

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIkids Pinellas CR & PCP

AMIkids, Inc.

(Contract Provider)

6500 102nd Avenue N.

Pinellas Park, Florida 33782

Review Date(s): December 18-19, 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:

Paul Sheffer, Office of Program of Accountability, Lead Reviewer (Standard 1, Standard 4)
Stephanie Lobzun, Office of Program Accountability, Regional Monitor (Standard 3)
Donna Oliver, DJJ Probation Circuit 6, Senior Juvenile Probation Officer (Standard 2)

Program Name: AMIkids Pinellas CR/PCP
 Provider Name: AMIkids, Inc.
 Location: Pinellas County / Circuit 6
 Review Date(s): December 18-19, 2018

MQI Program Code: 1253
 Contract Number: P2118
 Number of Beds: 19
 Lead Reviewer Code: 118

Methodology

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

Persons Interviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Program Director
<input 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
_____ # Program Supervisors | 1 # Direct Care Staff
3 # Youth
1 # Other (listed by title): Business Manager |
|---|--|---|

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 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 checked="" 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
4 # Health Records
3 # MH/SA Records
3 # Personnel Records
5 # Training Records/CORE
3 # Youth Records (Closed)
5 # Youth Records (Open)
_____ # Other: _____ |
|---|--|---|

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 checked="" type="checkbox"/> Group
<input 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 type="checkbox"/> Youth Movement and Counts |
|---|---|---|

Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	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	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

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	Non-Applicable
2.13	Termination Release	Satisfactory
2.14	Career Education	Satisfactory
2.15	Educational Access	Non-Applicable

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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	Limited
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

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Program Overview

AMIkids Pinellas is a conditional release (CR) & post-commitment probation (PCP) day treatment program operated by AMIkids, Inc. through a contract with the Department in Pinellas Park, Florida. The program provides day treatment services to PCP and CR youth. The program is contracted to serve nineteen male and female youth, who have successfully completed their commitment program and are in high school or working towards their general equivalency diploma (GED). The program fosters each youth by providing Aggression Replacement Therapy (ART), Cannabis Youth Treatment (CYT), Girl's Circle, and the Council on Boys and Young Men. The program is staffed by an executive director (ED), a business manager, a local care counselor (LCC), a community safety specialist (CSS), and the clinical coordinator. Mental health services are provided by one licensed clinical social worker (LCSW), who is the clinical coordinator for the program. The program provides mental health and substance abuse treatment utilizing ART and CYT, in addition to individual counseling services. The program services are designated to address criminogenic risk factors according to the youth's needs and risks. The program provides facility based delinquency programming and treatment to include case management services, strategic interventions, restorative justice, gender-specific services, substance abuse testing, and food services. The program provides medical services for youth in the program by screening the youth for medical concerns and assisting the youth with medications if the youth take prescription medications during the time they are at the program. At the time of the annual compliance review, there were no staff vacancies in the program.

Strengths and Innovative Approaches

AMIkids Pinellas recently began a partnership with AmeriCorps. AmeriCorps is a Federal Government voluntary civil society program which assist the program youth in finding employment. AmeriCorps also assist during the weekly career education groups through teaching youth how to search for jobs, prepare for job interviews, and assistance with job opportunities.

Standard 1: Management Accountability

AMIkids Pinellas is a non-residential day treatment program by AMIkids, Inc. under a contract with the Department. The contract allows for nineteen youth day treatment slots and is designed to serve both female and male youth, ages fourteen to eighteen on conditional release (CR) and post-commitment probation (PCP). AMIkids Pinellas CR/PCP day treatment program is located in Pinellas Park, Florida. The executive director has overall responsibility and accountability of program operations, staff, youth, and ensures program services are in a safe and productive environment. The program provides aftercare services to youth in Pinellas County. At the time of the annual compliance review, eight youth were enrolled in the program. The youth admitted to the program receive a combination of evidence-based services, case management, community supervision, community service work projects, career education, and life skills training. The program provides transportation services to and from the program, and snacks for the youth on a daily basis. There were no staff vacancies at the time of the annual compliance review.

