

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

**AMIkids Emerald Coast
AMIkids, Inc.
(Contract Provider)
207 4th Street
Ft Walton Beach, Florida 32548**

Review Date(s): March 5-7, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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|--------------------------------|--|
| 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:

Tara Frazier, Office of Program of Accountability, Lead Reviewer (Standard 1)

Lea Herring, Office of Program of Accountability, Regional Monitor (Standard 3 and 4)

John Provencher, Circuit 1 Probation, Senior Juvenile Probation Officer (Standard 2)

Program Name: AMIkids Emerald Coast
 Provider Name: AMIkids, Inc.
 Location: Okaloosa County County / Circuit 1
 Review Date(s): March 5-7, 2019

MQI Program Code: 1236
 Contract Number: P2107
 Number of Beds: 21
 Lead Reviewer Code: 166

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

- | | | |
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| <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 1 # Case Managers | _____ # Clinical Staff _____ # Food Service Personnel _____ # Healthcare Staff _____ # Maintenance Personnel 1 # Program Supervisors | _____ # Direct Care Staff _____ # Youth 3 # Other (listed by title): Lead Teacher, Vocational Instructor, Business Manager |
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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 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 type="checkbox"/> Precautionary Observation Logs <input checked="" type="checkbox"/> Program Schedules <input type="checkbox"/> Sick Call Logs <input 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 _____ # Health Records 4 # MH/SA Records 5 # Personnel Records 5 # Training Records/CORE 5 # Youth Records (Closed) 4 # Youth Records (Open) x # Other: JJIS |
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Observations During Review

- | | | |
|---|---|--|
| <input type="checkbox"/> Admissions <input type="checkbox"/> Confinement <input checked="" type="checkbox"/> Facility and Grounds <input checked="" type="checkbox"/> First Aid Kit(s) <input 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 type="checkbox"/> Tool Inventory and Storage <input type="checkbox"/> Toxic Item Inventory and Storage <input type="checkbox"/> Transition/Exit Conferences <input type="checkbox"/> Treatment Team Meetings <input type="checkbox"/> Use of Mechanical Restraints <input checked="" type="checkbox"/> Youth Movement and Counts |
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Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

| Indicator Ratings | | |
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| 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 | Non-Applicable |
| 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

<-----INSERT [Standard 2 Rating Profile] HERE (Select *Paste Special*, then *Picture*)----->

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* | Non-Applicable |
| 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 |

* 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 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 |

* 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).

Program Overview

AMIkids Emerald Coast is a day treatment program operated by AMIkids, Inc through a contract with the Department in Ft. Walton Beach, Florida. The program provides day treatment services to probation and minimum-risk commitment youth. The program is contracted to serve twenty-one male and female youth, ages thirteen to eighteen. The program fosters each youth by providing education, General Education Diploma (GED) preparation, facility-based delinquency programming and treatment to include case management services, strategic interventions, gender-specific services, substance abuse testing, and the AMIkids Career Exploration Model. The program is comprised of an executive director, a business manager, a licensed mental health counselor, local care counselor, lead behavior interventionist, career coordinator, vocational instructor, lead teacher, academic coordinator, and substitute teacher. Mental health, substance abuse treatment, and healthcare services are provided through Bridgeway Services or private counsel. The program does however provide Skillstreaming the Adolescent, which is a four-part training approach, modeling, role-playing, performance feedback, and generalization. Skillstreaming the Adolescent is beneficial to teach essential prosocial skills to adolescents. The program's services are designated to address criminogenic risk factors, according to the youth's needs and risks. The program provides medical services for the youth in the program by screening the youth for medical concerns upon admission. At the time of the annual compliance review, the program had six vacancies, including one key part-time bus driver position and one part-time bus driver position contracted through the school board, one key part-time local care counselor position, one key part-time licensed mental health counselor position, and two contracted school board teachers.

Strengths and Innovative Approaches

- With the assistance of legislative funding, AMIKids Emerald Coast continues to maintain a Career Readiness Program for their students with a Career Coordinator and a Vocational Instructor. The Career Readiness Program operates in conjunction with its' existing day treatment programs which serves 170 students each year in Okaloosa county.
- To become workforce ready, the students enrolled in the AMIKids Career Exploration Model receive vocational training in safe food handling and preparation (Servsafe certification), career coaching and job readiness training, mentorship, job placement, and follow up services. AMIKids is required to certify staff members in ServSafe in order to ensure students could receive their certifications as well. AMIKids currently has two staff members certified. Servsafe provides both coursework and hands on demonstrations for the youth. Youth will be certified to work in multiple areas of the food services industry upon completion of this program. A component to this course is a partnership with Food for Thought (FFT). This agency delivers food to the school weekly to ensure all students do not go hungry when they are not in school. Also, the program has incorporated a kitchen program where the Vocational Instructor or Career Coordinator takes six students each week to the FFT kitchen to work directly with a local chef. During this time the students gain various skills in prepping, measuring, and preparing an entire meal.
- AMIKids Emerald Coast maintains a partnership with Shelter House and one of their staff, in partnership with an AMIKids staff, teaches a weekly class to the students on healthy relationships and boundaries. This has been beneficial and effective for the youth.
- Junior League maintains a stocked closet on-site for the youth with brand new clothes for when they need khakis, undergarments, shoes, belts, and/or jackets. This has helped the students improve their self-esteem and relieve some of the financial burdens on the parents/guardians.

