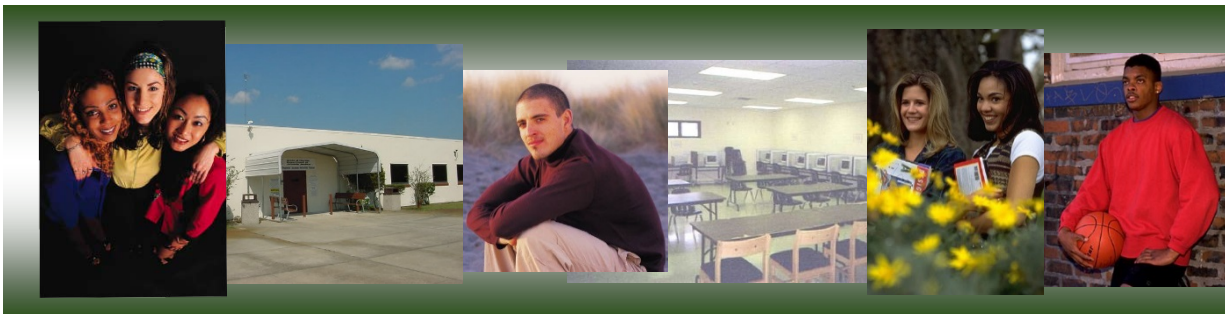




Monitoring and Quality Improvement Standards for Redirection Services FY 2019-2020



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.

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standard 1

MQI Standards for
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Contract requirements may vary, and therefore a review of individual contracts and amendments should be taken into consideration and reviewed by the Bureau of Program Monitoring and Quality Improvement prior to annual monitoring.

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 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 does not demonstrate he or she exhibits any behaviors which 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. 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 utilizes Level 2 Screening Standards, as required in s. 435.05, 985.644 (3) and 985.66(3)(a) 3 F.S., to screen individuals 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 a new background screening is required.

Screening documents (IG/BSU 002 and 005, a copy of driver's license, Social Security Card, and IG/BSU 003) must be submitted to the BSU when a provider employee is screened in the Clearinghouse and wants to be hired by another provider. The hiring provider must submit also receive a completed copy of those screening documents prior to hiring the employee. (Note: Fingerprinting is not usually required.)

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 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.)

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 within their organization, as long as there is no break in service.

A volunteer who has been hired by the center is not required to submit a new background screening, 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/Federal Bureau of Investigation (FBI), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within ninety-days of completing the screening request.

Other Requirements:

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/[not eligible](#) 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 record.
- 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 Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) result, and completed 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, [with the exception of the SVS module 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 employee'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, Background Screening Policy and Procedures

1.03 Pre-Service and/or In-Service Training

All Redirection Service 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 Redirection Service staff:

- **Juvenile Justice Information System (JJIS) - Pre-Service**
- **Information Safety Awareness – Pre- and In-Service**
- **Motivational Interviewing (MI) - Pre-Service**
- **Critical Incident Reporting Requirements - Pre-Service**
- **Trauma Informed Care - Pre-Service**
- **Adolescent Behavior - Pre-Service**

Guidelines/Requirements: Review training records and/or the Department's Learning Management System (SkillPro) for program staff completion of the following required trainings:

Juvenile Justice Information System (JJIS): This one-day training in JJIS ensures the program's staff possess the necessary training and permissions to access and use JJIS. [\(This training is only required for those staff who enter information into JJIS\)](#)

Information Safety Awareness: Program staff who have access to JJIS must complete this on-line course prior to accessing confidential information and are required to repeat the course annually.

Motivational Interviewing (MI): All staff having direct contact with youth shall complete MI training, with the exception of clinical practitioners. This two-day training is provided by the Department. This training is offered at a variety of

locations across the state and enrollment is coordinated with the Department.

