

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIKids Jacksonville, FL.

AMIKids Inc.
(Contract Provider)
13375 Beach Blvd
Jacksonville, Florida 32246

Review Date(s): December 4-6, 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:

Gwen Nelson, Office of Program of Accountability, Lead Reviewer (Standard 1)
Daniel Merrithew, DJJ Chief Probation Officer, Circuit 7 (Standard 2)
Katina Horner, Office of Program Accountability, Regional Monitor (Standard 3)
Alisa Bishop, DJJ Probation, Juvenile Probation Officer Supervisor, Circuit 4 (Standard 4)
Ben Marrufo, Office of Program Accountability, Technical Assistance Specialist (SPEP/Interviews)

Program Name: AMIKids Jacksonville, FL
 Provider Name: AMIKids, Inc.
 Location: Duval County / Circuit 4
 Review Date(s): December 4-6, 2018

MQI Program Code: 1238
 Contract Number: P2107
 Number of Beds: N/A
 Lead Reviewer Code: 130

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 | 1 # Clinical Staff | 5 # Staff |
| <input checked="" type="checkbox"/> DJJ Monitor | _____ # Food Service Personnel | 5 # Youth |
| <input type="checkbox"/> DHA or designee | _____ # Healthcare Staff | _____ # Other (listed by title): _____ |
| <input checked="" type="checkbox"/> DMHCA or designee | 1 # Maintenance Personnel | |
| 2 # Case Managers | 1 # Program Supervisors | |

Documents Reviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 5 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 5 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports | 5 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 5 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Interviewed

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

Observations During Review

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

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)	Non-Applicable
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*	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

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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

* 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 1: Management Accountability

Overview

AMIKids Jacksonville is a ninety through 180 day treatment program for at-risk youth on probation for minimum-risk commitment, conditional release and post commitment probation. AMIKids Jacksonville is a non-profit organization designed to work with both male and female at-risk youth between the ages of fourteen and eighteen. The youth participate in evidenced based groups determined by assessed needs addressing pro-social skill development, substance abuse, mental health issues, career and social development, and educational programs. Program staff include an executive director, business manager, two behavioral interventionists, director of education, three teachers, a mental health professional, and two local care counselors. The program was fully staffed at the time of the annual compliance review.

1.01 Initial Background Screening (Critical)

Satisfactory Compliance

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.

The program has a written policy and procedures for completing initial background screening. The program conducts background screening on all new employees, volunteers, interns, and contracted providers. The program reported there were no staff, volunteers, interns, and contracted providers hired since the last annual compliance review. The Department's Background Screening Unit (BSU) received the program's Annual Affidavit of Compliance with Level 2 Screening Standards on December 15, 2017, meeting the annual requirement.

1.02 Five-Year Rescreening

Satisfactory Compliance

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.)

The program has a written policy and procedures for completing five-year rescreening of staff, contracted providers and interns. There were no staff, volunteers, interns, or contracted providers eligible to receive a five-year background rescreening.

1.03 Protective Action Response (PAR)	Non-Applicable
<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>	

There were no Protective Action Response (PAR) incidents during this review period; therefore, this indicator is rated as non-applicable.

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

The program has a written policy and procedures for the pre-service/certification training of new employees in accordance with the Florida Administrative Code. The pre-service training plan was submitted by the program and approved by the Department's Office of Staff Development and Training on December 29, 2017. There were no new employees hired since the last annual compliance review.

1.05 In-Service Training	Satisfactory Compliance
<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>	
<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>	

The program has a written policy and procedures in place regarding in-service training requirements. Three staff training records were reviewed for in-service training and each exceeded the required twenty-four hours of training. A review of the three staff training records confirmed all received training in each of the required topics of Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, and suicide prevention. All topics were facilitated by qualified instructors. One applicable supervisory staff completed the required eight hours of training in the areas of management, leadership, personal accountability, employee relations, communication skills, and fiscal. All in-service training was documented in the Department's Learning Management System (SkillPro). The program has an annual in-service training calendar, which is updated as changes occur. The program submitted the in-service training plan to the Department's Office of Staff

Development and Training on December 29, 2017. The in-service training plan was approved by the Department on March 15, 2018.

