

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

AMlkids Greater Fort Lauderdale

AMlkids, Inc.

(Contract Provider)

3220 Southwest 4th Street

Fort Lauderdale, Florida 33315

Review Date(s): August 7-9, 2018



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

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

Gabriel Medina, Office of Program Accountability, Lead Reviewer (Standard 1)
Nicos Antonakos, Office of Program Accountability, Technical Assistant Specialist (SPEP)
Odilanda Brito, Office of Program Accountability, Regional Monitor (Standard 4)
Peter Keelan, Office of Education, Regional Education Coordinator (Standard 2)
Claudia Laos, Eckerd Youth Alternatives, Program Director (Standard 2)
Gary Mogan, Office of Program Accountability, Regional Monitor (Standard 3)

Program Name: AMIkids Greater Fort Lauderdale
 Provider Name: AMIkids, Inc.
 Location: Broward County / Circuit 17
 Review Date(s): August 7-9, 2018

MQI Program Code: 1251
 Contract Number: P2119/P2121
 Number of Beds: 39
 Lead Reviewer Code: 50

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures) and focused on the areas of (1) Management Accountability, (2) Assessment and Intervention Services, (3) Mental Health and Substance Abuse Services, and (4) Medical Services, which are included in the Day Treatment Standards.

Persons Interviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Program Director
<input checked="" type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input checked="" type="checkbox"/> DMHCA or designee
<input checked="" type="checkbox"/> 2 # Case Managers | <input checked="" type="checkbox"/> 6 # Clinical Staff
<input checked="" type="checkbox"/> 1 # Food Service Personnel
<input type="checkbox"/> _____ # Healthcare Staff
<input type="checkbox"/> _____ # Maintenance Personnel
<input checked="" type="checkbox"/> 4 # Program Supervisors | <input checked="" type="checkbox"/> RJ 45 Crimping tool set – 15 #
<input type="checkbox"/> Staff
<input checked="" type="checkbox"/> 5 # Youth
<input checked="" type="checkbox"/> 1 # Other (listed by title): ACPO
<input checked="" type="checkbox"/> (Circuit 17) |
|---|--|---|

Documents Reviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input checked="" type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input checked="" type="checkbox"/> Continuity of Operation Plan
<input checked="" type="checkbox"/> Contract Monitoring Reports
<input checked="" type="checkbox"/> Contract Scope of Services
<input checked="" type="checkbox"/> Egress Plans
<input type="checkbox"/> Escape Notification/Logs
<input type="checkbox"/> Exposure Control Plan
<input checked="" type="checkbox"/> Fire Drill Log
<input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan
<input checked="" type="checkbox"/> Grievance Process/Records
<input type="checkbox"/> Key Control Log
<input checked="" type="checkbox"/> Logbooks
<input checked="" type="checkbox"/> Medical and Mental Health Alerts
<input checked="" type="checkbox"/> PAR Reports
<input checked="" type="checkbox"/> Precautionary Observation Logs
<input checked="" type="checkbox"/> Program Schedules
<input type="checkbox"/> Sick Call Logs
<input checked="" type="checkbox"/> Supplemental Contracts
<input checked="" type="checkbox"/> Table of Organization
<input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports
<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> 5 # Health Records
<input checked="" type="checkbox"/> 5 # MH/SA Records
<input checked="" type="checkbox"/> 14 # Personnel Records
<input checked="" type="checkbox"/> 16 # Training Records/CORE
<input checked="" type="checkbox"/> 5 # Youth Records (Closed)
<input checked="" type="checkbox"/> 5 # Youth Records (Open)
<input checked="" type="checkbox"/> 9 # Other: Volunteers records. |
|--|--|--|

Surveys

5 # Youth 5 # Direct Care Staff _____ # Other: _____

Observations During Review

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" type="checkbox"/> Facility and Grounds
<input checked="" type="checkbox"/> First Aid Kit(s)
<input checked="" type="checkbox"/> Group
<input checked="" type="checkbox"/> Meals
<input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline
<input checked="" type="checkbox"/> Program Activities
<input type="checkbox"/> Recreation
<input checked="" type="checkbox"/> Searches
<input type="checkbox"/> Security Video Tapes
<input type="checkbox"/> Sick Call
<input checked="" type="checkbox"/> Social Skill Modeling by Staff
<input checked="" type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth
<input checked="" type="checkbox"/> Tool Inventory and Storage
<input checked="" type="checkbox"/> Toxic Item Inventory and Storage
<input type="checkbox"/> Transition/Exit Conferences
<input checked="" type="checkbox"/> Treatment Team Meetings
<input type="checkbox"/> Use of Mechanical Restraints
<input checked="" type="checkbox"/> Youth Movement and Counts |
|---|---|---|

Comments

Items not marked were either not applicable or not available for review.

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Satisfactory
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	Satisfactory
1.09	Food Services	Satisfactory
1.10	Transportation	Satisfactory
1.11	Administration	Satisfactory
1.12	Incident Reporting (CCC)*	Satisfactory
1.13	Abuse-Free Enviornment*	Satisfactory
1.14	Behavior Management System	Satisfactory
1.15	Youth Record	Satisfactory

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

Standard 2: Assessment and Intervention Services Day Treatment Rating Profile

Indicator Ratings		
Standard 2 - Assessment Services		
2.01	Admission and Orientation	Satisfactory
2.02	Medical, Mental Health, and Suicide Risk Alerts in JJIS	Satisfactory
2.03	Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory
2.04	Transitional Planning/Reintegration*	Satisfactory
2.05	Youth-Empowered Success (YES) Plan Development	Satisfactory
2.06	Youth Requirement/PACT Goal Elements	Satisfactory
2.07	YES Plan Implementation/Supervision	Satisfactory
2.08	Ninety-Day YES Plan Updates	Satisfactory
2.09	Ninety-Day Supervisory Reviews	Satisfactory
2.10	PACT Reassessment	Satisfactory
2.11	Progress Reports	Satisfactory
2.12	Education Transition Plan	Satisfactory
2.13	Termination Release	Satisfactory
2.14	Career Education	Satisfactory
2.15	Educational Access	Satisfactory

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Standard 3: Mental Health and Substance Abuse Services Day Treatment Rating Profile

Indicator Ratings		
Standard 3 - Intervention Services		
3.01	Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory
3.02	Licensed Mental Health and Substance Abuse Clinical Staff*	Satisfactory
3.03	Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.04	Mental Health and Substance Abuse Admission Screening*	Satisfactory
3.05	Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory
3.06	Mental Health and Substance Abuse Treatment	Satisfactory
3.07	Treatment and Discharge Planning	Satisfactory
3.08	Mental Health Crisis Intervention Services*	Satisfactory
3.09	Crisis Assessments*	Satisfactory
3.10	Emergency Mental Health and Substance Abuse Services*	Satisfactory
3.11	Baker and Marchman Acts*	Satisfactory
3.12	Suicide Prevention Services*	Satisfactory
3.13	Suicide Precaution Observation Logs*	Satisfactory
3.14	Suicide Prevention Plan*	Satisfactory
3.15	Suicide Prevention Training*	Satisfactory

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Standard 4: Medical Services Day Treatment Rating Profile

Indicator Ratings

Standard 4 - Medical, Mental Health, and Substance Abuse Services		
4.01	Medical Screening*	Satisfactory
4.02	Medication Management - Verification of Medications	Satisfactory
4.03	Medication Management - Delivery of Medications	Satisfactory
4.04	Medication Management - Medication Storage	Satisfactory
4.05	Episodic/Emergency Services	Satisfactory

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Strengths and Innovative Approaches

- The program utilizes Sunrise Chess Center to provide mentoring groups to approximately five to ten youth each week. The youth are introduced to chess as a scholastic, community, and social tool.
- The A Child is Missing, Inc. program conducts two weekly bullying groups. These groups take approximately six weeks to complete.
- The female youth receive weekly gender-specific groups through Soul Sister's, providing the youth with a variety of gender-specific topics.