- A provider may provide their own MI training, as long as they have a Department approved Qualified Trainer who follows the training protocol/trainer agreement issued by the Department and the trainer meets Qualified Trainer (QT) qualifications. Documentation of MI Training shall be maintained for each employee.

Critical Incident Reporting Requirements: The two-hour training will be provided by Department Program Operations staff or, when available, the provider will utilize the Critical Incident Overview course in SkillPro. This is provided to ensure the program and all staff providing direct services to youth fully understand the Central Communications Center reporting requirements in Rule 63F.11.001-11.006, Florida Administrative Code.

Trauma-Informed Care: All staff who work with youth in the Department's care are required to take this course. The course will assist staff in recognizing trauma and trauma triggers in youth, identifying physical warning signs indicating a youth may lose control, and identify behaviors for staff who demonstrate trauma-informed practices.

Adolescent Behavior: This course is essential in understanding the brain development and its influences on adolescent behavior-traits of cognitive, social, and emotional development, and the behavior commonly exhibited by delinquent youth. The program's training in Adolescent Behavior may be utilized.

Community Assessment Tool (CAT) (NA for Contract 10336): The Department does not require full CAT training for Redirection Service providers but will provide materials and worksheets on the CAT process sufficient to provide all staff an understanding of the CAT assessment. If the program chooses the full two-day CAT training, the Department will provide the training at a variety of times and locations across the state. MI training must be completed prior to attending CAT training.

[For Contract 10336: Civil Rights](#)

[Active Shooter Training](#)

Reference:

- DJJ/Redirection Service Contract

1.04 Incident Reporting (CCC)

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 annual compliance review. If there are no Central Communications Center (CCC) reports for the past six months, the regional monitor/reviewer may sample reports since the date of the last annual compliance review, but no more than twelve months.

Incidents discovered and reported by the annual compliance review team during the review shall be considered “Non-Applicable,” unless documentation exists indicating 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.

The reporting of incidents shall be consistent with the Department’s requirements. The regional monitor/reviewer 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 and grievances to determine if additional incidents should have been reported to CCC.

Reference:

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

1.05 Abuse Reporting (DCF)

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 will:

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 and the abuse hotline number is posted. The youth should be allowed to self-report at the earliest possible time.

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:

- Section 39.201, Florida Statutes, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."
- DJJ/Redirection Service Contract

1.06 Administration

The program provides a safe and appropriate treatment environment including administrative and operational oversight.

Guidelines/Requirements: The program director is responsible for maintaining information on the program and reporting to the Department.

Monthly reports shall be submitted to the Department, detailing incidents and population data.

Youth listed on the program roster shall match the census report in the Department's Juvenile Justice Information System (JJIS), Probation Resource Booking.

Statistical information shall be maintained, including monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, and incidents.

Reports include:

- Youth Monthly Progress Report
- Monthly Service Summary Report
- Discharge Summary Report
- Fidelity Monitoring Report
- Ad Hoc Reports

Review the date of admission and the date of termination documented in the case record and correlate with JJIS.

Reference:

- DJJ/Redirection Service Contract, Attachment A

1.07 JJIS and Data Requirements

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.

Guidelines/Requirements: The Youth Placement Facility module shall be utilized to handle all referral acceptance, rejection, and placement. Referrals made by the Department must be reviewed and either accepted or rejected (program shall determine if they will or will not work with the referred youth) within two business days of referral.

On the date services are initiated (face-to-face contact), the program shall enter a formal placement in the appropriate program in the Department's Juvenile Justice Information System (JJIS).

The Evidence Based Services (EBS) module shall be utilized to track all evidence-based services delivered.

The Youth Release module shall be used to complete all releases and is an up-to-date census for all youth currently being served. All youth receiving services from a subcontractor (program) must appear on the youth release module listing.

Youth must be entered as "Released" from the services in JJIS within twenty-four hours of release. The provider shall keep their own reports on all referrals (both accepted and rejected), placements (admissions), and releases with dates and reasons notated for each youth.

