completed every ninety days and a Final Assessment completed prior to the request for case closure.

Guidelines/Requirements: The assessment of youth is not a one-time event, but an ongoing process. Therefore, the case manager shall update the youth's risk and needs assessment on a regular basis to ensure Community Assessment Tool (CAT) results are reflective of the youth's current status, including changes in behavior and progress with the Youth Empowered Success (YES) Plan sanctions and goals.

Review CAT Reassessments in the Department's Juvenile Justice Information System (JJIS) to ensure the program is completing a CAT Reassessment every ninety days, as required.

Review closed records to ensure CAT Final Assessments were completed prior to request for case closure.

Reference:

- Scope of Services, IDDS Contract

Standard 3

MQI Standards for Intensive Delinquency Diversion Services Programs Table of Contents

Standard 3: Intervention Services

3.01	Youth-Empowered Success (YES) Plan Development	3-2
3.02	Youth Requirements/Change Goal Elements	3-3
3.03	Referrals for Mental Health and Substance Abuse Assessment and Treatment Services*	3-4
3.04	YES Plan Implementation/Supervision	3-5
3.05	Ninety-Day YES Plan Updates	3-6
3.06	Release	3-7

* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

3.01 Youth-Empowered Success (YES) Plan Development

The YES Plan is cooperatively developed for all youth admitted to the program. The YES Plan is completed within twenty-one calendar days of the youth's admission to the program. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan. Case notes should clearly reflect the youth and/or parent/guardian were involved, or refused to be involved, in the development of the YES Plan.

Guidelines/Requirements: The Youth-Empowered Success (YES) Plan is a document developed by the program, youth, and parent/guardian, which stipulates measurable goals the youth must achieve prior to release from the program. The case notes must clearly document the collaborative efforts in developing the plan.

Review YES Plans in the Department's Juvenile Justice Information System (JJIS) to determine if the YES Plans were developed within twenty-one calendar days of admission.

For low and moderate risk youth, at least one goal must address a documented family, school, substance abuse, or delinquency risk factor. For moderate-high and high risk youth, YES Plans should include a Change Goal.

Signatures of the youth and their parent/guardian do not indicate participation in YES Plan development.

Review youth records to verify required signatures.

Reference:

- Scope of Services, IDDS Contract
- F.A.C. 63D-10.003 Intervention, Community Supervision Services

3.02 Youth Requirements/Change Goal Elements

All Youth Requirement and Change Goal action steps shall include the intervention plan elements (i.e., who, what, and how often). The YES Plan provides appropriate and individualized target dates for the completion of each Youth Requirement and Change Goal.

Guidelines/Requirements: The youth and parent/guardian shall participate in the development of action steps and target dates for the completion of all sanctions and goals. Each goal/Youth Requirement shall contain at least one specific action step for the youth, parent/guardian, and case managers, clearly defining who is responsible, what action should be taken, and how often the action should be taken.

Parent/guardian requirements contained in paragraphs (a) through (f) are waived whenever a youth is eighteen years of age or older, living independently, or otherwise disengaged from his/her parent/guardian, as documented in the case notes.

Review a sample of Youth Empowered Success (YES) Plans in the Department's Juvenile Justice Information System (JJIS) or youth records to ensure intervention plan elements and target dates are outlined for each goal/requirement.

Reference:

- Scope of Services, IDDS Contract
- F.A.C. 63D-10.003 (4) (a-g), Intervention, Community Supervision Services

3.03 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services Priority/Critical

The program shall provide services based on individual youth and family needs. If needs are identified requiring a referral for services outside of the program, staff ensure all referrals are made to address criminogenic needs and mental health and substance abuse service needs identified by the CAT. Staff develops a follow-up and monitoring plan for all outside referrals made as a result of program participation.

Guidelines/Requirements: If referred for services, staff follows-up with the service provider within thirty days to ensure the youth and parent/guardian have taken the appropriate steps to initiate services. Staff receives, reviews, and documents written and verbal progress reports from the provider. If necessary, staff acts upon information in the progress reports. Staff must act upon negative reports, such as missed appointments or lack of participation, and document the response in the case notes.

Mental health and substance abuse service planning should focus on providing mental health and/or substance abuse interventions or treatment which will reduce or alleviate the youth's symptoms of mental disorder(s) and/or substance abuse impairment and enable the youth to function adequately in the community.

"Provide" is defined as arranging/referring/brokering or actually providing services directly to the youth and family.

Reference:

- Scope of Services, IDDS Contract
- F.A.C. 63D-10.003(5)(e)

3.04 YES Plan Implementation/Supervision

Youth are supervised in a manner ensuring completion of YES Plan. Staff documents all case activities, including face-to-face interaction and telephone contact with the youth, parent/guardian, and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc.

Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.

Guidelines/Requirements: The supervision requirements for each youth are different and depend on such things as community protection, family and community support structure, involvement in positive activities, work, and school, among many other factors. Supervision of the youth is centered around the completion of the Youth Empowered Success (YES) Plan sanctions and goals.

Review case notes to confirm all goals and requirements are completed, as stipulated in each youth's YES Plan.

Review case notes to ensure they include all activities of a case and reflect the youth's progress as related to each goal.

Reference:

- Scope of Services, IDDS Contract
- F.A.C. 63D-10.003(6)(a-c), Community Supervision Services

3.05 Ninety-Day YES Plan Updates

Youth are supervised in a manner ensuring compliance with the completion of the YES Plan (Youth Requirements and Goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.

Guidelines/Requirements: The Youth Empowered Success (YES) Plan is reflective of the youth's current status, including changes in behavior and progress (positive or negative) with YES Plan sanctions and goals, in addition to updated target dates for completion, when applicable.

Review the Department's Juvenile Justice Information System (JJIS) to ensure the ninety-day CAT Reassessments were completed prior to a new YES Plan. Review the new YES Plan to determine if newly identified needs were addressed and if youth progress is reflected. If the YES Plan has been revised, review case notes to ensure a discussion regarding the new YES Plan was documented.

There should be a process in place for on-going revisions to the plan as goals are accomplished and other needs are addressed.

Reference:

- F.A.C. 63D-10.003 (8) (a) (b), Intervention, Community Supervision Services
- Scope of Services, IDDS Contract

3.06 Release

The program releases youth upon successful completion of the program, or otherwise as indicated by the program's contract.

Guidelines/Requirements: Successful completion of the program occurs when the youth has successfully met each service and sanction requirement detailed in the Youth Empowered Success (YES) Plan.

Unsuccessful completion of the program occurs when the youth has failed to comply with the service and sanction requirements detailed in the YES Plan after a period not to exceed six months, unless an extension has been granted in accordance with the contract.

Unsuccessful completion requires the program immediately notify the juvenile probation officer (JPO) and Office of the State Attorney, in writing. Pursuant to the contract, the provider may send these documents directly to the court or through the assigned JPO. In some cases, the JPO may choose to transfer the youth to community supervision instead of requesting termination, however, the provider's responsibility to communicate successful completion of the program remains the same.

Successful or unsuccessful completion is determined by the youth compliance and accomplishment of the YES Plan.

Review closed records, to include both successful and unsuccessful completions. Determine if the program made the appropriate notifications of each youth's successful or unsuccessful completion. [The dates of the youth's admission and termination shall correlate with the Department's Juvenile Justice Information System \(JJIS\).](#)

Reference:

- Scope of Services, IDDS Contract