Standard 1: Management Accountability

Overview

AMIkids Greater Fort Lauderdale is a day treatment program operated by AMIkids, Inc. under contracts with the Department and is located in Fort Lauderdale, Florida. The program provides day treatment services to probation, minimum-risk commitment, and conditional release youth. The program is contracted to serve thirty-nine male and female youth. At the time of the annual compliance review, the program had twenty youth enrolled in the program. The program is comprised of an executive director (ED), business manager, licensed mental health counselor, career coordinator, two local care counselors, two behavior interventionists, boat captain, director of education, scuba instructor, and five education instructors. The program maintains independent contracts with a psychologist and a psychiatrist. The program maintains a separate contract with Nova Southeastern University to provide mental health and substance abuse interns. The program had seventeen interns at the time of the annual compliance review. In addition, at the time of the annual compliance review, the program had an educational instructor position vacant. The program's services are designed to address criminogenic risk factors, according to the youth's needs and risks. The program provides facility-based delinquency programming and treatment to include case management services, strategic interventions, restorative justice, gender-specific services, substance abuse testing, and food services. The program's youth attend several community activities to enhance valuable skills and comply with any required community service hours. Youth receive instruction in scuba diving, seamanship instruction, kayaking, and other aquatic skills. The program has a supportive relationship with the local and the juvenile justice communities. Broward County Public Schools provide academic assistance, and support to the program's educational component. The program had eleven board of trustee members who meet quarterly and help the program with fund raising, budget issues, and assistance, as needed.

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<i>Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. 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.</i>	

The program has a written policy and procedures in place regarding initial background screenings. A review of the seven applicable staff records hired since the last annual compliance review requiring an initial background screening from the Department's Background Screening Unit (BSU) was conducted and each screening was completed prior to their hire date. Eight volunteer and/or intern records were reviewed, and each initial background screening was completed prior to start the services. Reviewed documentation supported the program reviewed each criminal history report. The program administered a pre-employment assessment tool to the direct-care position applicants prior to hiring. The program placed a copy of the pre-employment tool and passing score in the applicant's record. The program also added the employee or volunteer to the Clearinghouse employment roster. The program hiring authority reviewed the Central Communications Center (CCC) person involvement report, the staff

verification system (SVS) module, and the Florida Department of Law Enforcement's (FDLE) results and completed an agency personnel record review prior to hiring or utilizing a volunteer who have contact with youth, or access to confidential youth records. None of the initial background screenings required an exception. The program submitted the Affidavit of Compliance with Level 2 Screening Standards on January 31, 2018 to the Department's BSU, meeting the annual requirement.

1.02 Five-Year Rescreening	Satisfactory Compliance
<p><i>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.)</i></p>	

The program has a written policy and procedures in place regarding the completion of five-year background rescreening on staff. A review of the program employees, volunteers, and interns roster indicated four staff members required a five-year background re-screening from the Department's Background Screening Unit (BSU). A review of the applicable four records found the re-screenings were processed within the required time frame. The program utilizes an internal tracking reminder system to ensure applicable re-screenings are completed prior to a staff, volunteer, or intern's anniversary date, including all contracted staff. The re-screenings were submitted to the BSU at least ten business days prior to the five-year anniversary date of hire.

1.03 Protective Action Response (PAR)	Satisfactory Compliance
<p><i>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.</i></p>	

The program has a policy and procedures regarding Protective Action Response (PAR). The program has a PAR Training Plan approved by the Department on February 1, 2018. The program's executive director (ED) and a behavior interventionist are the program's PAR master-level trainers. The program had nine instances where PAR was used during the annual compliance review period. A review of the applicable PAR reports found the techniques used by the program staff were approved by the Department and used appropriately. All applicable staff completed the required witness statements by the end of their workday. The reviewed reports were processed within the required time frame and reviewed by the ED and PAR instructor. The post-PAR interviews were conducted timely and included youth input to determine if there were any physical complaints or visible injuries. The program maintained all PAR reports and documentation in the PAR Incident Report Log. The program does not use mechanical restraints. Each program staff completes PAR refresher training annually, and the program maintains monthly trend analysis of the number of PARs utilized during the annual compliance review period.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<p><i>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.</i></p> <p><i>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.</i></p> <p><i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i></p>	

The program has a policy and procedures regarding pre-service/certification training. A review of the three applicable staff training records confirmed one staff completed the minimum of 120 hours of required web-based and/or instructor-led training within 180 days of being hired, and the remaining two staff members are in the process of completing the training. Completed training included all required essential skills to include forty hours of Protective Action Response (PAR) training within ninety days of hiring, cardiopulmonary resuscitation (CPR) and first aid certifications, professionalism and ethics, and suicide prevention. All reviewed training was documented in the Department’s Learning Management System (SkillPro). The program submitted the pre-service training plan to the Department’s Office of Staff Development and Training on June 14, 2018. The program’s pre-service training plan included the course name, description, objectives, training hours, and instructor-led training in the required topics.

1.05 In-Service Training	Satisfactory Compliance
<p><i>Contracted 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.</i></p> <p><i>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.</i></p>	

The program has a policy and procedures regarding in-service training requirements. Nine staff training records were reviewed for in-service training and found each staff exceeded the twenty-four hours of annual training. All reviewed training records found staff received all of the mandatory trainings including the Protective Action Response (PAR) update, cardiopulmonary resuscitation, first aid, professionalism and ethics, and six hours of annual of suicide prevention. All of the instructors were qualified to deliver the provided trainings. One staff member completed the self-administration of the Epi-Pen Auto Injector training. Three applicable supervisory staff completed the required management, leadership, personal accountability, employee relations, and communication skills trainings. Two of the three supervisory staff completed fiscal training, and the remaining supervisor was not applicable for fiscal training. The program submitted the in-service training plan to the Department’s Office of Staff Development and Training on June 14, 2018. The program’s in-service plan includes the course names, descriptions, objectives, training hours, and instructor led-trainings in the required topics. All in-service trainings were entered into the Department’s Learning Management System (SkillPro).

1.06 Cleanliness and Sanitation**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.*

The program has a policy and procedures regarding cleanliness and sanitation to ensure a safe and appropriate treatment environment including maintenance and sanitation of the facility. A tour of the program revealed all indoor areas and buildings were observed clean, neat, and well maintained. No graffiti was observed. Weekly sanitations and safety inspections were conducted. The program maintains separate bathrooms for males and females which were observed clean. The program offers available space for private counseling, group meetings, and classrooms. All maintenance needs are reported to the executive director and completed based on priority. Reviewed documentation and sanitation records found pest control is provided monthly by Orkin until June 20, 2018, and Terminix, starting on June 15, 2018. Waste management services are provided by Waste Connections of Florida.

