Monitoring and Quality Improvement Standards for
Intensive Delinquency Diversion Services Programs
FY 2018-2019

Office of Program Accountability
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.
Standard 1: Management Accountability

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* 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. A contract provider may hire an employee to a position that requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

— 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 of good moral character. The Department is mindful or aware of its status as a criminal justice agency and its special responsibilities in dealing with the youth population, and has determined it is appropriate to establish stringent screening requirements for all DJJ and provider personnel and volunteers. Therefore, the Department utilizes Level 2 Screening Standards as required in s. 435.05, F.S.

Contracted/grant provider volunteers, mentors, and interns who assist or interact with provide youth on an intermittent basis for less than ten hours per 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 or her line of sight. (Note: Intermittent basis means the volunteer provides assistance on a non-continuous basis or at irregular intervals; visiting no more than once a quarter.)

Current employees of the Department or a provider are not required to submit a new background screening request when they are promoted, demoted, or transferred into another position within their organization, as long as there is no break in service.

A new background screening is required when a Department
employee is hired by a provider or when a provider employee is hired by the Department or another contracted provider company.

Moving from DJJ to a contracted provider or from a contracted provider to DJJ, or from one contracted provider company to another is considered a new hire.

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

a. An eligible background screening rating has been received, and the criminal history report has been reviewed.

b. An application with an ineligible rating has received an approved exemption from disqualification from the Department, has received an eligible rating, 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 file.

e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority has reviewed the CCC Person Involvement Report, the SVS module, FDLE’s ATMS result, and completed any agency personnel file review prior to hiring or utilizing a volunteer that will have contact with youth, or access to confidential youth records.

A new background screening is not required for a volunteer who has been hired by the center, as long as there is no break in service.

Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by FDLE/FBI, the 5-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within 90-days of completing the screening request.

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, DHA, DMHCA, psychiatrist, and any education position hired by the program).

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 for employment by DJJ Inspector General to continue employment.

Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards was submitted to the Background Screening Unit (BSU) prior to January 31 of the current calendar year. (Review spreadsheet sent from BSU.)

Reference:

- FDJJ-1800 PC, Background Screening Policy and Procedures
- F.A.C. 63E-7.016 (4) (a), Residential Services, Program Administration
- F.A.C. 63E-7.016 (12) (d), Residential Services, Program Administration
- F.S. 985.644 Departmental Contracting Powers; Personnel Standards and Screening
1.02 Five-Year Rescreening

Background rescreening/resubmissions 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 DJJ 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 employee’s five-year anniversary date.

When a rescreening/resubmission is submitted to the 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 Monitoring and Quality Improvement standards of compliance.

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 Monitoring and Quality Improvement standards of compliance.

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 since five years from the initial hire date of employment to determine 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, DHA, DMHCA, psychiatrist and any education position hired by the program – 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 Rule 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 superintendent, 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.
A PAR report shall be completed after an incident involving the use of counter move, 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, Staff Training, Basic Curricula (PAR)
1.04 Pre-Service/Certification Training

Contracted non-residential staff are trained in accordance with Florida Administrative Code. 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 Florida Administrative Code, 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 Office of Staff Development and Training including the course name, description, 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, be documented in the Department’s Learning Management System (SkillPro).

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:

(10) 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.

(11) 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
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 has completed pre-service training.

Supervisory staff shall complete eight hours or 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 that 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

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

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

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

It is the expectation of the Department all training, both in-service and instructor-led, is documented in the Department’s Learning Management System (SkillPro).

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.

**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 DJJ, 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 child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child’s welfare, as defined by Florida Statute, or a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

— 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: Assessment Services

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2.01 Youth Eligibility

Youth admitted to the program 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 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 #X1718
- Scope of Services, JDAP Contract #X1698
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 quickly following the youth’s assignment to the program. Each file shall contain the received date and document when the case was assigned to a case manager.

The regional monitor(s)/reviewer(s) should look at the date the disposition was entered by the JPO as this will be the actual start to the program’s seven 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 JJIS, the case should then appear on the unassigned list for the JDAP/IDDS provider.