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

The program has a written policy and procedures for cleanliness and sanitation to ensure a safe and appropriate treatment environment including the maintenance and sanitation of the facility. Based on observation and a tour of the facility, the program is providing a safe and clean environment which includes the maintenance and sanitation of the facility. The indoor areas were clean and neatly organized. During the tour of facility, there were no observations of insect infestation or graffiti on the walls, doors or windows.. There program has designated space for private counseling, group meetings, and classrooms. The bathrooms were clean, functional, and free of mold and mildew.

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

The program has a written policy and procedures for fire prevention and evacuation procedures. All the required fire protection equipment is placed in strategic locations throughout the facility. The program prohibits smoking in the facility and on the grounds. The program has egress plans throughout the facility next to each exit and entrance door. The facility is equipped with nine fire alarm panels, ten fire extinguishers, and four automatic detection systems throughout the facility. The equipment is checked quarterly which was last checked by Cintas Fire Protection Company on November 30, 2018. The program conducts unannounced fire drills monthly. The program's annual fire inspection was conducted by the Jacksonville Fire and Rescue Department Prevention Division on May 1, 2018. There were no deficiencies or violations noted. An interview with five youth indicated all five youth received training on what to do in the event of a fire.

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

The program has a water safety plan, and a written policy and procedures for all water related activities. According to the program's water safety plan, the program has two certified lifeguards. The two certified lifeguards had original copies of the their current lifeguard certification in their personnel records. According to the program's water safety plan, each youth must take a swim test prior to participating in any water-related activities. Five youth were interviewed and four youth stated they were tested prior to participating in any swimming activities and one youth stated they do not participate in any water-related activities.

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

The program provides a clean environment for the youth to receive daily meals. The program maintains a contract with Fiesta Food Services to provide meals to the youth at the program. The dining area was clean and well maintained. The program has seven youth listed for alerts for health reasons or religious beliefs requiring special diets. Three staff members were interviewed and all three reported food is not withheld as disciplinary measure. Five youth were interviewed and all five youth reported having the same menu as the staff. None of the five youth reported meals are not taken away as a form of punishment.

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

The program has a policy indicating transportation is based on the youth commuting to and from the program by public transportation. The program utilizes the City of Jacksonville Public Transportation to transport youth to and from the program. The program has a contract with Enterprise Car Rental and its Affiliates to provide transport for all other events such as field trips. The program policy prohibits staff from using their personal vehicles without prior approval from the executive director. The program has a binder with copies of each staff valid driver's license. Three staff members were interviewed and all three indicated when transporting youth, both staff and youth wear seat belts while the vehicle is in operation.

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

The program has written policy and procedures in place to address monthly reporting to the Department regarding incidents, and population data. A review of the documentation confirmed monthly reports are submitted to the Department detailing incidents and population data. The youth listed on the program's roster matched the census report in the Department's Juvenile Justice Information System (JJIS). Statistical information is maintained to include monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, incidents, personnel actions, volunteer hours, and the average length of stay. A daily logbook is maintained, and staff must review the entries. The daily logbook have all the required information such as facility activities, events, and incidents. The logbook entries include the date, time, name of youth and staff involved, and pertinent information for all incidents and events. The program director reviews the daily logbook bi-weekly.

1.12 Incident Reporting (CCC) (Critical)**Satisfactory Compliance**

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.

The program has a written policy and procedures for incident reporting. The program had thirteen Central Communications Center (CCC) reports since the last annual compliance review. The CCC reports consisted of eleven absconds, one media attention, and one youth on youth battery. All calls were reported within two hours or when the program became aware of the incident. A review of the program's logbook had documentation of all incidents. There were no internal incidents or grievances which should have been reported to the CCC and were not. The program did not experience an increase in the number of incidents.