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<i>Background screening is conducted for all Department employees and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. A contract provider may hire an employee to a position that requires background screening before the screening process is completed, but only for training and orientation purposes. However, these employees may not have contact with youth or confidential youth records until the screening is completed, the rating is eligible and the employee demonstrates that he or she exhibits no behaviors that warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a written policy and procedures addressing background screening. Two staff members were hired since the last annual compliance review. The program had one volunteer to begin assisting with the program during the annual compliance review period. A review of the Clearinghouse found each was screened with a rating of eligible prior to their date of hire. Reviewed documentation also confirmed the volunteer was screened prior to having contact with youth. The program was able to provide documentation reflecting each of the staff hired during the annual compliance review period completed the program's pre-employment screening prior to their date of hire. The reviewed information indicated each of the two staff achieved a passing score on the pre-employment screening. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit (BSU) on January 10, 2018, meeting the annual requirement.

1.02 Five-Year Rescreening	Satisfactory Compliance
<p><i>Background rescreening/resubmission is conducted for all Department employees and volunteers and all, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment. When a current provider staff member transitions into the Clearinghouse, the rescreen/resubmission date starts anew and is calculated by the Clearinghouse. (Note: For the new date, see the Retained Prints Expiration Date on the applicant's personal profile page within the Clearinghouse.)</i></p>	

The program has a written policy and procedures addressing five-year background rescreening. There were two staff eligible for a five-year rescreening during the annual compliance review period. Both staff five-year rescreening was conducted prior to the anniversary of their hire date.

1.03 Protective Action Response (PAR)	Non-Applicable
<p><i>The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.</i></p>	

There were no Protective Action Response (PAR) incidents during the annual compliance review period; therefore, this indicator rates as non-applicable.

1.04 Pre-Service/Certification Training	Satisfactory Compliance
<p><i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i></p> <p><i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.</i></p> <p><i>Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.</i></p>	

The program has a written policy and procedures in place regarding pre-service/certification training. The program hired two staff during the annual compliance review period. A review of each staff training files and the Department's Learning Management System (SkillPro) revealed each of the staff completed their training plan within 180-days of hire exceeding the required number of training hours. The program has a pre-service training plan, which was recently approved by the Department's Office of Staff Development and Training on December 20, 2017. The program maintains an individual training and personnel record for each staff, which includes a training plan of all trainings documented as completed by each of the staff.

1.05 In-Service Training	Satisfactory Compliance
<p><i>Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i></p> <p><i>Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.</i></p>	

The program has a written policy and procedures in place regarding annual in-service training. There were three staff applicable for the completion of annual in-service training. Each of the three staff exceeded the required twenty-four hours of in-service training. Each of the reviewed staff received training in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, and professionalism and ethics, in addition to the other topics included in their training plans. One staff was found to have only completed one hour of the required six hours of training. This was discovered during the April 2018 review of another program co-located with AMKids Pinellas. Upon discovery, the staff immediately completed all seven hours of training which are included on their in-service training plan. A review of the executive director's (EDs) training record reflected the ED completed the required eight hours of supervisory training, which included courses on management, leadership, and communication skills, in addition to training on fiscal responsibility. The program has an in-service training plan, which was recently approved by the Department's Office of Staff Development and Training on December 20, 2017. The program maintains an individual training and personnel file for each staff, which includes a training plan of all trainings noted as completed by each of the staff.

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 procedures which defines how the program will provide a safe and appropriate treatment environment through maintenance and cleanliness of the facility. A tour of the program and observations made during the annual compliance review found the building to be clean, neat, and well maintained. No graffiti was observed in the program and all furnishings were in good repair. A review of the program's records reflected a weekly checklist was completed which documented reviews of safety, cleaning, and basic maintenance concerns. This review confirmed the weekly checklists were completed each week during the past six months. There were no current concerns noted requiring corrective action by the program. During the annual compliance review, the program presented their "facility housekeeping and maintenance plan", which set guidelines for when certain tasks must be completed. The program has separate bathroom facilities for males and females, with operable toilets and sinks. These areas were found to be clean, with no evidence of mold or mildew. There is also adequate space for individual and group counseling. The current location is in a former bowling alley.