Standard 1: Management Accountability

| 1.01 Initial Background Screening (Critical) | Satisfactory Compliance |
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| <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> | |

Three staff records were reviewed and all had background screenings completed with a rating of eligible prior to hire. All three staff completed and passed the pre-employment assessment tool. Each staff was added to the Clearinghouse employee roster list. The program has not had any volunteers since the last annual compliance review. An Affidavit of Compliance with Level 2 Screening Standards was completed and submitted on November 15, 2018 to the Department's Background Screening Unit (BSU).

| 1.02 Five-Year Rescreening | Satisfactory Compliance |
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| <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> | |

AMIkids has a policy and procedure in place addressing five-year rescreening. The program's business manager has a spreadsheet with all staff's information, name, title, date of hire, original background screening, date of five-year rescreening, date of separation, highest level of education, license number and expiration, and certification to track when staff are due for their rescreening. For this annual compliance review, there were no staff qualified for a five-year rescreening.

| 1.03 Protective Action Response (PAR) | Satisfactory Compliance |
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| <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> | |

AMIkids Emerald Coast had a total of three Protective Action Response (PAR) reports since the last annual compliance review. All three reports were completed by the staff member involved at the conclusion of the day. Two out of three of the reports included statements from all witnesses and participants, except for one report where a youth did not write a statement. The report was reviewed within seventy-two hours by all parties, as well as by the Executive Director (ED), who

signed off as the PAR instructor. In two of the PAR reports, the techniques applied were approved by the Department. In the third report, the staff reported he used the supportive hold technique, which is not on the program's PAR plan, which was approved on December 21, 2017. All reports were placed in a central binder within forty-eight hours of being signed by the ED. All AMIkids PAR reports are submitted to their home office, but only the PAR reports which involve a youth who needed medical attention are submitted to the Department, which they had none. The ED conducted a post-PAR interview with the youth within thirty minutes after the incidents

Since the last annual compliance review, the program had a decrease in the number of PAR reports from five to three. The ED was interviewed regarding the program's process for monitoring PAR incidents and use of force, to include corrective actions related to improper use of force. She stated she reviews all the PAR reports if she is on campus and if not the Director of Operations will review the report and contact her about the incident to ensure compliance and confirm there was no improper use of force. If the report indicates any unnecessary or improper use of force, the ED stated notification is made to the AMIkids home office and the Department's Central Communications Center (CCC), if required.

| 1.04 Pre-Service/Certification Training | Satisfactory Compliance |
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| <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> | |

Three pre-service staff records were reviewed. All three staff are currently working toward their 120 hours of training within 180 days of hiring. According to the Executive Director (ED), none of these staff are left unsupervised with the youth.

Two staff had already completed Protective Action Response (PAR), while the third staff was completing PAR the week of the annual compliance review. Two of the three staff completed cardiopulmonary resuscitation (CPR), first aid, and mental health and substance abuse training. All three staff completed ethics, emergency procedures, understanding youth, legal, supervision, sexual harassment, and human diversity training. All training was recorded in the Department's Learning Management System (SkillPro).

Staff who provided PAR and CPR training were certified to provide the training. The program submitted a list of pre-service training to the Department's Office of Staff Development and Training on January 1, 2019, which included course names, descriptions, objectives, and training hours.

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| 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> | |

Two staff member records were reviewed for in-service training, one of which included the Executive Director (ED). Both staff completed twenty-four hours of annual in-service training, one with seventy-seven, the second with eighty-one and a half hours. Both completed the annual Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid, ethics, and six hours of suicide prevention training. The ED completed the required eight hours in management, leadership, communication skills, and fiscal training. All training was documented in the Department's Learning Management System (SkillPro), excluding the AMIkids executive director conference training which was an additional fifteen hours. Each of the staff were trained in the operation of the fire alarm system, proper operation and use of fire protection equipment, and participated in semi-annual mock suicide or self-inflicted injury drills. Only one of the staff, the ED, is trained on how to administer the Positive Achievement Change Tool (PACT). AMIkids Emerald Coast submitted a list of in-service training to the Office of Staff Development and Training on January 1, 2019, which included course names, descriptions, objectives, and training hours. This plan is updated as changes occur.

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| 1.06 Cleanliness and Sanitation | Satisfactory Compliance |
| <p><i>The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.</i></p> | |

The program has a written policy and procedure which addresses cleanliness and sanitation. Overall, AMIkids Emerald Coast is well-maintained both indoors and outdoors. The building was free of graffiti, clean, neat, and free of any insect infestation. All furnishings appeared to be in good condition. The program maintains a maintenance and housekeeping plan to ensure the building stays clean. Weekly sanitation and safety inspections of all internal and external areas and equipment were documented in writing. Separate mold/mildew free bathrooms are provided for males and females. The program has rooms which have enough space available for private counseling, group meetings, and classrooms.

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| 1.07 Fire Prevention and Evacuation Procedures | Satisfactory Compliance |
| <p><i>The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.</i></p> | |

The program has a policy and procedure in place which addresses the safety guidelines to ensure a safe and appropriate environment which includes fire prevention and evacuation procedures. The program has six fire extinguishers located throughout the building. One at each exit on the first and second level, for a total of four, one in the kitchen, and one in the large group room. Five of the six fire extinguishers were replaced in February 2019 by the fire marshal. The sixth fire extinguisher's tag revealed the Director of Operations checks the equipment monthly. A review of the log book confirmed equipment checks were being

conducted monthly as well. According to the Fire Safety Log, the program is conducting fire drills monthly. Evacuation plans specify routes of evacuations and provisions for medical care or hospital transportation are posted throughout the program. The program has signs posted on the building prohibiting smoking on school grounds. Three youth were interviewed regarding if they have been instructed on what to do in case of a fire and all three replied yes.