1.13 Abuse-Free Environment (Critical)**Satisfactory Compliance**

Any knowledge or suspicion of abuse, abandonment or neglect is reported to the Florida Abuse Hotline.

The program has a written policy and procedures to address an abuse-free environment. During the annual compliance review, the team did not observe or identify any knowledge or suspicion of abuse, abandonment or neglect reported to the Florida Abuse Hotline. The program reported there were no allegations made against staff requiring management intervention or disciplinary action. The program's abuse reporting procedures are included in the youth handbook which a copy is provided to the youth upon their admission in the program. The program provides unimpeded access for youth to report alleged abuse, and youth eighteen years or older can report abuse allegations to the Department's Central Communications Center (CCC). An interview with five youth indicated they have unimpeded access to report abuse to the Florida Abuse Hotline and the CCC. An interview with the executive director (ED) indicated when a youth request to report abuse, the youth will notify staff. The staff member will escort the youth to the telephone where the youth can make the call to the Florida Abuse Hotline or the CCC. After allowing the youth to make the call, staff must immediately inform the ED. The phone numbers for the Florida Abuse Hotline and the CCC were posted throughout the program. Five youth and three staff were interviewed and confirmed youth have unimpeded access to report alleged abuse to the Florida Abuse Hotline and the CCC. Both youth and staff indicated they never witnessed any form of abuse in the program or witnessed a youth being denied access to report abuse. A review of CCC reports and program incident reports determined there were no abuse allegations reported against staff.

1.14 Behavior Management System	Satisfactory Compliance
<p><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></p>	

The program has a written policy and procedures regarding the behavior management system (BMS) which is fair and directly correlates with behavior problems. The BMS addresses youth privileges and consequences. The program rules are posted throughout the facility and classrooms. The BMS consists of three main components which include the point card, rank level, and token economy. The BMS is designed to increase the rates of appropriate, pro-social behavior for immediate, short-term successful operation of all program activities, as well as facilitate long-term changes in the youth's behavior. The BMS does not allow youth to have control over or discipline other youth. The program has a daily activity schedule which is followed and includes structured outdoor and indoor recreational and leisure activities. Five youth and five staff were interviewed and each stated youth are not allowed to control or have authority over other youth.

1.15 Youth Records (Healthcare and Management)	Satisfactory Compliance
<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 has a written policy and procedures for maintaining youth records. The program maintains an official case record labeled "Confidential" for each youth's individual mental health and case management. A review of five case management and five mental health records confirmed each included the youth's name, Department of Juvenile Justice Identification Number (DJJID), date of birth, county of residence, and committing offense. All records are kept in a locked cabinet in a locked office.

Standard 2: Assessment and Intervention Services

Overview

AMKids Jacksonville provides day treatment and case management services to youth on probation, post commitment probation, and conditional release. The program utilizes local care counselors (LCC) who handle case management services. The LCCs complete intake and orientation, Positive Achievement Change Tool (PACT) Assessments, negotiation and monitoring of the youth's Youth-Empowered Success (YES) Plan, monitors the completion of court-ordered sanctions, and provides delinquency intervention services for all youth admitted to 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 written policy and procedures in place addressing youth admission and orientation. A review of five youth records contained documentation confirming all youth completed orientation within twenty-four hours of admission. The admission process included meeting with staff to discuss and review the program structure, a tour of the facility, expectations, the behavior management system, the daily activity schedule, emergency medical and mental health services, emergency safety, and the evacuation procedures for the facility. The admission process also includes distribution of a list of contraband items and materials, consequences for bringing such items into the program, the performance plan development, and informing the youth of the average anticipated length of stay to successfully complete the program. The youth is provided a copy of the youth handbook during orientation. The handbook includes information regarding the program goals and services, a review of the case planning process, telephone use guidelines, search policy, youth rights and grievances, the Florida Abuse Hotline. The program rules governing youth conduct, and the consequences for major rule violations.

2.02 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS

Satisfactory Compliance

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.