1.07 Fire Prevention and Evacuation Procedures**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.*

The program has a written policy and procedures for fire prevention and evacuations to ensure a safe environment for youth, staff, and visitors. The executive director and management team are responsible for all aspects of the fire safety plan. The Miami-Dade Fire Rescue Department completed an inspection of the facility, with no fire violations or deficiencies, on February 14, 2018. Smoking is prohibited in the facility. A tour of the program confirmed evacuation egress plans are located throughout the facility near the exit and/or entrances of each room. The plans indicated the location of the fire alarms, fire extinguishers, first aid kits, and primary and secondary evacuation routes. Reviewed documentation found the program conducted monthly fire drills. The program maintains a fire safety log. Reviewed training records supported all staff were trained in the operation of the alarm system, and in the proper operation and use of available equipment. All five youth interviewed indicated they were instructed on what to do in case of fire,

1.08 Water Activities**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including procedures for water activities.*

The program has a policy and procedures related to water activities to ensure the safety of both staff and youth in the practice of aquatic activities. In addition, the program has extensive water activity standards in place. The program allows youth to participate in water-related recreational activities. The program has two lifeguard who supervise youth participating in aquatic activities, as well as a scuba aquatics instructor and a water safety instructor trainer. The program has a boat named Integrity, which was under maintenance at the time of the annual compliance review. Reviewed documentation found youth in the program receive a swim evaluation prior to participating in any water-related activity. The program utilizes different community pools for the youth swim evaluations. Interviewed staff and a tour of the program confirmed youth in the program participated in the Nantahala, North Carolina white water rafting trip. Interviews completed with five youth indicated only one participated in water activities. An interview completed with the applicable youth revealed they completed and passed the required swim test

prior to participating in the activity. Each participant received prior approval from the applicable court and the youth's parent/guardian in order to participate in the scheduled water activities.

1.09 Food Services	Satisfactory Compliance
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The program provides a safe and appropriate treatment environment including food service.

The program has a policy and procedures in place related to food services. The program provides a single menu for both youth and staff. The program provides breakfast and a hot lunch daily for each youth. When the weather permits, youth eat meals outside at the picnic area. Otherwise, youth will eat meals in the day area. Youth who have been identified with a food allergy or youth who do not eat certain food(s) due to religious beliefs are provided an alternative menu through the contracted provider, Exquisite Catering by Robert, Inc. The program has a healthy substitutions food chart from the Heart Institute of New York Center for Minimally Invasive Cardiac Surgery. Reviewed documentation found the program maintained an alert system to notify food service staff of the applicable youth food allergies, restrictions, and/or special diets. Observations by annual compliance review team confirmed the day area and the picnic area were clean and well maintained. The program never withholds food as a disciplinary measure. All the five interviewed staff indicated the program offers the same menu for staff and youth. All five staff members and five youth interviewed indicated the program offers the same menu to staff and youth.

1.10 Transportation	Satisfactory Compliance
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The program provides a safe and appropriate treatment environment including transportation.

The program has a policy and procedures addressing transportation. The program provides a bus pass for each youth for daily transportation. In addition, the program has two twelve-passenger Astro vans for transporting youth to off-campus activities, when needed. All program staff are authorized to transport youth, and all staff have valid driver's licenses. The program's business manager tracks each staff member monthly to ensure each maintains a valid driver's license and has not received any tickets and/or citations for poor driving performance. An inspection of both vans found they appear to be in a safe condition and were locked when not in use. The program requires youth and staff to wear seat belts while the vehicles are in operation. The vans were each equipped with a first aid kit, fire extinguisher, knife-for-life, and a window punch. Each van has a vehicle log containing current registration, checklist for every trip, weekly inspection report, maintenance documentation, and daily inspection forms. All five interviewed staff revealed when transporting youth, staff and youth wear seat belts while the vehicle is in operation. All five interviewed youth indicated they and staff members wear seat belts while the vehicles are in operation.

1.11 Administration	Satisfactory Compliance
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The program provides a safe and appropriate treatment environment including administrative and operational oversight.

The program maintains a policy and procedures regarding administration. A tour of the program and observations by the annual compliance review team found the program provided a safe and appropriate treatment environment, which includes administrative and operational oversight. The program maintains a daily log for program staff to record significant program activities,

events, and incidents. Reviewed documentation confirmed the program maintained statistical information reported to the Department. Information submitted to the Department includes the number of admissions, transfers, releases, absconds, emergencies, abuse reports, vacancies, grievances, volunteer hours, and average length of stay. The program maintains a monthly billing system and one comprehensive daily logbook. Each reviewed logbook entry contained the dates and times of the incidents, names of staff and youth involved, brief applicable information, and name(s) of staff completing the entry with the date and time of the entry, and staff signature. The system is reviewed on a bi-weekly basis by the executive director. The program ensures the youth roster matched the Department's Juvenile Justice Information System (JJIS) census report.

1.12 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<i>The program provides a safe and appropriate treatment environment including transportation. Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

The program has a policy and procedures related to incident reporting and notifying the Department's Central Communications Center (CCC). The policy includes definitions, reportable incident types, and general procedures. The program had a total of six CCC reportable incidents since the last annual compliance review. Each reviewed incident report revealed all were completed within the mandatory time frames, and according to the Department's reporting procedures. The program's management team identifies and assesses significant changes in the number and severity of incidents and reporting procedures to determine if any additional measures need to be taken to avoid similar incidents in the future. The program also maintains a non-CCC incident report log. All five interviewed staff confirmed youth are allowed to call the Florida Abuse Hotline or the CCC and report abuse. A review of internal incidents and grievances determined there were no additional incidents which should have been reported to the CCC and were not.

1.13 Abuse-Free Environment (Critical)	Satisfactory Compliance
<i>Any knowledge or suspicion of abuse, abandonment or neglect is reported to the Florida Abuse Hotline.</i>	

The program maintains a policy and procedures regarding the provision of an abuse-free environment. A tour of the facility completed by the annual compliance review team found the Florida Abuse Hotline telephone number posted throughout the program. A review of Central Communications Center (CCC) reports since the last annual compliance review indicated there were no allegations of abuse against staff reported. A review of five youth records and documentation ensures there was no indication of abuse not being reported to the Florida Abuse Hotline. A review of the grievance and internal incident reports since the last annual compliance review indicated there were no instances where abuse should have been reported and was not. The review of five staff records and documentation revealed each staff member signed and dated an affidavit of good moral character, ensuring compliance with Florida statutes. All five interviewed staff indicated they have never observed a co-worker telling a youth they could not call the Florida Abuse Hotline, or use profanity, threats, intimidation, or humiliation when interacting with the youth. All five interviewed youth indicated they never have been stopped from reporting abuse to the Florida Abuse Hotline.

1.14 Behavior Management System**Satisfactory Compliance**

The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavior problem. The use of facility restriction does not exceed seven consecutive days. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. Time-out is used in accordance with Florida Administrative Code. All behavior problems, time-outs, in-facility suspensions, and privilege suspensions are documented in the facility log and case file in accordance with Florida Administrative Code.