Youth Monthly Progress Reports and Discharge Summaries shall be uploaded into the JJIS Documents Library by the provider.

Within JJIS, staff verification data shall be maintained by the provider utilizing the Staff Verification System (SVS) module.

At a minimum, the date of a youth's admission for service, date of discharge/release, and release reason must be collected and reported in JJIS.

Reference:

- DJJ/Redirection Service Contract

1.08 Mental Health Services Staffing Requirements and Qualifications

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.

Guidelines/Requirements: Mental health services, including Multisystemic Therapy (MST), Functional Family Therapy (FFT), Brief Strategic Family Therapy (BSFT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), or other evidence-based or promising practice mental health services shall be provided by:

- A public mental health agency licensed by the state
- A private for-profit or not-for-profit mental health agency
- A psychiatrist licensed under Chapter 458 or 459, Florida Statutes
- A psychologist licensed under Chapter 490, Florida Statutes
- A mental health counselor, clinical social worker, or marriage and family therapist licensed under Chapter 491, Florida Statutes
- A service provider (agency or corporate entity) determined to be eligible to provide mental health services under Chapter 394, Florida Statutes, and Chapter 409, Florida Statutes, or a substance abuse service provider licensed under Chapter 397, Florida Statutes, eligible to provide community behavioral health services under Chapter 409, Florida Statutes

Mental health services shall be provided by a licensed mental health professional (LMHP) or a non-licensed mental health clinical staff working under the direct supervision of a LMHP.

A licensed mental health professional means:

- A psychiatrist licensed pursuant to Chapter 458 or 459, Florida Statutes who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, or
- A psychologist licensed pursuant to Chapter 490, Florida Statutes, or
- A mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to Chapter 491, Florida Statutes, or
- A psychiatric nurse as defined in Section 394.455(23), Florida Statutes.

A non-licensed mental health clinical staff providing mental health services shall have, at a minimum, a bachelor's degree from an accredited university or college with a major in psychology, social work, counseling, or related human services field, defined as one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.

A non-licensed mental health clinical staff providing mental health services to Department youth shall meet one of the following qualifications:

- Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
- Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years clinical experience assessing, counseling, and treating youth with serious emotional disturbance or substance abuse problems

The LMHP and mental health clinical staff providing evidence-based or promising practice therapy shall have received training in that program model.

“Supervision” means the LMHP has at least one hour a week of on-site, face-to-face contact (Skype contact acceptable) and interaction with the non-licensed mental health clinical staff for the purpose of overseeing and directing the provided mental health services (as permitted by law within his or her state licensure)

Reference:

- DJJ/Redirection Service Contract

1.09 Substance Abuse Services Staffing Requirements and Qualifications

Substance abuse services must be provided by appropriately licensed providers and practitioners.

Guidelines/Requirements:

[This indicator is rated Non-Applicable for contract 10336.](#)

Substance abuse services shall be provided by:

- A “Licensed Qualified Professional,” which means a qualified professional licensed under Chapter 458, 459, 490 or 491, Florida Statutes, which means a physician licensed under Chapter 458 or 459, F.S.;
- A psychologist licensed under Chapter 490, F.S.; or
- A mental health counselor, clinical social worker or marriage and family therapist licensed under Chapter 491, F.S.; or
- A person who is a substance abuse service provider licensed under Chapter 397, Florida Statutes; or
- An employee of a substance abuse service provider licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field.

A related human service field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.

A non-licensed substance abuse clinical staff shall be an employee of a service provider licensed under Chapter 397, F.S., and shall work under the direct supervision of a “qualified professional” (Defined: 397.311(26), F. S.).

Direct supervision means the “qualified professional” has at least one hour a week of face-to-face (Skype contact is acceptable) interaction with the non-licensed substance abuse clinical staff who is an employee of the service provider licensed under Chapter 397, Florida Statutes, for the purpose of overseeing and directing the provided substance abuse services.