The program has a written policy and procedures which clearly articulates medical, mental health, and suicide risk alerts are to be entered into the Department's Juvenile Justice Information System (JJIS). Two of the five youth records reviewed were applicable for suicide alerts and were identified through the program's screening and assessment process. Each suicide precaution alert and the Assessment of Suicide Risk (ASR) were completed appropriately in the JJIS. All alerts are posted in the staff's conference room, documented in the daily logbook, emailed to staff, and reviewed at the beginning of each school day. Three staff members were interviewed and each reported the process for communicating information is very good. Staff is informed of youth's alerts by email, postings, logbook, and during morning briefings.

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 written policy and procedures in place regarding the use of and completion of the Positive Achievement Change Tool (PACT) Full Assessment for youth admitted to the program. All five records reviewed had a Full PACT Assessment which was completed within seven calendar days of admission.

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>	

The program did not have any youth released from a residential program on conditional release or post-commitment probation since the last annual compliance review; therefore, this indicator is rated as non-applicable.

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 written policy and procedures in place addressing the development of the Youth-Empowered Success (YES) Plan. Five YES Plans were reviewed and all were developed within fourteen calendar days of the youth's admission to the program. All YES Plans were signed by all appropriate parties. The case notes for each plan reflected the youth, the parent/guardian and the local care counselor (LCC) were involved in the development of the action steps and target dates for the completion of all sanctions and goals in the YES plan. The parent/guardian were provided copies of the initial YES Plan. The youth's case notes indicated the juvenile probation officer (JPO) involvement in the development of the YES Plans. An interview with five youth indicated each youth participated in the development 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 written policy and procedures in place for youth requirement and Positive Achievement Change Tool (PACT) goal elements. All five reviewed records contained the youth's court-ordered sanctions, as required, and the youth requirements module entered in the Department's Juvenile Justice Information System (JJIS). All five youth records contained at least one specific action step for the youth, the parent/guardian and the local care counselor (LCC) clearly defining who is responsible, what action should be taken, and how often the action should be taken. Each of the five youth records reviewed had a PACT goal identified, if applicable. Each record had a Youth Empowered Success (YES) Plan which included a PACT

goal and one of the top three identified criminogenic needs based on the youth's risk to reoffend. The youth requirements were included in each of the reviewed YES Plans. An interview with five youth indicated all five are 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 written policy and procedures in place regarding Youth Empowered Success (YES) Plan implementation and supervision. Each of the five reviewed youth records documented compliance with the youth and parent/guardian, and other collateral contacts, which were also included in each youth's YES Plan. All reviewed youth records documented verbal reports from collateral sources, as well as monitoring of the youth's home, school, workplace and/or community activities. Each of the five records reviewed found the assigned local care counselor contacted the youth to ensure compliance with their court orders and completion of their sanctions and goals. All five records indicated quality contacts with both the youth and the parent/guardian.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
<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>	

The program has a written policy and procedures in place for ninety-day Youth Empowerment Success (YES) Plan updates. A review of five youth records confirmed the youth were at the program for more than ninety-days and the YES Plans were updated. The YES plan updates were entered into the Juvenile Justice Information System (JJIS). Documentation was included in each youth record and indicated the youth and the parent/guardian had input regarding the updates to the YES Plan. The discussion was clearly documented in the JJIS case notes. A new YES Plan was generated in JJIS after youth requirements were updated.

2.09 Ninety-Day Supervisory Reviews	Satisfactory Compliance
<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>	

The program has written policy and procedures in place addressing ninety-day supervisory reviews. All five youth were applicable for a ninety-day review. Three of the five youth records contained the required supervisory reviews, the other two were not completed because of the youth's failure to report and warrants.

2.10 PACT Reassessment	Satisfactory Compliance
<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>	

The program has a written policy and procedures in place regarding Positive Achievement Change Tool (PACT) Reassessments. Five youth records were reviewed for PACT Reassessments. Three of the five records reviewed had documentation of a PACT Reassessment which was completed within 180 days. The remaining two were not completed because of the youth's failure to report and warrants.