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| 1.08 Water Activities | Non-applicable |
| <i>The program provides a safe and appropriate treatment environment including procedures for water activities.</i> | |

The program has a policy and procedure which addresses water activities. However, at this time, AMIkids Emerald Coast does not staff a life guard, therefore, this indicator was not applicable during this annual compliance review. Three youth were interviewed and asked if they participate in water activities and all three responded they did not.

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| 1.09 Food Services | Satisfactory Compliance |
| <i>The program provides a safe and appropriate treatment environment including food service.</i> | |

The youth at the program eat breakfast and lunch in the large group room. The program accommodates youth with special diets when prescribed for health reasons or to accommodate religious beliefs. Currently there are three youth who are provided with special diets at their program. The program offers a single menu to both the youth and the staff. Staff never use food as a disciplinary measure. Three staff and three youth were interviewed and asked if the program offers the same menu for the staff and youth and all six responded yes. Three youth were interviewed and asked if special diets were provided for health reasons or to accommodate religious beliefs, and all three said yes.

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| 1.10 Transportation | Satisfactory Compliance |
| <i>The program provides a safe and appropriate treatment environment including transportation.</i> | |

The program provides daily transportation to and from the facility or makes other arrangements for the youth who attend their program. All staff who work at the program have valid drivers' licenses. AMIkids cooperate office uses the SAMBA safety program to conduct checks on drivers' licenses twice a year. The program currently has two vans which are being used for transportation. One of the vans belongs to AMIkids, while the second van is rented on a weekly basis from Enterprise Rent-A-Car. Both vans were in safe and sound operating condition, had current insurance and registration, and were locked when not in use. Both staff and youth wear seat belts when the vans are in use. AMIkids also has two buses, one was at the local bus barn for repairs, while the second was on-site. Currently, neither bus is being used for transportation. The bus on-site, had current insurance and registration and was in operating condition. Youth are not penalized or denied services based on lack of transportation. Three staff and three youth were interviewed and asked if staff and youth wear seat belts while the vehicle is in operation and all six answered yes.

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| 1.11 Administration | Satisfactory Compliance |
| <i>The program provides a safe and appropriate treatment environment including administrative and operational oversight.</i> | |

An interview with the Business Manager revealed AMIkids enters their data containing youth census and detailing incidents into the Student Information System, then submits monthly reports to the corporate office. The corporate office is responsible for submitting these reports to the Department. The program's roster report matched the census report in the Department's Juvenile Justice Information System (JJIS), as well as the dates of admission and terminations into and from the program.

A review of the program's log book indicated that significant activities, events, and incidents were recorded. The Executive Director (ED) reviews the log book on a bi-weekly basis by initialing the log book indicating review and any action taken is documented. All entries included the date and time of the incident, name of youth and staff involved, pertinent information, and name of the person making the entry, time of entry, and signature.

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| 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 had nine Central Communications Center (CCC) reports in the past six months. A review of five CCC reports was conducted. All five were reported within two hours of staff becoming aware of the incident and all were documented in the log book. There were no internal incidents or grievances found during this annual compliance review which should have been reported to the CCC.

Three staff were interviewed and asked how youth are allowed to call the Florida Abuse Hotline or CCC to report suspected abuse. One staff stated the local care counselor (LCC) is responsible for taking the youth to make the phone call. However, since the program is absent a LCC, any staff has been taking the youth to make the call. The second staff stated the youth are directed to the ED or business manager for access to the telephone to make the call. The third staff replied the youth can request to make a phone call to the Florida Abuse Hotline or CCC from the ED or director of operations.

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| 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> | |

AMIkids Emerald Coast had two allegations of abuse toward staff since the last annual compliance review. Both staff signed for the program's code of conduct prior to these incidents. In both incidents, the Central Communications Center (CCC) was notified within two hours of the program becoming aware of the incident. The CCC was initially called by the youth's juvenile probation officer (JPO) due to the youth informing the JPO about the allegations. Both staff were immediately placed on administrative leave pending an investigation. In one incident, the youth's parent/guardian called the Florida Abuse Hotline, in the second incident, the

executive director (ED) did not contact the Florida Abuse Hotline until ten days later. In both incidents, there was no violation to the code of conduct. The program has the Florida Abuse Hotline and the CCC phone number posted throughout the building.

Three staff were interviewed regarding if they have ever seen a co-worker tell a youth they could not call the Florida Abuse Hotline, and all replied never. Three staff were asked if they have ever observed a co-worker use profanity when speaking to a youth or threaten, intimidate, or humiliate when interacting with youth and all three replied never.

Three youth were interviewed and asked if they were ever stopped from reporting abuse to the Florida Abuse Hotline and all replied no. Three youth were asked if staff are respectful when talking with them and other youth and two stated yes, while the third said no. This youth stated one staff does not help the students when asked and this teacher ignores the students at times, which she feels is disrespectful. The same three youth were asked if they have heard staff use curse words when speaking with them or other youth. Two said never, while the third youth stated once during altercation a staff member cursed at a youth who was fighting, but the youth could not remember which staff member. The program indicated this staff member is no longer employed at the program. Three youth were interviewed and asked if they have heard staff threaten youth or themselves and all three replied never. The three youth denied any staff ever asking them to meet with them on a social basis after school and all reported feeling safe at this program.

| 1.14 Behavior Management System | Satisfactory Compliance |
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| <i>The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic and education 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.</i> | |