Review a sample of youth records to determine if youth were assigned to a case manager within the seven days.

This assignment is not captured in JJIS.

Reference:

- Scope of Services, IDDS Contract #X1718
- Scope of Services, JDAP Contract #X1698
2.03 Initial Contact

Face-to-face contact is conducted with the youth and parent/guardian within seven working days of the referral being received by the provider. (This requirement is not applicable for JDAP.) 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 a sample of 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 #X1718
2.04 Positive Achievement Change Tool (PACT) Full Assessment

The PACT Full Assessment shall be completed for all youth, regardless of risk to reoffend, within ten calendar days of admission.

Guidelines/Requirements: It is imperative the most appropriate plan is developed to address the youth’s identified risks and needs. Through the motivational interviewing process, the PACT instrument shall identify and help prioritize the areas that should be addressed to change the anti-social thinking and behaviors. Results from the PACT shall help determine which interventions or programs would be most beneficial for the youth.

Any PACT 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 PACTs in JJIS to ensure the program is completing the PACT 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 #X1718
- Scope of Services, JDAP Contract #X1698
2.05 PACT Reassessment

Regardless of risk to reoffend, the PACT Reassessment (i.e. Full Assessment) shall be completed every ninety days and a final assessment completed prior to the request for case closure. For JDAP, low and moderate risk youth only require reassessments every 180 days.

Guidelines/Requirements: The assessment of youth is not a one-time event, but an ongoing process. Therefore, the JPO shall update the youth’s risk and needs assessment on a regular basis to ensure PACT results are reflective of the youth’s current status, including changes in behavior and progress with YES Plan sanctions and goals.

Review a sample of PACT Reassessments in JJIS to ensure the program is completing PACT Reassessment every ninety or 180 days.

Review a sample of closed records to ensure final PACTs are being completed prior to request for case closure.

Reference:

- Scope of Services, IDDS Contract #X1718
- Scope of Services, JDAP Contract #X1698
### Standard 3: Intervention Services

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3.01 Youth-Empowered Success (YES) Plan Development

The YES Plan (Form DJJ/PACTFRM 4) 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 clearly reflecting the youth and/or parent/guardian were involved, or refused to be involved, in the development of the YES Plan.

Guidelines/Requirements: The YES Plan is a document developed by the provider, the 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 the YES Plans in JJIS to determine YES Plan development within twenty-one days.

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, plans should include PACT/Change Goal.

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

Review youth records to verify required signatures.

Reference:
- Scope of Services, IDDS Contract #X1718
- Scope of Services, JDAP Contract #X1698
- F.A.C. 63D-10.003 Intervention, Community Supervision Services
3.02 Youth Requirements/PACT/Change Goal Elements

All Youth Requirement and PACT/Change Goal action steps 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 PACT/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 JPO 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 YES Plans in JJIS or youth records to ensure intervention plan elements and target dates are outlined for each goal/requirement.

Reference:

- Scope of Services, IDDS Contract #X1718
- Scope of Services, JDAP Contract #X1698
- 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 provider shall provide services based on individual youth and family needs. If needs are identified requiring a referral for services outside the program, staff ensure all referrals are made to address criminogenic needs and mental health and substance abuse service needs identified by the PACT. 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 30 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 the service directly to the youth and family.

Reference:

- Scope of Services, JDAP Standard Contract, Probation and Community Corrections (Intervention)
- Administrative Rule 63D 10.003
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 YES Plan sanctions and goals.

Review case notes to confirm all goals and requirements are being completed as stipulated in each youth 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 #X1718
- Scope of Services, JDAP Contract #X1698
- F.A.C. 63D-10.003 Intervention, 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 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 JJIS to ensure the ninety-day PACT Reassessments are completed prior to a new YES Plan. Review the new YES Plan to determine if newly identified needs are 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 X1718
- Scope of Services, JDAP X1698
### 3.06 Release

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

**Guidelines/Requirements:** Successful completion of the program occurs when the youth has successfully met each service and sanction requirement detailed in the 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 a sample of 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.

**Reference:**

- Scope of Services, IDDS #X1718
- Scope of Services, JDAP Contract #X1698