Reference:

- DJJ/Redirection Service Contract

Standard 2

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2.01 Referral Process

The program shall accept or reject all service referrals utilizing the Department's Juvenile Justice Information System (JJIS) within two business days of referral from the Department.

Guidelines/Requirements: If the program determines a referred youth is not appropriate for services, the program shall contact the juvenile probation officer (JPO) and statewide redirection coordinator to review the referral prior to declining the referral.

The statewide redirection coordinator or designee will review all declined referrals and handle any disputes on the appropriateness of the referral. The Department has the final decision regarding disputed referrals.

Review case records of youth accepted for service and a sample of documentation on referrals rejected (if any) to determine if the contract was followed.

Interview program staff responsible for processing referrals to determine their knowledge of the process.

Reference:

- DJJ/Redirection Service Contract

2.02 Admission and Services Provision Processes

Each youth is assessed within seventeen calendar days of referral from the Department and entered into the Department's Juvenile Justice Information System (JJIS).

Guidelines/Requirements: In addition, upon youth's placement in intervention services, the provider/practitioner shall collaborate with the youth's juvenile probation officer (JPO) to ensure the youth actively engages and progresses in meeting the requirements of the intervention. These requirements will be incorporated as goals by the JPO on the youth's Youth Empowered Success (YES) Plan.

As part of the intervention, the parent/guardian must agree to participate in the family-centered therapy to receive training, treatment, and supports that will assist the family in overcoming obstacles which prevent recidivism.

Review case records to determine compliance with this indicator.

Reference:

- DJJ/Redirection Service Contract

2.03 Intake Conference and Orientation

Upon acceptance and intake of the youth for services, the program shall ensure the youth and his/her parents/guardians receive a face-to-face orientation by the date of first clinical session by the program.

Guidelines/Requirements: Elements of orientation include, but are not limited to, signed consent for services/information release from the youth and parent/guardian, the delivery of handbook or brochure detailing service goals, expectations of the youth and his/her family, proposed hours and location of services, emergency contact information, and identification of key staff for contact.

Prior to the delivery of services, the program must obtain a signed consent form from the youth and parent/guardian which must be maintained in the youth's record.

Reference:

- DJJ/Redirection Service Contract

2.04 Clinical Assessments

Each youth must receive a clinical assessment of his/her emotional and behavioral functioning through a 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.

Guidelines/Requirements: The clinical assessment must reflect consideration of the following:

- Identifying information
- Reason for assessment
- Relevant background information (including home environment/family functioning)
- History of physical abuse, sexual abuse, neglect, witnessing violence and other forms of trauma
- Behavioral functioning
- Physical health
- Mental Health history and response to any previous treatment
- Substance abuse history and response to any previous treatment
- Educational functioning
- A review of available clinical records and other information needed to develop the youth's treatment plan
- Caregiver assessment if caregivers are unpaid and responsible for implementing the youth's treatment plan
- Current life situation and sources of stress
- An examination of the youth's mental health needs, strengths and preferences current functioning and symptoms (includes mental status examination); diagnoses (DSM-IV-TR, Axis I- V) or DSM-5 including severity of symptoms
- Treatment recommendations.

Documentation of the Clinical Assessment must include the following:

- Clinical impressions
- Diagnostic formulation
- Summary of findings
- A statement by the licensed mental health professional confirming review of the assessment and concurrence with the findings and treatment recommendations

Reference:

- DJJ/Redirection Service Contract

2.05 Clinical Assessment Qualifications

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

— CRITICAL —

Guidelines/Requirements: A licensed mental health professional means:

- A psychiatrist licensed pursuant to Chapter 458 or 459, Florida Statutes, who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, or
- A psychologist licensed pursuant to Chapter 490, Florida Statutes, or
- A mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to Chapter 491, Florida Statutes, or
- A psychiatric nurse as defined in Section 394.455(23), Florida Statutes.