The program maintains a policy and procedures regarding the behavior management system (BMS). The program has a document containing a mission statement, including the Department's mission to reduce crime, a description of the program design, educational goals, and objectives. The program utilizes the evidence-based AMIkids Personal Growth Model which includes the Department's principles. The program developed and substantially followed a daily activity schedule, outlining outdoor and indoor recreational and leisure activities. Upon admission, youth are provided a handbook which explains the program's rules, expectations, and consequences for violating program rules. The program has a BMS which provides privileges and consequences to encourage youth to fulfill programmatic expectations. A review of youth point cards and informal interviews with staff and youth found consequences are fair and directly correlate with the problem behavior. The program's BMS has three primary components consisting of a point card, token economy, and a rank system. The overall goal of the program's BMS is to decrease the youth's undesired antisocial behaviors and increase the desired pro-social behaviors. A review of the youth's records indicated each contained a current copy of the youth's point card and indicated disciplinary procedures were carried out promptly. The youth records also revealed all behavior management issues are clearly documented in the youth's records. The program's BMS reflected improvements in youth outcomes in education and treatment. Interviews completed with five youth indicated none of them have been placed on time-out in this program.

1.15 Youth Records (Healthcare and Management)**Satisfactory Compliance**

The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files:

- *An individual healthcare record*
- *An individual management record.*

The program maintains a policy and procedures regarding youth records. The program utilizes a computer-based, password protected system known as the Lauris Online System to maintain youth medical, case management, and mental health records. The program maintains the forms and documentation in the Department's Juvenile Justice Information System (JJIS). An interview with the business manager indicated all program staff received training in the Lauris Online System, and seven staff members received training on the Department's JJIS.

Standard 2: Assessment and Intervention Services

Overview

The program conducts an orientation for each youth within twenty-four hours of a youth's admission. The program has two local care counselors who are responsible for providing case management services and overseeing the admission and orientation process of each youth. Each youth receives a copy of the youth and family handbook which dictates the program's rules and guideline expectations. The program alerts staff of any medical or mental health issues which may affect the safety and security of the youth or staff in the program. Any youth identified with a chronic medical condition is immediately placed on the program's internal alert system. The Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse Screening Report and Referral forms are administered by the local care counselors. The program contracts part-time services with a licensed psychiatrist and a licensed clinical psychologist. Observations confirmed the program continues to use the Biotrack electronic monitoring system which monitors the youth's daily attendance. The youth's thumb print and photograph in the Biotrack system determines the presence of each youth in the program and notifies the assigned juvenile probation officer (JPO) if the youth is absent by e-mail. This system is also used to record attendance and lunch reports for each youth. For youth who are on probation or conditional release, the program and the assigned JPO work together to facilitate the release of the youth upon completion of the program. The JPO checks the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) to determine if there are outstanding warrants prior to release from the program.

2.01 Admission and Orientation

Satisfactory Compliance

Facility orientation shall be conducted within twenty-four hours of a youth's admission to the facility. Case notes should document the date and time of the orientation and the youth received orientation documents.

The program has a policy and procedures in place which addresses admission and orientation for youth in the program. A review of five case management records reflected each contained a Day Treatment Program Orientation Acknowledgement form which was signed by the youth, parent/guardian (if applicable), and local care counselor. Four of the five reviewed youth records documented the program conducted a facility orientation within twenty-four hours of admission. One reviewed youth record had an orientation packet signed from a prior admission, as the youth was previously admitted to the program within the last six months. Reviewed documentation supported each youth participated in the orientation process on the day of admission and was provided a copy of the student handbook. The handbook includes information concerning the program's goals, available services, telephone guidelines, case planning process, search policy, rights, grievances, Florida Abuse Hotline telephone number, Advocacy Centers for Persons with Disabilities telephone number, and facility rules governing the youth's conduct and consequences for infractions. The dress code guidelines, daily activity schedule, expectation goals, emergency medical/mental health services, evacuation procedures, behavior management system, contraband, educational services, mental health and substance abuse orientation, anticipated length of stay, and any other individualized services including vocational programs are also outlined in the student handbook.

2.02 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS	Satisfactory Compliance
<i>The program shall alert staff of medical, mental health, and suicide risk issues that may affect the security and safety of the youth in the program.</i>	

The program has a policy and procedures regarding the identification and documentation of medical, mental health, and suicide risk alerts. A review of five youth records validated three youth were applicable for medical alerts and had those alerts documented in the Department's Juvenile Justice Information System (JJIS), as well as in the program's internal alert system. The alerts are placed in JJIS during the intake process. In addition, four of the five reviewed youth case management records were applicable for suicide risk alerts and each was entered and discontinued based on the Assessment of Suicide Risk (ASR) results. None of the reviewed youth case management records were applicable for mental health alerts. Reviewed documentation confirmed the program has a daily process of informing all staff of environmental stressors rendering some programming unsafe, and there are alternative activities planned. All five interviewed staff indicated they are informed of youth medical alerts through the medical alerts, youth records, JJIS, and the alert log.

2.03 Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory Compliance
<i>The PACT Full Assessment is completed by program staff for all youth, regardless of risk to reoffend, within seven calendar days of admission.</i>	

The program has a policy and procedures in place regarding the completion of a risk and needs assessment on all youth. The policy outlines the process for completing the Positive Achievement Change Tool (PACT) Full Assessment. A review of five case management records indicated each youth had a PACT Full Assessment which was completed within seven calendar days of admission. Collateral information was also received from the youth's parents/guardians, other program staff, law enforcement, juvenile probation officer, and any other stakeholder who was knowledgeable about the youth. The PACT Full Assessments were completed prior to the development of youth's Youth Empowered Success (YES) Plan.

2.04 Transition Planning/Reintegration (Critical)	Satisfactory Compliance
<i>Program staff actively participates in the transitional planning process for youth who are being released from a residential program on conditional release (CR) or post-commitment probation (PCP). For conditional release and post-commitment probation youth, the YES Plan must address recommendations from the residential program during transition.</i>	

The program has a policy and procedures in place regarding transition planning and reintegration. Planning for a youth's transition to the community begins at the commitment conference when appropriate post-residential services are identified. Planning for a youth's successful transition involves the on-going efforts of the youth, parent/guardian, treatment team, and program's case manager. A review of three applicable case management records found two documented monthly communication with the youth, parent/guardian, and program staff while the youth were in their residential placements. One reviewed record was applicable for a face-to-face contact with the youth; however, there was no documentation practice in the chronological case notes. None of the three reviewed youth records were applicable for participation on the transition staffing, as the referrals were made after the transition conference had taken place. There was documentation of staff requesting a copy of the transition staffing

results. Two of the three reviewed records were applicable for staff participation during the exit staffing, one documented participation and one did not.

2.05 Youth-Empowered Success (YES) Plan Development	Satisfactory Compliance
<i>The YES Plan (Form DJJ/PACTFRM 4) is cooperatively developed for youth on Probation, Conditional Release, and Post-Commitment Probation. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan.</i>	

The program has a policy and procedures regarding the development of the Youth Empowered Success (YES) Plan. Five reviewed records had a Positive Achievement Change Tool (PACT) assessment completed prior to the development of the YES Plan; plans were developed within fourteen calendar days of the youth's admission and signed by all parties. Reviewed case notes for all reviewed records reflected the case manager, youth, and parent/guardian were involved in the development of the YES Plan. All reviewed records documented the parent/guardian were notified of the importance of complying with sanctions and goals and were provided with a copy of the YES Plan. Reviewed documentation supported one of the five records was applicable for having recommendations made at the exit staffing included on the YES Plan. None of the reviewed records were applicable to have the YES Plan address recommendations from the residential program during transition; given the transition had taken place prior to referrals. All five interviewed youth indicated they received a copy of their YES Plan.