The program utilizes a Behavior Management System (BMS) providing privileges and consequences to encourage youth to fulfill programmatic expectations. If a youth is receiving a consequence, they first go through the advisory stage, where staff and youth directly discuss the behavior and ways to improve it. If the youth continues to display the negative behavior, the youth may be promptly placed on work detail as a result. Again, the youth and staff discuss the behavior and what led the youth to being placed on work detail. One staff stated with the program's BMS, every day is a new day. The program does not use restriction for seven consecutive days, nor does the program utilize time-out. The program documents any BMS issues in the youth's record. The program has the Department's mission statement posted in the large group room, as well as a description of the program's design, education goals, and objectives. The program rules are posted throughout the building. Three youth were interviewed and asked if they can discipline or have control over other youth, and all three stated no. All three youth deny being placed in time-out.

| 1.15 Youth Records (Healthcare and Management) | Satisfactory Compliance |
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| <p><i>The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files:</i></p> <ul style="list-style-type: none"> ▪ <i>An individual healthcare record</i> ▪ <i>An individual management record.</i> | |

The program utilizes the electronic Lauris system for the youth individual healthcare and individual case management records. The system is a confidential site used for storing all confidential youth information. The local care counselors and executive director have access to the system on the computers within their offices. For this annual compliance review, the program printed the requested records and placed them in separate folders. The program does have locked file cabinets which contain personnel records, which are stored in a locked room.

Standard 2: Assessment and Intervention Services

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| 2.01 Admission and Orientation | Satisfactory Compliance |
| <i>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.</i> | |

Three youth case management records were reviewed along with the Department's Juvenile Justice Information System (JJIS) case notes. Each contained the required documentation which confirmed orientation was completed within twenty-four hours of admission, literature concerning the program and its handbook was received, and a tour of the facility with introduction and identification of staff members was accomplished. Orientation included the completion and signing of a checklist to ensure each parent/guardian and youth received proper instruction concerning the program's expectations and rules; its behavior management system, items considered contraband and consequences for introducing contraband into the program; daily activity schedules; emergency medical and mental health services; evacuation and emergency safety procedures; performance planning process; dress code; and average anticipated length of time to successfully complete the program.

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| 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> | |

Three youth case management records were reviewed with each reflecting the necessary alerts being entered upon staff learning of a medical condition. These were indicated also on the program's alert system. One of the records indicated an alert for a medical condition. It was entered in the program's alert system and the Department's Juvenile Justice Information System (JJIS). Two of the records reviewed had no indicators of any medical condition. Suicide risk alerts were entered for all three of the youth during the initial screening and an Assessment of Suicide Risk (ASR) was completed. Each alert was entered into the program's alert system. All three were also entered into JJIS; however, two were not entered immediately with internet outage being noted. All three reviewed had appropriate documentation in JJIS of the discontinuation of suicide risk alert based upon an ASR. None of the reviewed records had applicable mental health alerts. The program's executive director and two staff members indicated there is a process of notifying program staff of environmental stressors through a means of electronic media by text messaging chains for outdoor activities. Charts concerning temperature guidelines are posted within the program and alerts are also received from the local school district and internet weather reporting sources.

Three staff were interviewed and asked how they are informed of youth's medical alerts. All three staff stated alerts are posted and the information is shared through staff meetings. One staff added the information is also distributed through emails. The same three staff were asked how effective this process is for communicating information and two replied good, while the third stated very good.

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| 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> | |

Three youth case management records were reviewed to assess the administration of the Positive Achievement Change Tool (PACT) Full Assessment. Each was completed within seven days of admission as required.

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| 2.04 Transition Planning/Reintegration (Critical) | Non-Applicable |
| <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> | |

There were zero case management records reviewed for transitional planning/reintegration as the executive director and program manager indicated youth are not referred to the program prior to release from a residential commitment. Therefore, this indicator is rated as non-applicable.

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| 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> | |

Three youth case management records were reviewed and indicated administration of the Positive Achievement Change Tool (PACT) prior to the development of the initial Youth Empowered Success Plan (YES) Plan. Two of the records contained a YES Plan developed within fourteen calendar days of the youth's admission to the program and was signed by all the appropriate parties. One record indicated the YES Plan was developed within the fourteen calendar days; however, lacked the signatures of the youth, parents/guardians, and program staff. This YES plan was approved and signed by the program's executive director within the required timeframe; however, the youth is pregnant and would be out of school for sickness and doctor's appointments, causing the lack of signatures for this youth and her parents/guardians within the required fourteen days. All three records reviewed indicated in case notes the juvenile probation officer (JPO) was involved in the development of the YES Plan, and the case notes clearly reflected the youth, parent/guardian, and program staff in charge of case management were involved in the development of action steps and target dates for the completion of all sanctions and goals in the plan. The youth and parent/guardian were informed of the importance of complying with the plan in all records reviewed. None of the records reviewed included documentation in the case notes the youth and parent/guardian were provided a copy of the initial YES Plan upon review and signature. None of the reviewed records were applicable to requirements concerning transition from a residential program.

2.06 Youth Requirement/PACT Goal Elements**Satisfactory Compliance**

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).

Three youth case management records were reviewed. In all, the court-ordered sanctions were documented in the youth requirements module. Each of the youth requirements contained at least one action step clearly defining who was responsible and what action should be taken by the youth, parent/guardian, and program staff, and how often action should be taken. Two of the three records reviewed contained a Positive Achievement Change Tool (PACT) goal specific to one of the youth's top three criminogenic needs. The three records had PACT goals containing at least one clear action step for the youth, parent/guardian, and program staff, defining what action should be taken. All addressed the frequency for the youth, parent/guardian, and program staff. Related interviews with the youth supported they each were aware of their current goals.