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 written policy and procedures in place for developing and completing progress reports every ninety days. All five reviewed youth records were applicable for and contained the required ninety-day progress reports. All five records had a cover letter describing the youth's overall performance. All progress reports reflected each youth was given the opportunity to provide comments. All required parties signed and dated each progress report. Each of the records contained documentation showing the original report with copies was sent to the youth's Juvenile Probation Officer (JPO).

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 a written policy and procedures for education transition planning. A review of five youth records confirmed the program developed a transition plan for each youth, and the plans were developed with all required participants in attendance. The program included all the required elements in each of the plans. Each youth had employability listed as a transition goal and the plans included all the required components and requirements. The program staff assisted each youth in developing a résumé, job applications, and appointments with the Career Source Center. In addition, each youth released from the program are provided with a flash drive which includes their résumé, certificates of completion, sample job applications, four reference letters from AMLkids program staff, and a sample Thank You letter.

2.13 Termination/Release	Satisfactory Compliance
<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>	

The program has a written policy and procedures for terminating and releasing youth. A review of five youth records indicated all were minimum-risk commitment youth. Four of the five youth were discharged to post-commitment probation and returned to supervision with the juvenile probation officer (JPO). One youth was a direct discharge, and the program completed the Pre-Release Notification (PRN) in accordance with all required time frames. The case notes indicated the PRN was sent to all required parties and signed by the judge.

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

The program has a written policy and procedures for career education for the youth. The program is a Type 3 program which indicates the program teaches personal accountability skills and behaviors appropriate for youth in all age groups and ability levels leading to work habits to help maintain employment and living standards. The program includes an orientation to a broad scope of career choices based upon personal abilities, aptitudes and interests, and exploring and gaining knowledge of occupation options and the level of effort required to achieve them. In addition, the program has a component to address vocational competencies or the prerequisites for entry into a specific occupation. A review of five youth records confirmed the required elements were present and completed.

2.15 Educational Access	Satisfactory Compliance
<p><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></p>	

The program has a written policy and procedures to require each youth to participate in educational and career-related programs for 250 days of instruction, with a minimum of twenty-five hours of instruction weekly, or distributed over twelve months. The program offers career training and educational programs which support the academic courses. Youth have an opportunity to earn course credit for completion of the education and training experience. A review of the daily activity schedule and logbook confirmed the required elements of educational instruction. The program's director of education confirmed the program adheres to all required policies and procedures of Duval County Schools related to education.

Standard 3: Mental Health and Substance Abuse Services

Overview

The executive director is responsible for oversight of all mental health and substance abuse services at the program. The program employs a full time licensed mental health counselor (LMHC) who is also the designated mental health clinical authority (DMHCA). The program does not currently have non-licensed clinical staff. The program provides mental health and substance abuse screenings, assessments, and evaluations, treatment planning, monthly treatment plan reviews, suicide prevention, planning and assessment, crisis planning and assessment, Baker and Marchman Act services.

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator

Satisfactory Compliance

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.

The program has a written policy and procedures in place for the designated mental health clinician authority (DMHCA) or clinical coordinator. The executive director (ED) is responsible for the oversight and management of mental health and substance abuse services at the program. The program uses a licensed mental health counselor (LMHC) who is licensed under Chapter 491, F.S. and is the DMHCA. The DMHCA is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program. The DMHCA is employed full-time at the program and scheduled to work Monday through Friday from 8:00 a.m. to 5:00 p.m. The DMHCA has a clear and active license, with no noted complaints or discipline, which expires on March 31, 2019. During an interview, the DMHCA was able to articulate the duties, responsibilities, and services provided as outlined in the DMHCA's position description and program policy.

3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical)

Satisfactory Compliance

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.

The program has a written policy and procedures in place for licensed mental health and substance abuse clinical staff. The executive director (ED) is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate education, training, and qualifications. The program utilizes a mental health counselor who is licensed under Chapter 491, F.S. and is the program's designated mental health clinician authority (DMHCA).