A non-licensed mental health clinical staff providing clinical assessments to Department youth shall meet one of the following qualifications:

- Hold a master’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
- Hold a bachelor’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years’ clinical experience assessing, counseling, treating youth with serious emotional disturbance or substance abuse problems;

A related human services field is defined as one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.

The non-licensed mental health clinical staff must work under the direct supervision of the licensed mental health professional.

“Supervision” means the licensed mental health professional has at least one hour a week of face-to-face contact (Skype contact acceptable) and interaction with the non-licensed mental health clinical staff for the purpose of overseeing and directing the mental health services being provided (as permitted by law within his or her state licensure).

Reference:

- DJJ/Redirection Service Contract

Standard 3

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3.01 Individualized Treatment Plan/Plan of Care

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 parent/guardian, family, 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.

Guidelines/Requirements: An individualized treatment plan of care shall be developed for each youth who receives mental health and/or substance abuse services within thirty days of initiation of treatment (including treatment with psychotropic medication).

Based on the clinical assessment, the program shall develop an individualized treatment plan of care 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 spouse, parent/guardian, family, 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.
- Takes into account the extent of, and need for, any family or other supports for the youth, and neither duplicates, nor compels, natural supports.
- Prevents the provision of unnecessary or inappropriate care.
- History of trauma (including abuse, neglect, and exploitation) shall be considered.
- Identifies the Redirection Service the youth is assessed to need.
- Is guided by best practices and research on effective strategies for improved health and quality of life outcomes.
- Addresses diagnoses and symptoms identified in each youth's clinical assessment.

The provider ensures the youth and the identified supports are fully involved in the treatment plan process.

The Individualized Treatment Plan must include the signatures of the youth and clinical staff. If the plan is developed by a non-licensed clinical staff, then it must be reviewed and signed by a licensed practitioner within ten days unless the following is documented:

- Reason for non-involvement consistent with youth's needs;
- Efforts to secure the parent or guardian involvement have been unsuccessful; or
- There is a reason for non-involvement consistent with statutory requirements.

The signature of parent/guardian or caregiver must also be included in the treatment plan.

Treatment plans must be authorized by a certified Redirection Service provider/practitioner, who must be a licensed practitioner, and who is linked to the Redirection Services provider agency.

Treatment plans shall be developed by a licensed practitioner or non-licensed clinician working under the direct supervision of the licensed practitioner.

A licensed practitioner must meet the qualifications specified for a licensed mental health professional or specified for a licensed qualified professional as set forth in the contract.

A non-licensed clinician must meet the qualifications for a mental health clinical staff or substance abuse clinical staff set forth in the contract.

Practitioners must be employed or under contract with a certified Redirection Services provider agency.

Clinical staff shall work with the youth and the youth's family/support to develop an Individualized Treatment Plan.

The Individuals Treatment Plan shall be updated as necessary.

Reference:

- DJJ/Redirection Service Contract

3.02 Practitioner Qualifications

Treatment Plans and Therapy shall be provided by a licensed practitioner or a clinician meeting the qualifications set forth in the contract.

Guidelines/Requirements: Within the Redirection Services Program, treatment plans and therapy must be provided by a licensed practitioner or a clinical staff as set forth below:

Mental Health Treatment Plans and Therapy:

- Licensed practitioner (for mental health) means a licensed mental health professional. A licensed mental health professional is a psychiatrist licensed pursuant to Chapter 458 or 459, Florida Statutes, who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed pursuant to Chapter 490, Florida Statutes, or a mental health counselor, clinical social worker, or marriage and family therapist licensed pursuant to Chapter 491, Florida Statutes, or a psychiatric nurse as defined in section 394.455(23), Florida Statutes.
- Therapy: Mental health therapy shall be provided by a licensed mental health professional (as defined above) or master's-level mental health clinical staff working under the direct supervision of a licensed mental health professional.
- The non-licensed mental health clinical staff must hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field.