2.07 YES Plan Implementation/Supervision**Satisfactory Compliance**

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.

Four youth case management records were reviewed pertaining to Youth Empowered Success Plan (YES) Plan implementation and supervision. All four youth records contained case notes demonstrating compliance with action steps and sanctions in the YES Plan. All youth records reflected in case notes the staff review of written and oral reports from collateral sources. All youth records showed in documentation monitoring of the youth at home. Regular quality contact documentation, with both the youth and parent(s)/guardian(s) was present in all youth records reviewed.

2.08 Ninety-Day YES Plan Updates**Satisfactory Compliance**

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.

Three youth case management records were reviewed concerning updates to the Youth Empowered Success Plan (YES) Plan ninety-day supervisory reviews. In all three of the records reviewed, staff made necessary updates to the youth requirements and a new YES Plan was generated in the Department's Juvenile Justice Information System (JJIS) prior to the ninety-day supervisory review. In all reviewed records, the juvenile probation officer supervisor ensured the youth were receiving appropriate supervision and interventions. In two of the three records reviewed, input from the youth and parent/guardian was clearly documented in case notes.

2.09 Ninety-Day Supervisory Reviews**Satisfactory Compliance**

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.

Three youth case management records were reviewed pertaining to ninety-day supervisory reviews. Each record indicated the supervisory review occurred at least once every ninety days and the supervisor ensured updates to the youth requirements and Positive Achievement Change Tool goals were made and the youth was receiving appropriate supervision and interventions. Each record indicated staff reviewed the supervisor’s notes by taking appropriate action when necessary.

2.10 PACT Reassessment**Limited Compliance**

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 Reassessment is completed every 180 days.

Three closed youth case management records were reviewed. In each record, the Positive Achievement Change Tool (PACT) Reassessments was completed before the one hundred eighty-day requirement. None of the three indicated a Final PACT Assessment was completed, nor an Exit PACT Assessment.

2.11 Progress Reports**Satisfactory Compliance**

Progress reports are completed detailing the youth’s progress with the youth requirements and PACT goals outlined in the YES Plan.

Three youth case management records were reviewed regarding progress reports. Three had progress reports completed every ninety days. None of the records reviewed were for minimum-risk committed youth; therefore, cover letters were not required or necessary for the reports be forwarded to the court, state attorney, defense counsel, or the parent/guardian. The three records each represented the youth being given the opportunity to review the progress report and provide comments. Each was signed by the youth and staff member who prepared the report. Additionally, these were reviewed and signed by the program’s executive director and sent to the juvenile probation officer as required. None of the three were committed minimum-risk non-residential youth requiring copies be sent to the court however, all three records included documentation the court received a copy of the progress report.

2.12 Education Transition Plan**Satisfactory Compliance**

Staff and youth complete an Education Transition Plan prior to release including provisions for continuation of education and/or employment.

Two open youth case management records and three closed records were reviewed for a completed education transition plan. All youth records contained an education transition plan developed and based on the youth’s post-release goals, beginning at admission to the program, for each youth. All youth education transition plans had transition activities related to the youth, education representative, certified school counselor or program personnel responsible for providing guidance services, and a designee of the program’s district with access to the district’s

management information system. Three of the five education transition plans had transition activities related to the parent/guardian.

In the remaining two education transitions plans which did not have transition activities related to the parent/guardian, one youth is eighteen years of age and acting as his own representative and the other youth's parent/guardian was unable to participate. Each education transition plan was developed with specific plans for continuation of education and/or employment. Also, services to be provided during the program stay and implemented upon release included Career and Professional Education (CAPE) programs, post-secondary education, or career opportunities. Individual needs and performance of the youth dictated the recommended post-release educational placement. The specific monitoring responsibilities for each person responsible for reintegration and coordination of the support services were not present in all five of the five youth records reviewed. All five youth records reviewed had employability or continuation of education provisions. Three of the five did not have employability as a transition goal as the related youth were at the appropriate age for employment consideration. Three of the five youth records contained a sample employment application and four of the five youth records had a résumé summarizing education, work experience, and/or career training. Three of five youth records indicated an appointment with the local CareerSource Center. The two open youth records had not made an appointment at the time of the annual compliance review. Two of the five youth records contained appropriate documents essential to obtaining employment upon leaving the program. Four of the five youth records indicated the youth's case manager and parent/guardian were aware of the plan, documents, and post-release discharge plans.

| 2.13 Termination/Release | Satisfactory Compliance |
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| <p><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></p> | |
| <p><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></p> | |
| <p><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></p> | |

Three youth case management records were reviewed concerning termination/release. None of the three youth were recommended for termination of supervision and warrant checks. One of the three youth transitioned to an alternative school, one other transitioned to public school for accommodation of his Individual Education Plan (IEP), and the other youth was transitioned to public school, having completed his alternative education requirements. The program does not have the ability to perform Florida Crime Information Center/National Crime Information Center system checks to determine if there are outstanding warrants. Termination of supervision was not appropriate and was not recommended to the Department. The program worked with the juvenile probation officer (JPO) concerning each transition and the JPO agreed. None of the three were minimum-risk non-residential commitment youth; therefore, a final progress report was not applicable. The Department's Juvenile Justice Information System (JJIS) updates regarding loss of jurisdiction and termination were not applicable in any of the records reviewed. As supervision was not terminated in any of the records reviewed, it was not applicable to notify the youth and parent/guardian in writing or to document the same.