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>	

Since the last annual compliance review period, the program does not have non-licensed staff providing mental health and substance abuse services. The program has a written policy and procedures in accordance with the Department’s requirements to include education, supervision, training on assessments, mental health, suicide, substance abuse, crisis and emergency intervention.

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 written policy and procedures in place for mental health and substance abuse admission screening. The program’s mental health and substance abuse screening process is accomplished through the administration of the Positive Achievement Change Tool (PACT), the Massachusetts Youth Screening Instrument, Second Edition (MAYSI-2), and a review of each youth’s referral information. Five youth mental health and substance abuse records were reviewed. The MAYSI-2 was completed in the Department’s Juvenile Justice Information System (JJIS) for four of the five youth on the day of admission. The remaining youth’s MAYSI-2 screening was completed using a hand-written version due to the inaccessibility of JJIS at the time of the youth’s admission. The screening was not entered in JJIS when the program regained access to JJIS. The Suicide Risk Screening was accomplished utilizing the PACT suicide category and the MAYSI-2 Suicide Ideation Subscale for all five youth on the day of admission. The screening instruments were completed by trained case managers and reviewed by the designated mental health clinician authority (DMHCA). One youth was applicable for an Assessment of Suicide Risk (ASR) which was completed as required using the Department’s form (MHSA 004). A suicide alert was also entered in JJIS as required. The youth was placed on precautionary observation (PO) and immediately assessed by the DMHCA, who determined the youth could be stepped down to standard supervision. The executive director (ED) was notified and agreed with the assessment findings.

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 written policy and procedures in place for mental health and substance abuse assessment and evaluation. The program ensures a new comprehensive mental health and/or comprehensive substance abuse evaluation is conducted for all youth, regardless of screening results, as part of the admission process. Five youth mental health and substance abuse records were reviewed. A new evaluation was found in all five youth Individual Health Care Records (IHCR). The evaluations were documented on a program form which included all

the required Department elements. All five evaluations were completed and signed by the designated mental health clinician authority (DMHCA). All five youth were referred and received a mental health and substance abuse evaluation and an initial treatment plan on the day of their admission. It was determined based upon the findings and recommendations one youth did not require services, one youth needed mental health services, and the remaining three youth needed substance abuse services to include drug testing, individual and group therapy in accordance with their individualized treatment plans.

3.06 Mental Health and Substance Abuse Treatment	Satisfactory Compliance
<p><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></p>	

The program has a written policy and procedures in place for mental health and substance abuse treatment. Upon admission, all youth are assigned a multidisciplinary treatment team, which includes direct care, administration, education, and vocational staff, when applicable. Five youth mental health and substance abuse records were reviewed. One of the five youth were recommended for mental health treatment services. The youth signed the Authority for Evaluation and Treatment (AET) form (HS 002). Mental health treatment notes contained all required information on the Counseling/Therapy Progress Note form (MHSA 018). Mental health group sign-in sheets were reviewed from the past six months and confirmed youth attendance was limited to ten or less. Three of the five reviewed youth records indicated a need for substance abuse treatment. Each youth receiving substance abuse treatment signed the substance abuse consent and release forms (MHSA 012 and MHSA 013). Substance abuse sign-in sheets from the past six months were reviewed and confirmed youth attendance was limited to fifteen or less. The remaining youth was not applicable for treatment services. Youth are provided substance abuse treatment by the designated mental health clinician authority (DMHCA) under the program's Chapter 397, F.S. license. All five youth received a new substance abuse assessment, which includes all required Department elements on the day of their admission.