Clinical staff with at least a master's degree in the field of counseling, social work, psychology, or a related human services field, shall provide individual, group, and/or family therapy, and work with the youth and the youth's parent/guardian to develop an individualized plan of care (treatment plan).

Treatment Plans: Mental health treatment plans shall be developed by a licensed mental health professional (as defined above) or a non-licensed mental health clinical staff who meets one of the following qualifications:

- Hold a master's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field; or
- Hold a bachelor's degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years' clinical experience assessing, counseling, treating youth with serious emotional disturbance or substance abuse problems; or
- A related human service field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.

Within Redirection Services programs, "Direct Supervision" means the licensed mental health professional has at least one hour a week of on-site face-to-face contact (Skype contact acceptable) and interaction with the non-licensed mental health clinical staff for the purpose of overseeing and directing the provided mental health services (as permitted by law within his or her state licensure).

Substance Abuse Treatment Plans and Therapy:**This portion is rated Non-Applicable for contract 10336.**

- Licensed practitioner (for substance abuse) is a “Licensed Qualified Professional” which means a qualified professional licensed under Chapter 458, 459, 490 or 491, Florida Statutes, (a physician licensed under Chapter 458 or 459, Florida Statutes); a psychologist licensed under Chapter 490, Florida Statutes; or a mental health counselor, clinical social worker or marriage and family therapist licensed under Chapter 491, Florida Statutes;
- Therapy: Substance abuse counseling/therapy shall be provided by a Licensed Qualified Professional (as defined above) or a master’s-level substance abuse clinical staff (who is an employee of a service provider licensed under Chapter 397) and works under the direct supervision of a “qualified professional” as defined in Section 397.311, F.S.
 - The non-licensed substance-abuse clinical staff must hold a master’s degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field.
- Clinical staff with at least a master’s degree in the field of counseling, social work, psychology, or a related human services field with a minimum of two years of direct experience working with emotionally disturbed youth with criminogenic factors, shall provide individual, group, and/or family substance abuse counseling.
- Treatment Plans: Substance Abuse Treatment Plans shall be developed by a Licensed Qualified Professional (as defined above) or a non-licensed substance abuse clinical staff who is an employee of a substance abuse service provider licensed under Chapter 397, Florida Statutes.
 - The non-licensed substance-abuse clinical staff must hold, at a minimum, a bachelor’s degree from an accredited university or college with a major in psychology, social work, counseling or related human services field.
 - A related human service field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group or family therapy.

“Direct Supervision” means a “qualified professional,” as defined in Section 397.311, has at least one hour a week of face-to-face interaction with the non-licensed substance-abuse clinical staff who is an employee of the service provider licensed under Chapter 397, Florida Statutes, for the purpose of overseeing and directing the provided substance abuse services.

Practitioners must have a minimum of two years of direct experience working with emotionally disturbed youth with criminogenic factors and their families. Practitioners must be employed or under contract with a certified Redirection Services provider agency.

All staff shall possess adequate education and training to perform the duties for which they are assigned and meet all applicable licensing or certification requirements for their respective disciplines. In addition, the provider shall ensure each practitioner providing an evidence-based practice, promising practice, and/or alternative family-centered therapy or treatment service has been trained and certified for service delivery by an authorized party as appropriate for the service to be delivered.

Reference:

- DJJ/Redirection Service Contract, Attachment A

3.03 Redirection Therapy Services

The program shall provide the following for program youth based on the modality:

- Individual therapy services
- Family therapy services
- Group therapy services
- Twenty-four-hour crisis therapeutic support

The number of sessions a week shall be based on the youth and family needs and dictated by the modality.

Guidelines/Requirements: Individual, family, and group therapy includes the provision of insight oriented, cognitive behavioral, or support therapy interventions to an individual youth to address mental and/or substance use disorders and criminogenic risk factors.