2.14 Career Education**Satisfactory Compliance***Staff shall develop and implement a career education competency development program.*

AMIkids Emerald Coast is a Type 2 program teaching personal accountability skills, behaviors appropriate to youth at their age and ability level and presents youth with a broad scope of career choices. The program explores occupation options and the level of effort and education required to be successful based upon the youth's abilities, interests, and aptitudes. A career coordinator and vocational instructor teach a personal career social development course. Six youth case management records were reviewed regarding the career education competency development program. Three of the six records were for youth presently in the program. Four of the six youth records contained sample employment applications, while résumés were found in five of the six youth records. Three youth records confirmed an appointment with the CareerSource Center was made within the vicinity where the youth will be seeking employment. The three open youth records did not indicate an appointment with the CareerSource Center was made at the time of the annual compliance review. Three of the six youth records contained appropriate documents essential to obtaining employment. Four of the five youth records contained documentation the youth's parent/guardian and juvenile probation officer were aware of the career education path for the youth. The sixth youth is eighteen years of age.

2.15 Educational Access**Satisfactory Compliance***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.*

This program operates on a year-round basis and meets the standard of 250 days of instruction, with a minimum of twenty-five hours of instruction weekly or distributed over twelve months. The program's calendar, plus the bell schedule, were reviewed. The instruction includes educational and career-related programs supported by the academic courses. Youth are offered the opportunity to earn course credit during the completion of educational and training experiences in personal career development courses. The activity schedule and log book represent minimal interference of educational instruction. An interview with the lead teacher was conducted and confirmed this Type 2 career education program offers youth in the program career exploration, job application practice, résumé writing, and personal career social development classes. Completion of each is documented in each youth's record and local CareerSource Center appointments are documented in a binder. Education information is shared monthly during treatment team meetings and the completion of a multi-disciplinary treatment team report. Discussion with the youth's juvenile probation officer and parent/guardian also occurs. The lead teacher reiterated and described the program's calendar and bell schedule, explaining 300 minutes of instruction daily, five days a week or twenty-five hours a week. Of the standard 250 days of instruction, there are 240 contact days with youth and ten days for teacher planning and in-service training.

Standard 3: Mental Health and Substance Abuse Services

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| 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 current Designated Mental Health Clinician Authority (DMHCA) is a Licensed Clinical Social Worker under Chapter 491. The DMHCA is on-site weekly at a minimum of one hour a week. The DMHCA reported being on-site one hour a week and available by phone twenty-four hours a day, seven days a week. A copy of the DMHCA license and contracted weekly agreement was reviewed. The current DMHCA started at the program on October 12, 2018. The previous DMHCA was a Licensed Mental Health Counselor under Chapter 491. She worked at the program forty hours a week and her last day was October 17, 2018.

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| 3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical) | Satisfactory Compliance |
| <p><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></p> | |

The Designated Mental Health Clinician Authority (DMHCA) is a Licensed Clinical Social Worker under Chapter 491. The DMHCA license is clear and active in the state of Florida with an expiration date of March 31, 2021. The DMHCA supervises the non-licensed clinical staff with master's-level degrees. The DMHCA is contracted to supervise any non-licensed clinical staff completing mental health and substance abuse screenings. A review of supervision notes confirmed at least one hour of supervision was provided by the DMHCA every week with no gaps in supervision.

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| 3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff | Satisfactory Compliance |
| <p><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></p> | |

The non-licensed staff hold master's-level degrees from an accredited university or college in the field of counseling, social work, psychology, or related human services field. The non-licensed staff were previously employed at another AMIkids day treatment program in Panama City, which was affected by Hurricane Michael in October 2018. One staff has worked as a non-licensed clinical staff at AMIkids Panama City during the Department's annual compliance

review. Her credentials and required training were previously reviewed by the Department; however, due to Hurricane Michael the information was not available for review during the annual compliance review. The other non-licensed clinical staff started with AMIkids Inc, in October of 2018. The credentials for this non-licensed clinical staff were verified but required mental health training was reported to be damaged during Hurricane Michael before it could be entered into the Department's Learning Management System (SkillPro). Both non-licensed staff work under the direct supervision of the DMHCA, who is a qualified professional as defined in Section 397.311(26), F.S. Documentation revealed clinical staff receive at least one hour of direct supervision a week by the licensed clinical social worker (LCSW). Supervision is documented on the Department's Direct Supervision Log form (MHSA 019) and supports a sample of the counselor's work is reviewed and critiqued with recommendations each week. Reviewed documentation revealed policy and procedures are in place where the licensed professional is responsible for signing and reviewing Comprehensive Mental Health Evaluations, Updated Comprehensive Evaluations, and Initial Mental Health Treatment Plans prepared by the non-licensed mental health staff within ten calendar days of administration of the treatment. The licensed professional is responsible for providing direct supervision by reviewing each Assessment of Suicide Risk (ASR) and Follow-Up ASR, crisis assessment, and follow-up crisis assessment conducted by the non-licensed mental health clinician staff within twenty-four hours of the referral for assessment.