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 has a written policy and procedures in place for treatment and discharge planning. A review of five youth mental health and substance abuse records validated an initial treatment

plan and initial treatment plan notes were documented for each youth on the day of admission. The initial treatment plan and notes were documented on the program forms containing all information required on the Department's Initial Mental Health/Substance Abuse Treatment Plan form (MHSA 015). All initial treatment plans were developed within seven days of treatment initiation and onset of treatment for one youth who was prescribed psychotropic medication. Psychiatric services, including medication frequency was documented on the initial treatment plan. Each youth's initial treatment plan was signed by the youth and treatment team members. The designated mental health clinician authority (DMHCA) reviewed, signed, and dated all five initial treatment plans. Four youth required treatment and their individualized comprehensive mental health and substance abuse master treatment plans were signed and dated by the youth, treatment team members, and the DMHCA within ten days of completion. One youth's plan, who was taking psychotropic medication, included pharmacological interventions. The individualized master treatment plans for all reviewed youth were documented on a program form containing all information required on the Department's form (MHSA 016). Individualized treatment plan reviews were completed monthly for all four applicable youth. Each youth's individualized master treatment plan was reviewed every thirty days by the treatment team. Twelve of the twelve individualized master treatment plan reviews were completed, as required. The individualized treatment plan reviews were documented on the program form containing all required elements on the Department's Individualized Mental Health/Substance Abuse Treatment Plan Review form (MHSA 017). Three closed youth mental health and substance abuse treatment records were reviewed for discharge planning. Each discharge summary considered services needed for daily maintenance of positive improvement in behavioral, emotional, and social skills made by the youth during treatment. Each discharge plan was discussed with the youth, parent/guardian, and juvenile probation officer (JPO) during the exit conference. A copy of the discharge plan was provided to the youth, parent/guardian, and JPO. None of the youth discharged were on suicide alert during the time of release.

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 written policy and procedures in place for mental health crisis intervention services. The program has a written crisis intervention plan which details crisis intervention procedures and contains all required elements including notification and alert system, referral (including self-referral) and assessment, communication, supervision, documentation and review.

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 written policy and procedures in place for crisis assessments. The program's policy outlines the reason for assessment, mental status examination and interview, determination of danger to self and/or others, imminence of behavior, intent of behavior, clarity of danger, lethality of behavior, initial clinical impressions, supervision recommendations, treatment recommendations, recommendations for follow up or further evaluation, and notification to parent/guardians of follow up treatment. The program's policy is for the designated mental health clinician authority (DMHCA) to document crisis assessments using the Department's Crisis Assessment form (MHSA 023). There were no examples of this practice since the last annual compliance review.

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 written policy and procedures in place for emergency mental health and substance abuse services. The program's emergency care plan includes procedures for immediate staff response, notifications, communication, supervision, authorization to transport for emergency mental health or substance abuse services, transport for emergency mental health evaluation and treatment under Chapter 394 F.S. (Baker Act), transport for emergency substance abuse assessment and treatment under Chapter 397 F.S. (Marchman Act), documentation, training (including mock drills), and a review process. The program's emergency care plan was signed by the executive director (ED) and designated mental health clinician authority (DMHCA) on July 1, 2018.

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 is rated as non-applicable.

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 written policy and procedures on suicide prevention services. One open and two closed youth records were reviewed for suicide prevention services. During the admission process, each youth exhibited suicidal risk factors. All three youth were placed on precautionary observation (PO) and referred for assessment on the same day. The designated mental health clinician authority (DMHCA) and the program director (PD) authorized all three youth to be placed on constant supervision. The precautionary observation logs were completed, as required. A Juvenile Justice Information System (JJIS) alert was entered for all three youth. An Assessment of Suicide Risk (ASR) was immediately completed by the DMHCA, on the day of admission, using the required Department form. All three youth were stepped down to standard supervision after approval of findings by the executive director (ED). A review of the facility logbook and on documentation on the ASR indicated the DMHCA provided instructions related to the suicide assessment findings. Notification to the parent/guardian and juvenile probation officer (JPO) was documented on each ASR. None of the ASRs were completed off-site.

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 written policy and procedures on suicide precaution observation logs. A review of three precautionary observation logs indicated the observation logs were reviewed and signed by a supervisor and the designated mental health clinician authority (DMHCA). Supervision was accurately documented in real time on the observation logs in intervals not exceeding thirty minutes. There were no warning signs indicated on the three precautionary observation logs. Safe housing areas were documented in all three youth records.