The focus or primary beneficiary of family therapy must always be the youth.

Services offered will be based on modality requirements. For example, MST, FFT, and CBT may not require group therapy.

A combination of therapy services, aside from the twenty-four hour crisis services, must be provided at least twice a week, unless the modality indicates otherwise or if the family is unavailable. If services are provided less than twice a week, the reason shall be documented and maintained in the youth record. Contract 10336: FFT is scheduled once a week.

Each therapy session shall be a minimum of thirty minutes (with at least twenty-five minutes reserved for counseling) to one hour (with at least fifty minutes reserved for counseling), unless otherwise specified in the approved modality/curriculum/protocol. Contract 10336: each session is scheduled for one hour.

Twenty-four-hour crisis therapeutic support

- Twenty-four hour crisis services are intended to assist youth and their families to manage crisis situations.
- These services must be available twenty-four hours a day, seven days a week.

Mental health and/or substance abuse treatment, including individual, group, and family therapy shall be documented in youth progress notes/treatment notes which provide a description of the service (treatment session/activity) and the youth/families participation in the session/activity. The progress/treatment note must also document the course of treatment and the youth's progress in meeting his or her clinical goals and objectives as specified in the treatment plan.

Progress notes/treatment notes shall be recorded on the day the treatment service/activity is provided.

A written report regarding the youth's progress in the mental health and/or substance abuse counseling/therapy sessions shall be provided to the juvenile probation officer (JPO) through document upload in the Department's Juvenile Justice Information System (JJIS) every thirty days, as specified in the contract.

Documentation of mental health and/or substance abuse assessments/evaluations, treatment planning, and counseling/therapy shall be permanently filed in the youth's Individual Healthcare Record.

Reference:

- DJJ/Redirection Service Contract, Attachment A-2.C

3.04 Case Coordination for Mental Health and/or Substance Abuse Treatment Services

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).

Guidelines/Requirements: Some youth in the program may have additional needs for mental health and/or substance abuse services which are not offered at the program. The program shall ensure youth in need of additional services receive, as appropriate:

- Individual therapy services, including the provision of insight oriented, cognitive behavioral or supportive therapy interventions to an individual youth to address criminogenic risk factors and mental or substance use disorders.
- Family therapy services including the provision of insight oriented, cognitive behavioral, or supportive therapy interventions to a youth's family, with or without the youth present, to address criminogenic risk factors and mental or substance use disorders. The focus or primary beneficiary of family therapy services must always be the youth.
- Group therapy services including the provision of cognitive behavioral, supportive therapy, or counseling interventions to youth or their families to address criminogenic risk factors and mental or substance use disorders. The focus or primary beneficiary of group therapy services must always be the youth.

Case Coordinator's primary goal is to optimize the functioning of youth who have complex needs and includes:

- Phone calls to other providers, assisting in the coordination of additional clinical services as determined by the program's therapist and supervisor.
- Case coordination may also include assisting the youth and parent/guardian in obtaining resources such as school, psychiatric appointments, coordinating basic needs, and working with the juvenile probation officer (JPO) on sanctions.
- Therapists will provide this case coordination to help ensure there is consistent communication with the JPO and parent/guardian, along with ensuring the youth can complete treatment successfully.

Reference:

- DJJ/Redirection Service Contract

3.05 Release/Discharge

Prior to release or discharge of a youth from services (prior to completion of the intervention) the program must coordinate discharge planning with the youth's JPO.

Guidelines/Requirements: Upon release/discharge from services, a copy of the youth's discharge summary must be uploaded into the Department's Juvenile Justice Information System (JJIS) and the juvenile probation officer (JPO) is to be contacted by e-mail or telephone call to notify them the summary has been uploaded and case notes have been updated to reflect service activity.

The program shall enter the youth's release date into the appropriate module in JJIS.

Administrative discharges are youth releases considered neither successful nor unsuccessful and may be documented in records where youth move from the service area or fail to report for services.