2.06 Youth Requirement/PACT Goal Elements	Satisfactory Compliance
<i>The YES Plan provides appropriate and individualized target dates for the completion of each youth requirement and PACT goal. All youth requirement and PACT goal action steps include the intervention plan elements (i.e., who, what, and how often).</i>	

The program has a policy and procedures in place regarding the youth requirements and Positive Achievement Change Tool (PACT) goal elements. Five applicable Youth Empowered Success (YES) Plans were reviewed and each contained court-ordered sanctions documented in the Department's Juvenile Justice Information System (JJIS) youth requirements module. The five applicable reviewed records contained at least one specific action step for each party involved for each of the youth requirements and goals to include the who, what, and how often. All reviewed records had at least one of the youth's top three criminogenic needs addressed as a change goal. Youth requirements were included on the YES Plans and contained reasonable completion dates. Five interviewed youth found each youth was aware of their current goals.

2.07 YES Plan Implementation/Supervision	Satisfactory Compliance
<i>Youth on supervision (i.e., probation, conditional release, or post-commitment probation) are supervised in a manner ensuring compliance with the court order and completion of YES Plan (youth requirements and PACT goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.</i>	

The program has a policy and procedures which addresses the implementation and supervision of Youth Empowered Success (YES) Plans. Five applicable youth records demonstrated compliance with youth, parent/guardian, and providers through follow-up of action steps and sanctions outlined on the YES Plans. Staff documented all case activities, including any face-to-face or telephone interactions with the youth, parent/guardian, and providers. Three of the five

records were applicable for the YES Plan implementation and supervision, and all were in compliance with follow-up of outside providers and two did not require outside referrals.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
<p><i>Staff adjust the YES Plan to reflect any new needs and progress made during the course of supervision. Staff must make necessary updates to youth requirements and PACT goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews. When updates are made to the YES Plan reasonably requiring the input of the youth and parent/guardian, this discussion is clearly documented in the case notes. Use of the “case notations” or a similar form the youth and/or parent/guardian initials to indicate the YES Plan was reviewed does not signify compliance. The case notes clearly document any communication regarding the YES Plan.</i></p>	

The program has a policy and procedures regarding ninety-day Youth Empowered Success (YES) Plan updates. A review of five case management records found all were applicable for a new YES Plan to be generated prior to a ninety-day supervisory review and all were completed timely. Three of the five reviewed records reflected updates to youth requirements and goals on the YES Plan. Two of the reviewed records had needs addressed during supervision; however, the YES Plans were not updated with new identified goals for substance abuse. All five updated plans contained the input of the youth and parent/guardian, and this discussion was clearly documented in the Department’s Juvenile Justice Information System (JJIS) case notes.

2.09 Ninety-Day Supervisory Reviews	Satisfactory Compliance
<p><i>Cases under supervision (i.e., probation, conditional release, post-commitment probation) are reviewed by the supervisor at least once every ninety calendar days. The supervisor ensures staff review any instructions given during the review, and ensures they were followed during the subsequent review.</i></p>	

The program has a policy and procedures in place which addresses ninety-day supervisory reviews to ensure updates are made to Youth Empowered Success (YES) Plans. Two of the five reviewed case management records were applicable for and contained a completed ninety-day supervisory review. Each applicable reviewed record revealed the supervisor’s case notes ensured the case manager updated the youth requirements and Positive Achievement Change Tool (PACT) goals in the Department’s Juvenile Justice Information System (JJIS) prior to the supervisory review. All reviewed records documented youth were receiving appropriate supervision and interventions, as well as staff taking appropriate action, when necessary. The supervisor ensured staff reviewed all instructions provided during the review, and ensured they were followed during the subsequent review.

2.10 PACT Reassessment	Satisfactory Compliance
<p><i>Staff complete PACT Reassessments for youth on probation, conditional release, and post-commitment probation, as well as minimum-risk non-residential commitment youth. Regardless of risk to reoffend, the PACT Full Assessment is completed every ninety days.</i></p>	

The program has a policy and procedures in place addressing Positive Achievement Change Tool (PACT) Reassessments. Two applicable reviewed records confirmed each youth had a PACT Reassessment completed every 180-days. Three youth records were not applicable for a reassessment, as the youth had been in the program for less than 180 days. One reviewed

youth case management record had a final PACT assessment completed prior to program completion and the Exit Pact was not yet due at the time of the annual compliance review. The program's practice ensures each youth on supervision does not go more than six months without an updated PACT.

2.11 Progress Reports	Satisfactory Compliance
<i>Progress reports are completed detailing the youth's progress with the youth requirements and PACT goals outlined in the YES Plan.</i>	

The program has a policy and procedures which addresses the completion of progress reports for youth who are on probation, minimum-risk non-residential commitment, post-commitment probation, and conditional release supervision. Four of the five reviewed case management records were applicable and had a ninety-day progress report completed, which included a cover letter providing a description of youth's overall performance. One reviewed record was not applicable, as youth had not reached ninety days in the program. Progress reports in the four applicable youth records documented the youth's opportunity to review and provide comments, as well as youth, staff, and the executive director signatures.

2.12 Education Transition Plan	Satisfactory Compliance
<i>Staff and youth complete an Education Transition Plan prior to release including provisions for continuation of education and/or employment.</i>	

The program has policy and procedures in place to address education transition plans. A review of five youth case management records found program staff developed a transition plan for each youth beginning at admission. Each reviewed plan addressed on-going educational programming, as well as goals of post-placement educational/employment opportunities. The reviewed plans addressed current youth needs and post-placement services, as needed. The youth records also contained evidence of completed employment skills, course work with samples of résumés, job applications, and applicable documentation essential to obtain employment upon leaving the program. All reviewed youth records provided evidence the youth's case manager and parent/guardian were aware of the identified transition goals.

2.13 Termination/Release	Satisfactory Compliance
<i>The program shall recommend termination to the Department for youth on probation, conditional release, or post-commitment probation, as well as minimum-risk commitment youth, upon successful completion of court-ordered sanctions and substantial compliance with restitution and/or court fees.</i>	
<i>For youth on probation, conditional release, or post-commitment probation, the program works with the JPO/CM to facilitate the release of the youth upon completion of the program.</i>	
<i>For youth on minimum-risk commitment or conditional release, staff completes the Pre-Release Notification and Acknowledgement (PRN) (DJJ/BCS Form 19) and follows the required procedure.</i>	

The program has a policy and procedures in place which outlines terminations and releases. A review of three applicable closed case management records documented the request by program case management staff to the assigned juvenile probation officer (JPO) to conduct a

local law enforcement and Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) check, prior to each youth's release. Two of the three closed records had JPO documentation of completed checks prior to youth's release. All three applicable records had documentation of program recommendations for youth termination to the Department, upon the youth's completion of sanctions and compliance with program goals. Two of the three reviewed closed records contained documentation of staff working with the assigned JPO to facilitate the release of youth upon completion of the program. Two of three closed youth records documented updates in the Department's Juvenile Justice Information System (JJIS) within five working days of receipt of termination orders. None of the three reviewed closed records had documentation of parent/guardian notification in writing, informing the youth was no longer under supervision; however, the program reports the JPO notifies the parent/guardian once the termination orders are received.