3.14 Suicide Prevention Plan (Critical)	Satisfactory Compliance
<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 has a written policy and procedures regarding a suicide prevention plan. The plan includes identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and a 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 program has a written policy and procedures for suicide prevention training. Mock drills related to suicide were completed monthly. Three staff training records were reviewed and all three staff received six hours of mandatory suicide prevention training as required. The training was documented in the Department's Learning Management System (Skill Pro). Three staff were interviewed and all three indicated if a youth expresses suicidal thoughts staff is responsible to place the youth on constant sight and sound supervision, search the youth for sharp objects, notify the supervisor, the designated mental health clinician authority (DMHCA), and the program director (PD) and document supervision.

Standard 4: Medical Services

Overview

Each youth is screened for health-related conditions by the local care counselors (LCC) during the admission process. The medical screening process is utilized to determine if the youth is taking prescribed medication(s). The program does administer or store medications. If an emergency occurs, the program utilizes the Episodic Care, First Aid, and Emergency Care Plans to expedite an appropriate response to an emergency.

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 in place to interview each youth and parent/guardian upon admission. Youth are screened during the interview process to determine if the youth has a medical condition requiring medical attention or medication while at the program. The process is conducted with the youth, parent/guardian and case manager (CM). A review of five youth records found all contained documentation the staff with input from the youth and the parent/guardian completed the medical screening on the date of admission to the program. The five youth records contained an individual health Care record (IHCR). The IHCR contained the youth's medical, mental health, and substance abuse information.

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 for medication verification upon admission into the program. During the medical screening process, the youth and the parent/guardian are interviewed by the case manager regarding the youth's current medical status and any medications. Only medications from a licensed pharmacy, with a current patient-specific label on the original medication container is accepted into the program. The program staff will attempt to verify the medication and if the staff is unable to verify, the medication will not be provided to the youth. There were no youth in the program requiring prescription medication.

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 regarding staff training and the procedure for medication delivery. The executive director (ED) and the licensed mental health counselor (LMHC) are the only staff at the program who are trained to assist youth with self-

administration of medication. During the annual compliance review, none of the youth in the program were prescribed medications requiring program staff to assist with self-administration of medication. The program has procedures for self-administration of medication. The program has a system in place to track the side effects of medication. The program has a structured process for youth to approach the non-healthcare staff individually for medications, if required. The program has a medication distribution log for documentation of medication delivery. Both the youth and staff members are required to initial the dosage was given. If required, program staff ensures the Five Rights of Medication Administration are maintained. None of the five youth interviewed were on medication. An interview with three staff reported there were no youth in the program prescribed medication.

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>	

There is a written policy and procedure in place which articulates the program's process for the storing of medications including the storage of daytime medication, and how the medications are returned to the parent/guardian once the youth completes the program. The medication storage area is contained in the office of the licensed mental health counselor (LMHC), which is in the administrative area of the facility. The medication is stored behind multiple locked doors with limited access to both the staff and the youth. There is a refrigerator and lockbox available for medication storage. The medication storage area was clean and free from moisture and extreme temperatures.

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 which articulates the program's response to an urgent or emergency medical situation. The policy includes the documentation of all occurrences of first aid, emergency care, and all death or serious adverse medical events. Any of the events would undergo a root cause analysis at the program level. The program has an emergency first aid kit and a first aid emergency bag which are stored in a closet of the common area. Cintas is contracted by the program to maintain the first aid supplies and ensure the first aid kit is inspected monthly and restocked. The program maintains two suicide response kits, which includes a knife-for-life, wire cutters, and needle nose pliers. The suicide response kits are stored in the closet of the common area. The program does not have an Automated External Defibrillator (AED). Emergency drills, which include medical, episodic and suicide scenarios are conducted monthly. Each category of a drill is completed at least once per quarter.

Program Name: AMIKids Jacksonville
Provider Name: AMIKids, Inc.
Location: Duval County / Circuit 4
Review Date(s): December 4-6, 2018

MQI Program Code: 1238
Contract Number: P2107
Number of Beds: N/A
Lead Reviewer Code: 130

Overall Rating Summary

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