Reference:

- DJJ/Redirection Service Contract, Attachment A

Standard 4

MQI Standards for Redirection Services Table of Contents

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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.

4.01 Treatment Manual/Protocol

There is a specific written manual or protocol for the treatment service(s). The facilitators of each service adhere to the written manual or protocol.

Guidelines/Requirements: For each evidence-based practice, promising practice, or alternative family-centered therapy used by the program, there must be a specific written manual, guide, or protocol outlining, very precisely, how the service must be delivered.

Review the manual for each service to see if it thoroughly outlines exactly what a facilitator must do in delivering the service.

Observe a facilitator delivering the service to determine if he/she is following the manual. [\(This will be non-applicable for contract 10336\)](#)

Reference:

- DJJ/Redirection Service Contract, Attachment A
- A Sourcebook of Delinquency Interventions, 2015

4.02 Facilitator Training

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.

Guidelines/Requirements: Any staff facilitating a service using the specific evidence-based practice, promising practice, or alternative family-centered therapy must have received formal training from a qualified instructor on how to deliver the intervention or service.

Review the training records of all staff identified as facilitators for the evidence-based practice, promising practice, or alternative family-centered therapy to determine if they have received training in the specific service(s) they are delivering.

Review documentation to determine if the person(s) delivering the training was qualified to do so.

Reference:

- DJJ/Redirection Service Contract, Attachment A
- A Sourcebook of Delinquency Interventions, 2015

4.03 Internal Fidelity Monitoring

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.

— CRITICAL —

Guidelines/Requirements: Each program must have an internal monitoring process or system to routinely monitor the delivery of evidence-based practices, promising practices, or alternative family centered therapy.

The delivery of the service must adhere to the fidelity of the model and protocol of the intervention being used. Such monitoring should be completed at least monthly for each facilitator. When a facilitator delivers more than one service, they must be monitored for each individual service monthly.

Review the program’s fidelity monitoring reports for the past six months to determine if fidelity monitoring is occurring at least once a month for each facilitator, for each service delivered.

Review the training records of staff who are completing the fidelity monitoring to determine if they are trained and qualified to complete the monitoring.

Reference:

- DJJ/Redirection Service Contract, Amendment A
- A Sourcebook of Delinquency Interventions, 2015

4.04 Corrective Action Based on Fidelity Monitoring

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.

Guidelines/Requirements: The program must ensure practitioners/therapists adhere to the fidelity of the curriculum and each individual providing evidence-based, promising practices, or other family-centered therapy interventions and/or treatment services has been trained and certified for the specific delivery of the model curriculum by an authorized party.

Discrepancies in fidelity of delivery and training must be identified and corrective actions implemented and monitored. The actions to be taken should be in writing, time-limited, and identify the responsible parties.

Review the program's fidelity monitoring reports to determine if corrective actions are identified, are time-limited and identify who is responsible.

Interview treatment staff regarding their involvement in corrective actions.

Reference:

- DJJ/Redirection Service Contract, Attachment A
- A Sourcebook of Delinquency Interventions, 2015

4.05 Evaluation of Facilitator Skills in Delivering the Intervention

Performance evaluations of the facilitators of the specific intervention/service include the evaluation of skill in delivering the interventions/services.

Guidelines/Requirements: The performance evaluations of all staff facilitating an evidence-based practice, promising practice, or alternative family-centered therapy should reflect an evaluation by a qualified supervisor regarding the facilitators skill and abilities in delivering the intervention.

Performance evaluations must be completed, at a minimum, annually.

Review the performance evaluations of all staff providing an evidence-based practice, promising practice, or alternative family-centered therapy to ensure they contain an evaluation of the skill of the staff providing the intervention.

Interview the supervisors to determine how this evaluation is made.

Reference:

- DJJ/Redirection Service Contract, Attachment A
- A Sourcebook of Delinquency Interventions, 2015