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| 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> | |

Three youth records were selected, and an additional record was pulled to make a total of four youth records reviewed for mental health and substance abuse admission screening. Each record contained a mental health and substance abuse screening accomplished in the Department's Juvenile Justice Information System (JJIS) through the Positive Achievement Change Tool (PACT) mental health and substance abuse screening form, the Massachusetts Youth Screening Instrument, Second Edition (MAYSI-2), and the suicide screening form used during the intake process at admission. None of the four youth records reviewed, had a document confirming referral packet documents were reviewed as part of the youth screening process. Interview with staff confirmed the referral packets were reviewed; however, there was no documentation confirming the packets were reviewed. This process is required by the Department's standard and AMIkids policy and procedure. Three of the four youth records reviewed indicated the youth were applicable for a referral for a comprehensive mental health assessment and initial treatment plan. In the event a suicide risk assessment is needed, the program director is notified, a referral is made to the Licensed Mental Health Counselor (LMHC), the youth is placed in precautionary observation, and an Assessment of Suicide Risk (ASR) is completed within twenty-four hours or immediately, if necessary. Three of four youth reviewed were determined to be at risk for suicide. One of three applicable youth had suicide alerts entered in JJIS in a timely manner. The program reported internet issues as to why they were not able to get alerts entered timely. Each youth's records each contained completed precautionary observation logs and ASRs.

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| 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> | |

Three youth records were selected which did not contain a mental health and substance abuse assessment/evaluation. Two of the three records were applicable for a mental health and substance abuse assessment/evaluation; however, one record was of a youth that was non-compliant with treatment and the other youth had not been at the program long enough to obtain the assessment/evaluation. An additional youth record was pulled which was applicable for a new mental health and substance abuse assessment. The record reviewed for the mental health evaluation showed a new mental health evaluation was completed within thirty days of the initial referral. The mental health evaluation was completed by the non-licensed clinical staff and approved by the Designated Mental Health Clinician Authority (DMHCA) within the required timeframe. The mental health evaluation contained youth's identifying information, reason for evaluation, relevant background information, behavioral observations, mental status exam, interview/procedures administered, findings/recommendations for treatment, and addressed the original referral reason.

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| 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> | |

All three youth records reviewed were assigned to a multidisciplinary treatment team upon arrival to the program and included the following treatment team representatives: administration, direct care staff, education, mental health/substance abuse staff, and career service/vocational staff. The progress reports were reviewed for treatment team members. All three youth receiving substance abuse services signed Substance Abuse Consent and Release forms (MHSA 012 and 013). Proper consent was obtained for mental health treatment in the form of an Authorization for Evaluation and Treatment (AET) for each youth. Mental health treatment notes were documented on the Department's Counseling/Therapy Progress Note form (MHSA 018). One youth record was of a youth which was non-compliant with treatment and the youth's treatment plan was discharged during the week of the annual compliance review. The program was not conducting therapy groups at the program during the annual compliance review period; therefore, a group could not be observed during the annual compliance review.

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| 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> | |

Three youth records were reviewed and found two were applicable for review of treatment planning. However, one could not be reviewed due youth being non-compliant with treatment and the other youth had been admitted to the program for less than a month. For the one youth who was non-compliant with treatment documentation showed the youth was not attending the program. One additional youth record was reviewed for treatment planning. The initial treatment plan was completed within seven days of treatment initiation and was signed by all members of the treatment team with no date documented for the signature for the Designated Mental Health Clinician Authority (DMHCA). The individualized treatment plan was completed within thirty days. The completed individualized treatment plan included the appropriate interventions and were signed by all treatment team members. The individualized treatment plan reviews, which included one review, was done within thirty days of the individualized treatment plan and signed by all members of the treatment team. One selected youth record and an additional youth record was requested to review discharge summaries. Each of the records were completed at the time of discharge and considered services needed for daily maintenance of positive improvement. Evidence was provided in both records the discharge plan was discussed with youth, parent/guardian, and juvenile probation officer (JPO). A copy of the discharge plan was provided to the youth and parent(s)/guardian(s).

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| 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's written policy and procedures were reviewed for the processing of youth who require emergency mental health and substance abuse services. The policy and procedure contained all required elements to address mental health crisis intervention. The program policy differentiates between youth in crisis and youth requiring emergency services.

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| 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's written policy and procedures were reviewed for the processing of youth who require crisis assessments. The program has not had any youth who required a crisis assessment during this annual compliance review period. The program's policy and procedure clearly outline the crisis assessment practices for the program to include notification of the program director, contacting a licensed mental health professional, and procedures for completing an Assessment of Suicide Risk should the youth be determined to be a possible suicide risk.

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| 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's written policy and procedures were reviewed for the processing of youth who require emergency mental health and substance abuse services. The program's emergency care plan contained all required elements to adequately assist a youth who is determined to be a danger to themselves or others. Elements of the program's care plan included: procedures for staff response, notifications, communication, supervision of youth, authorization to transport for emergency services, transportation for emergency mental health or substance abuse evaluation and treatment, documentation, training including mock drills, and review process.

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| 3.11 Baker and Marchman Acts (Critical) | Non-Applicable |
| <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 did not utilize a Baker Act or Marchman Act procedure during this review period; therefore, this indicator rates as non-applicable.

| 3.12 Suicide Prevention Services (Critical) | Satisfactory Compliance |
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| <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 screens all youth for suicide risk. Two of the three youth records selected, and an additional youth record was reviewed for a total of three records reviewed for suicide prevention services. The youth were placed on precautionary observation status upon admission. The three Assessments of Suicide Risk (ASR) were completed by clinical staff using the required Department form and approved by the Designated Mental Health Clinician Authority (DMHCA). All three records included the Follow-Up ASR completed twenty-four hours after the initial assessment. All three records included a youth placed on constant supervision and was stepped down to standard supervision, within half an hour.

| 3.13 Suicide Precaution Observation Logs (Critical) | Satisfactory Compliance |
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| <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> | |

Two of the three youth records selected and an additional youth record, for a total of three records were reviewed for the use of Suicide Precaution Observation Logs. The youth records demonstrated the program created a Suicide Precaution Observation Log when the youth was placed on suicide precautions. The reviewed documentation for all three youth regarding the Suicide Precaution Observation Logs revealed it was completed in real time and within the required thirty-minute timeframe. Documentation on each of the observation logs have a review and signature by the shift supervisor, along with the review and signature by the mental health clinical staff.

| 3.14 Suicide Prevention Plan (Critical) | Satisfactory Compliance |
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| <p><i>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.</i></p> | |

The program follows a suicide prevention plan, in order to safely assess and protect youth with elevated risk of suicide, in the least restrictive means possible, in accordance with Administrative Rule 63N-1.0091. The plan includes the following: the identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referrals, communication, notification, documentation, immediate staff response, and review process.