2.14 Career Education	Satisfactory Compliance
<i>Staff shall develop and implement a career education competency development program.</i>	

The program has a policy and procedures regarding career education. The career education programming is appropriate based on age, assesses educational abilities and goals of the youth to be served, and the typical length of stay and custody characteristics. The program provides Type 2 career education programming, which consists of an orientation to the broad scope of career choices based upon personal abilities, aptitudes, and interests. The program has an information technology (IT) program through a Work Force One grant. The program conducts a vocational assessment on each youth at admission, and the results are utilized to develop the youth's vocational goals. The program provides a copy of the youth's vocational plan to the parent/guardian and assigned juvenile probation officer (JPO) and maintains documentation of the transmittal in each applicable record.

2.15 Educational Access	Satisfactory Compliance
<i>The program shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.</i>	

The program has a policy and procedures in place regarding educational access. The program procedures describe the process for the integration of educational instruction and technical education into the daily schedule ensuring the integrity of required instructional time. The program ensures the daily academic schedule provides a minimum of 250 days of instruction, 300 minutes of daily instruction, which can be distributed over twelve months is followed and implemented for each youth enrolled in the program. An interview with the program's director of education confirmed the program provides educational access twelve months each calendar year with a minimum of twenty-five hours a week. Given the limited school day, the skills developed in the career training and educational programming are supported by the academic courses to the maximum extent possible.

Standard 3: Mental Health and Substance Abuse Services

Overview

AMIkids Greater Fort Lauderdale maintains policies and procedures for mental health and substance abuse services which been approved by the national director of mental health services. The policies were also signed and approved by the executive director (ED). In addition, the program has an approved written comprehensive plan for mental health and substance abuse services, dated and signed by the program’s ED and the designated mental health clinician authority (DMHCA). The program is licensed by the Department of Children and Families (DCF) to provide substance abuse intervention services. In addition, the program has an agreement with Nova Southeastern University to provide interns to work toward the completion of their practicums. The program also has established an independent contract with a licensed psychologist for providing oversight to the program’s psychological services and clinical supervision of the non-licensed interns. The program has a contract with a licensed psychiatrist to provide psychiatric evaluations and other psychiatric services as applicable for youth in need of psychiatric services. Support services include evidence-based services with individual counseling and group counseling. The program provides parent/guardians with emergency contact information for after-hour services. Fort Lauderdale Hospital and Broward Health Medical Center are utilized for crisis stabilization.

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory Compliance
<p><i>Each program director is responsible for the administrative oversight and management of mental health and substance abuse services in the program. Programs with an operating capacity of 100 or more youth, or those providing specialized treatment services, must have a single licensed mental health professional designated as the Designated Mental Health Clinician Authority (DMHCA) who is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program. Programs with an operating capacity of fewer than 100 youth or those not providing specialized treatment services, may have either a DMHCA or a Clinical Coordinator.</i></p>	

The program has a written policy and procedures to establish a protocol which demonstrates a licensed mental health professional to be responsible for coordinating and verifying the implementation of appropriate mental health and substance abuse services. The program utilizes a full-time licensed mental health counselor (LMHC), designated to serve as the designated mental health clinician authority (DMHCA). A review of documentation confirms the DMHCA is on-site a minimum of forty-hours a week. The license was noted to have been up-to-date and active in the State of Florida. An interview with the DMHCA indicated the program does not provide any specialized services and confirmed her role in the coordination and implementation of the mental health and substance abuse services provided by the program

3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical)	Satisfactory Compliance
<i>The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.</i>	

The program has a written policy and procedures to stipulate the minimum qualifications, credentials, and licenses for licensed mental health and substance abuse staff. The program utilizes a full-time licensed mental health counselor (LMHC) designated to serve as the designated mental health clinician authority (DMHCA). The program also contracts with a part-time licensed psychiatrist/psychologist, who serves as the psychologist, and three part-time licensed psychiatrists. Reviewed licenses found each to be active in the State of Florida.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory Compliance
<i>The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide, based on education, training, and experience.</i>	

The program has a written policy and procedures to establish the prerequisite qualifications and experience for non-licensed mental health staff. At the time of the annual compliance review, the program had three master’s-level interns from Nova Southeastern University. The program hired two bachelor’s-level mental health counselors working under the direct supervision of the licensed mental health counselor (LMHC). A review of the staff’s education and training records, along with experience, found they met the criteria for the position and job duties expected. In addition, there was supporting documentation to reflect they were meeting face-to-face, once a week with the LMHC on an individual basis, with documented feedback.

3.04 Mental Health and Substance Abuse Admission Screening (Critical)	Satisfactory Compliance
<i>The mental health and substance needs of youth are identified through a comprehensive screening process ensuring referrals are made when youth have identified mental health and/or substance abuse needs or are identified as a possible suicide risk.</i>	

The program has a policy and procedures in place for the mental health staff which establishes the screening process for licensed and non-licensed staff. Youth needs are identified through the screening process with the completion of the Positive Achievement Change Tool (PACT) and Massachusetts Youth Screening Inventory – Second Version (MAYSI-2), along with a Suicide Risk Screening Instrument (SRSI). All assessments were documented in the Department’s Juvenile Justice Information System (JJIS). The program utilizes their own forms for the intake screening purposes. When alerts are identified, the designated mental health clinician authority (DMHCA) and/or trained staff completed the ASR within twenty-four hours of the youth’s admission. Potentially suicidal youth are placed on precautionary observation pending further evaluation and program staff are notified.

3.05 Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory Compliance
<i>Youth identified by screening, staff observation, or behavior after admission and in need of further evaluation must be referred for a Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation or Updated Evaluation.</i>	

The program has a policy and procedures outlining a comprehensive mental health evaluation to be completed for each youth at the time of admission. A review of the five youth records concluded each record contained a new comprehensive assessment which was completed within thirty days of the referral and approved by the licensed mental health counselor within ten days of the completion of the assessment.

3.06 Mental Health and Substance Abuse Treatment	Satisfactory Compliance
<i>Mental health and substance abuse treatment planning in departmental facilities/programs focuses on providing mental health and/or substance abuse interventions and treatment to reduce or alleviate the youth's symptoms of mental disorder and/or substance abuse impairment and enable youth to function adequately in the juvenile justice setting. The treatment team is responsible for assessing the youth's rehabilitative treatment needs and assisting in developing, reviewing, and updating the youth's individualized and initial mental health/substance abuse treatment plans.</i>	

The program has a policy and procedures in place to address mental health and substance abuse treatment planning. Whenever a youth's comprehensive mental health/substance abuse evaluation indicates a need for services in one of these areas, the youth is assigned to the program's treatment team, comprised of education, administration, vocational training, mental health and substance abuse staff, the youth, and parent/guardian. A review of five youth mental health records concluded all youth participated in the development of their treatment plan. In further review, there was supporting documentation to reflect the youth's treatment plans were reviewed and updated, as necessary, at a minimum of once a month. The program's DMHCA coordinates the implementation of each youth's treatment plan, involving parents/guardians and other program members whenever it is possible. She also coordinates treatment with other agencies and departments and provides training to direct care staff on individual behavioral interventions. The review of the five youth records confirmed the program provides to each applicable youth specific clinical interventions and treatment methods including individual therapy, group therapy, family therapy, behavioral therapy, psychoeducational training and medical/psychiatric services. Each youth record reviewed have a properly executed Authority for Evaluation and Treatment form (AET), and a current signed Substance Abuse Consent and Release form. Mental health group therapy is limited to ten or fewer youth and substance abuse group therapy is limited to fifteen or fewer youth. All the treatment notes reviewed were completed and signed accordingly.

3.07 Treatment and Discharge Planning	Satisfactory Compliance
<p><i>Youth determined to have a serious mental disorder and/or substance abuse impairment, and are receiving mental health and/or substance abuse treatment in a program, must have an initial or individualized mental health or substance abuse treatment plan. When mental health or substance abuse treatment is initiated, an initial or individualized mental health/substance abuse treatment plan is completed. When both mental health and substance abuse treatment is initiated, an integrated mental health and substance abuse treatment plan is completed. All youth who receive mental health and/or substance abuse treatment while in a day treatment program will have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.</i></p>	

The program as a policy and procedures in place outlining the treatment plan and discharge planning process. A review of five open and five closed youth records reflected all youth had an initial treatment plan, which were updated as tasks were completed. The plans were all signed, dated, and approved by the treatment team members, youth, and parent/guardian, within the required timeframes. Two of the discharged plans in the closed records reflected an aftercare plan to continue prescription medications, with a referral to community-based resources for support. Five closed youth records contained supporting documentation indicating the juvenile probation officers (JPO) and parents/guardians were notified by mail and/or electronic correspondence of the youth's discharge.

3.08 Mental Health Crisis Intervention Services (Critical)	Satisfactory Compliance
<p><i>Every program must respond to youth in crisis in the least restrictive means possible to protect the safety of the youth and others while maintaining control and safety of the facility. The program must be able to differentiate a youth who has an acute emotional problem or serious psychological distress which would require mental health crisis interventions from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others which would require suicide precautions or emergency treatment.</i></p>	

The program has a policy and procedures addressing mental health crisis intervention services. The program developed a detailed mental health and substance abuse services plan, which was noted to have been reviewed, signed, and dated by the program's executive director on August 2, 2018, and the designated mental health clinician authority (DMHCA) on July 31, 2018. The crisis intervention plan was inclusive of an alert and notification process, staff response, method of referral, assessment, communication, supervision, a process for a review of the information, and transportation, if necessary.

3.09 Crisis Assessments (Critical)	Satisfactory Compliance
<p><i>A Crisis Assessment is a detailed evaluation of a youth demonstrating acute psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) conducted by a licensed mental health professional, or non-licensed mental health professional working under the direct supervision of a licensed mental health professional, to determine the severity of youth's symptoms, and level of risk to self or others. When staff observations indicate a youth's acute psychological distress is extreme/severe and does not respond to ordinary intervention, the program director or designee must be notified of the crisis situation and need for crisis assessment. A Crisis Assessment is to be utilized only when the youth's crisis (psychological distress) is not associated with suicide risk factors or suicide risk behaviors. If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk instead of a Crisis Assessment and the procedures for a suicide risk alert must be followed.</i></p>	

The program has a policy and procedures outlining the process for crisis intervention. According to the program's designated mental health clinician authority (DMHCA), coupled with a review of the program's logbook and a review of five youth records, concluded the program has not had any youth in need of a crisis intervention since the last annual compliance review. Training records supported program staff have completed the required training for crisis intervention and assessments.

3.10 Emergency Mental Health and Substance Abuse Services (Critical)	Satisfactory Compliance
<p><i>Youth determined to be an imminent danger to themselves or others due to mental health or substance abuse emergencies occurring in facility require emergency care provided in accordance with Rule 63N-1, F.A.C., and the facility's emergency care plan.</i></p>	

The program has a policy and procedures addressing emergency mental health and substance services. The comprehensive plan is inclusive with their crisis intervention and suicide prevention and response plan signed by both the executive director on August 2, 2018 and the designated mental health clinician authority (DMHCA) on July 3, 2018. The plan outlines the process for notifications, immediate staff response, supervision of youth, authorization for transportation, evaluation and treatment, documentation, training, including mock drills, coupled with a review process.

3.11 Baker and Marchman Acts (Critical)	Satisfactory Compliance
<p><i>Individuals who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment require emergency mental health or substance abuse services.</i></p>	

The program has a policy and procedures in place to address suicide prevention, which is outlined the program's comprehensive plan for mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care plan. There were two youth who were Baker Acted from the program. A review of the supporting documentation and the program's policy and procedures found all guidelines were followed to ensure the youth received immediate interventions, including the observation period upon return to the program and alerts in JJIS.

3.12 Suicide Prevention Services (Critical)	Satisfactory Compliance
<p><i>Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors.</i></p> <p><i>Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation), and a minimum of constant supervision.</i></p> <p><i>All youth identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations, must be placed on Suicide Precautions and receive an assessment of suicide risk.</i></p>	

The program has a policy and procedures in place to address suicide prevention services. A review of five youth records, plus an additional two youth who were Baker Acted, found all youth were placed on suicide precautions with constant supervision. A review of five youth records concluded all youth are screened for suicide risk at the time of admission. Two reviewed youth records reflected suicidal thoughts and/or ideation as evidenced by the results identified in the youth's Assessment of Suicide Risk (ASR). A mental status examination (MSE) was completed by a licensed mental health staff. Both youth were placed on precautionary observation (PO) with an alert entered into the Department's Juvenile Justice Information System (JJIS). Ultimately, the youth were stepped down with the approval of the licensed mental health staff and the program's executive director (ED). A suicide alert was entered into JJIS. A review of documentation indicated the youth were placed on PO until reassessed by a licensed mental health counselor (LMHC). In the five applicable records the program staff completed the required Assessment of Suicide Risk (ASR) on form MHSA 004, and discontinued precautionary observation. The review of the ASR completed indicated in all the youth's parents/guardians were timely notified. Once the licensed mental health counselor determined the youth were no longer a risk, the youth were stepped down to close supervision prior to standard supervision, pursuant to the program's suicide prevention plan.

3.13 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
<p><i>Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals no greater than thirty minutes.</i></p>	

The program has a policy and procedures to address suicide precautions and observations. Five youth records were reviewed for youth identified with suicidal thoughts. The program maintains a hardbound notebook as an observation log. The data is recorded on a statistical reporting instrument for tracking youth placed on precautionary observation (PO). The youth's name, Department identification number, date of incident, justification for placement on PO, and outcome were recorded on the tracking log. In addition, the program utilized the Department's Mental Health and Substance Abuse (MHSA 006) form. The checklist was observed to have been fully completed for all five youth records covering the duration of placement on PO. The MHSA 006 form was reviewed by a shift supervisor and subsequently reviewed, signed, and dated by a licensed mental health clinician. The forms were observed to have been completed in real time, never exceeding thirty-minute intervals.

3.14 Suicide Prevention Plan (Critical)**Satisfactory Compliance**

The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible in accordance with Rule 63N-1, Florida Administrative Code.

The program has a comprehensive plan to address suicide prevention, which is included in their comprehensive plan for mental health and substance abuse services, suicide prevention, crisis intervention and emergency care. The plan was reviewed and signed by the designated mental health clinician authority (DMHCA) on July 31, 2018, and by the executive director (ED) on August 2, 2018. The plan outlines the practice of the identification and assessment of youth at risk of suicide, the suicide precautionary observation process, the different levels supervision staff are to monitor, the referral process, documentation, notification and communication, coupled with staff response and the review process by the ED and DMHCA. The suicide prevention plan offers youth with an elevated risk of suicide the opportunity to continue to participate in regular activities. A review of staff training records found staff participated in a minimum of six hours of annual training, along with participation in mock drills once every quarter.