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 two staff records, which include the executive director and business manager for AMIkids Emerald Coast were reviewed for suicide prevention training. Both staff records reviewed received the six hours of annual training on suicide prevention. Two newly hired staff were reviewed, and each had the two hours of suicide prevention training in the Department's Learning Management System (SkillPro). The program conducted all the required mock suicide drills, at a minimum of once a quarter, for each shift since the last annual compliance review. Three staff were interviewed to confirm where the suicide response kit is kept, and all answered it was located in kitchen pantry. Three staff were interviewed on what staff are responsible for when a youth expresses suicidal thoughts. All responded to notify the supervisor or program director, constant sight and sound supervision, call the parents/guardians, search youth for sharp objects, and documentation of supervision. One staff added to log ten-minute observations, call the Central Communications Center (CCC), and to notify the youth's juvenile probation officer (JPO).

Standard 4: Medical Services

| 4.01 Medical Screening (Critical) | Satisfactory Compliance |
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| <i>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.</i> | |

Three youth individual healthcare records (IHCs) were reviewed for medical screening. All records revealed each youth was screened by a local care counselor (LCC) on-site at the time of admission. The LCC completed a Facility Entry Physical Health Screening on each youth upon admission with a parent/guardian present. The screening included the youth's status regarding: pregnancy, allergies, diabetes, heart disease, high blood pressure, tuberculosis, thyroid disorders, and asthma. There were no medical issues disclosed by parent/guardian or any of the three youth at the time of the screening. All mental health, substance abuse, and medical information was observed documented in each youth's IHC.

| 4.02 Medication Management – Verification of Medications | Satisfactory Compliance |
|--|-------------------------|
| <i>The program shall determine a youth's medication regimen upon admission to the program.</i> | |

The program has a written policy and procedures in place regarding the process of medication verification for any youth entering the program. The process begins at admission with staff completing a medical screening by interviewing both youth and parent/guardian about current medications. Any reported prescribed medication is documented on the Facility Entry Physical Health Screening form. The parent/guardian is required to sign they have provided the medications after the verification of the quantity of each medication is documented. If the parent/guardian cannot provide the above information, the program will assist the parent/guardian and youth in obtaining the required information. If the medication can be verified, only trained staff can accept prescribed medication from parents/guardians and youth. If the medication cannot be verified, the youth will not be permitted to take the medication at the program. Three youth individual healthcare records were reviewed for verification of medications. All three youth records had evidence youth, along with the parent/guardian for each youth, were interviewed regarding their current medication regimen upon intake. None of the youth had been prescribed medications. Youth take medications prior to arriving at school each day and the program does not store medications on-site.

| 4.03 Medication Management – Delivery of Medications | Satisfactory Compliance |
|--|-------------------------|
| <i>The program shall have a process in place to assist youth with self-administration of oral medications.</i> | |

The program has a written policy and procedures in place to assist youth with self-administration of medication. Three youth were interviewed, and all reported they did not take medicine while at the program. Three staff interviewed reported they do not administer medication at the program. Should a youth be admitted to the program and required medication

while on-site, the policy indicated trained non-healthcare staff will assist the youth in medication self-administration. However, it was reported a youth's parent/guardian would come to the program to administer the youth's medicine, should the youth need to take medicine while at the program.

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| 4.04 Medication Management – Medication Storage | Satisfactory Compliance |
| <i>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.</i> | |

The program has a written policy and procedures in place establishing the protocol for the storage of all medications and inventory control. The program currently does not have any youth enrolled who require medication to be administered while on-site, nor does the program store or administer medications for youth.

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| 4.05 Episodic/Emergency Services | Satisfactory Compliance |
| <i>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.</i> | |

The program has a written policy and procedures in place for the provision of episodic care, first aid, and emergency Care. The policy clearly articulated how the program will facilitate response to an urgent or emergency medical situation. The program does not currently have an Automated External Defibrillator (AED). Documentation was provided to support the program conducts mock emergency/suicide drills at least quarterly with staff. During the annual compliance review, observations made revealed emergency numbers, including the poison control information center, were posted throughout the program. The program maintains an episodic care logbook which documents instances where youth received first aid/episodic care. The log details the date, time, incident, youth, staff, and care rendered for youth who received first aid. The program provided documentation to support the inspection and replenishment of the first aid and knife for life kits.

Program Name: AMIkids Emerald Coast
Provider Name: AMIkids, Inc
Location: Okaloosa County / Circuit 1
Review Date(s): March 5-7, 2019

MQI Program Code: 1236
Contract Number: P2107
Number of Beds: 21
Lead Reviewer Code: 166

Overall Rating Summary

The following limited and/or failed indicators require immediate corrective action.

| Limited Ratings | Failed Ratings |
|------------------------|-----------------------|
| 2.10 PACT Reassessment | |