3.15 Suicide Prevention Training (Critical)**Satisfactory Compliance**

All staff who work with youth must be trained to recognize verbal and behavioral cues indicating suicide risk and suicide prevention and implementation of suicide precautions.

The program has a policy and procedures addressing suicide prevention training. A review of five staff training records found all of the staff successfully completed a minimum of six hours of training in suicide prevention and precautions. In addition, staff participated in mock drills inclusive of suicide preventions. The suicide mock drills were organized and critiqued by the program's designated mental health clinician authority (DMHCA), with the information then placed in the drill logs to monitor the appropriate number of drills required and frequency conducted. Five staff were interviewed, and all responded they were familiar with the location of the suicide response kit, which contains the knife-for-life. All five interviewed staff indicated they knew the location of the knife-for-life. The staff also revealed when a youth expresses suicidal thoughts staff are responsible in notifying the executive director (ED) supervisor, place the youth on constant sight and sound supervision, call the parent/guardian, search the youth, and document the supervision.

Standard 4: Medical Services

Overview

During the intake process, each youth is medically screened by the program's assigned non-licensed staff. Each youth receives a medical screening utilizing the Department's Facility Entry Physical Health Screening (FEPHS) form during the admission process. In the event a youth must take medication while on-site, the program utilizes a Medication Distribution Log to document each youth's medication distribution. The program does not have any licensed medical staff on-site. The program's business manager was identified and trained to supervise youth in the self-administration of medications in the event a youth needs to take their medication while on-site. The program utilizes CINTAS First Aid and Safety, Inc. to routinely monitor and stock the program's first aid kits. The program has one suicide response kit located in the main administrative office, which contains wire cutters, needle-nose pliers, and a knife-for-life.

4.01 Medical Screening (Critical)

Satisfactory Compliance

Youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions requiring medical attention. The screening includes a review of the most recent Health Discharge Summary (Form HS 012) or Medication receipt/transfer disposition (Form HS 053), if applicable, and documented contact with the parent/guardian if there are any questions or concerns regarding the youth's medical condition. Screening may be performed by non-licensed staff during the admission process. All medical, mental health, and substance abuse information is documented in the youth's Individual Health Care Record.

The program has a written policy and procedures for the implementation of a standardized medical screening process. The intake screening is performed by non-licensed staff during the admission process. Five youth healthcare records were reviewed, and each youth was screened during admission to determine if the youth has a condition requiring medical care while in the program. Each reviewed record contained a Facility Entry Physical Health Screening form and medical chronological case notes. The program utilizes page two of the healthcare admission screening form which documented contact with youth and parent/guardian addressing concerns or questions regarding the youth's medical conditions. All reviewed healthcare records contained a signed Authorization for Evaluation and Treatment. All medical information was documented in the youth's individual electronic healthcare record.

4.02 Medication Management – Verification of Medications

Satisfactory Compliance

The program shall determine a youth's medication regimen upon admission to the program.

The program has a written policy and procedures in place addressing the process of medication management and verification of medication upon admission into the program. Five reviewed youth healthcare records had supporting documentation indicating each youth completed the medical screening process. During the screening process, the youth and parent/guardian were interviewed by program staff about the youth's current medications. Since the last annual compliance review, the program has not administered any medication on-site to any youth. The program has a Medication Distribution Log which documents when the medication is administered on-site. The program's business manager was identified and trained to supervise youth in the self-administration of medications while on-site. A review of the program's internal

alert system did validate accurate alerts applicable to information identified in each reviewed youth healthcare record.

4.03 Medication Management – Delivery of Medications

Satisfactory Compliance

The program shall have a process in place to assist youth with self-administration of oral medications.

The program has a written policy and procedures in place addressing the process of medication management and delivery of medication. During the annual compliance review, there were no applicable youth taking medication on-site during school hours. Five reviewed healthcare records had completed medical treatment forms, the Department’s Facility Entry Physical Health Screening forms, Authorization for Evaluation and Treatment (AET) forms, foods to avoid, individual healthcare plan, the Department’s Problem List, and an human immunodeficiency virus (HIV) risk assessment. The program’s business manager was identified and trained to supervise youth in the self-administration of medications while on-site. Reviewed training documentation also confirmed the business manager received training in the use of an EpiPen Auto Injector. The program has identified a secured storage cabinet in the operations main office for any medications brought on-site. The program has a Medication Distribution Log in the event medication is administered on-site. The log contained the Five Rights of Medication Distribution. The program has an identified refrigerator for medications and medical containers located in the operations office. Five interviewed staff indicated they do not administer medication to any youth on-site.

4.04 Medication Management – Medication Storage

Satisfactory Compliance

All medications (prescriptions, over-the-counter (OTC), topical, etc.) shall be stored in separate, secure (locked) areas inaccessible to youth and ensures proper inventory control.

The program has a written policy and procedures in place outlining the storage of medications, including the storage of only the daytime medication doses to be delivered to the youth while at the program and how the medications are to be returned once the youth has completed the program. The program has identified a secured lockbox in the operations main office for any medications brought on-site. The area was observed to be clean and free from moisture and extreme temperatures. The program has an identified refrigerator for medications and medical containers located in the operations office. None of the youth at the program were applicable for taking medications on-site. There were several youth prescribed medications; however, each youth takes the medication prior to coming on-site. The program has the capability of storing controlled substances behind two separate locks, in the event youth needs to take the medication while on-site. There were no controlled medications or controlled substances on-site during the annual compliance review week.

4.05 Episodic/Emergency Services

Satisfactory Compliance

The program shall have a comprehensive process for the provision of Episodic Care, First Aid, and Emergency Care. The program shall be capable of facilitating an appropriate response to an emergency situation.

The program maintains a written policy and procedures outlining episodic and emergency services. The program utilizes CINTAS First Aid and Safety, Inc. to routinely monitor and stock the three first aid kits, as needed. The program also has one emergency infection control kit and

one knife-for-life. First aid kits are monitored weekly by the program's business manager. First aid kits are stored in the program's main administrative offices, with two assigned kits for each program vehicle. The program has one suicide response kit which contained wire cutters, needle-nose pliers, and a knife-for-life in the program's main administrative office. The program maintains an Episodic and Emergency Care Log to document all episodic care incidents. Episodic care is documented in each youth's individualized healthcare record. All instances of first aid and emergency care were documented, as required. The program conducts emergency first aid, fire, and suicide drills monthly. The program does not have an automated external defibrillator (AED) on-site. The program has a process in place to inform all staff on a routine basis of potential emergency situations which may arise. Program staff are routinely informed of medical, mental health, and youth dietary needs documented in the alert log which all program staff review and sign during each admission process. A review of the alert log supported the program's practice. Staff are informed during weekly staff meetings of program specific issues.

Program Name: AMIKids Greater Fort Lauderdale
Provider Name: AMIKids, Inc.
Location: Broward County / Circuit 17
Review Date(s): August 7-9, 2018

MQI Program Code: 1251
Contract Number: P2119/P2121
Number of Beds: 39
Lead Reviewer Code: 50

Overall Rating Summary

Overall Rating Summary

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