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 which defines their fire alarm, fire extinguisher, and fire evacuation procedures. This policy designates the executive director (ED) as the disaster coordinator for the facility, and indicates the ED is responsible for all aspects of the program's fire safety plan. There were postings of prohibiting smoking in any area of the facility. The program maintains a fire drill and safety logbook, which contains annual fire safety inspections and fire drill documentation. A review of the documentation in the logbook reflected fire drills were conducted monthly, with the exception of July 2018. The drill documentation indicated the number of youth present, and how long it took staff and youth to exit the premises. The program logbook was reviewed and reflected each of the fire drills were documented and highlighted. Fire protection equipment is strategically located within the facility. There are four fire extinguishers, each of which was inspected in February 2018. Evacuation routes were posted in each room of the facility. The most recent annual fire safety inspection was conducted by the Fire Marshal, on March 30, 2018. The fire inspection identified no deficiencies. The review of staff training files found each staff were trained on the site-specific fire safety plan, fire evacuation procedures, and the use of a fire extinguisher. An interview with three youth indicated all were instructed on what to do in case of a fire.

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

The program did not participate in water activities during this review period; therefore, this indicator is rated as non-applicable. However, the program has a written policy addressing water activities, should circumstances change. Three youth were interviewed and each youth indicated they have not participated in any water activities.

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

The program has a written policy and procedures which defines how the program provides food services to the youth. The program has a kitchen which was observed to be clean and well maintained. Snacks are stocked in the kitchen area. Youth allergies were found posted on one of the refrigerators in the kitchen area for staff reference. The program policy requires appropriate meal substitutions are provided to youth with a special diets for either religious beliefs or health needs. An interview with the business manager confirmed the program provides an alternative snack if necessary. The program also indicated the snacks offered vary based on the request of the youth currently in the program. An interview with three staff and three youth indicated the program offers the same menu to both staff and youth. None of the interviewed youth indicated food is withheld as a form of discipline.

1.10 Transportation**Satisfactory Compliance**

The program provides a safe and appropriate treatment environment including transportation.

The program has a written policy and procedures which defines transportation rules. The program provides daily transportation for all youth to and from the program. Transportation is provided using a Ford Excursion and a Chrysler Minivan. Records indicated all five staff have a valid driver's license and each were trained on the program's policy. Each of the vans were found to have current vehicle registration and insurance coverage. The annual vehicle inspection for the Ford was conducted on December 17, 2018, and an annual vehicle inspection for the Chrysler was conducted on January 24, 2018. Reviewed records reflected program staff were conducting daily inspections on each vehicle. The program maintains a transportation log which documents all trips taken with each van. The inspection of both vans were relatively clean and each were locked when not in use. The vans were equipped with first aid kits, fire extinguishers, knife-for-life kits, and a window punch. An interview with three staff indicated all staff and youth wear a seatbelt during transports. Two of the three interviewed youth confirmed youth must wear seatbelts during all transports. One youth indicated they do not wear a seatbelt. This information was communicated with staff during a debriefing, and the staff confirmed youth are required to wear seatbelts at all times within the vans during transport. The program does not deny youth within their catchment area services based on the lack of transportation.

1.11 Administration**Satisfactory Compliance**

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

The program policy indicates the executive director (ED) is responsible for maintaining information regarding the program and completing required reports for the Department. A review of the documentation confirmed monthly reports were conducted and the ED maintains a binder of all incidents reported to the Department, including reports made to the Department's Central Communications Center (CCC), current youth attendance, Juvenile Justice Information System (JJIS) census reports, regular daily and monthly statistical information, as required by contract. A review of the Department's JJIS indicated the youth roster matched the JJIS program facility census report. The program maintains a daily facility log, which is used to document significant program activities, events, and incidents. A review of the log for the past six months found bi-weekly reviews were completed by the ED to ensure proper documentation of program activities. Entries impacting the safety and security of the program, such as emergency drills and youth on suicide precautions, were found to be highlighted. The entries were brief and written in ink. Errors were struck through with a single line and "void" or "error" was written by the error and initialed by staff. All log entries contained the date and time of incident, name of the youth, program staff involved, brief statement of the incident, and signature of the person making the entry.

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

The program has a written policy and procedures to address reportable incidents to the Department's Central Communications Center (CCC). The program had one incident which required a call into the CCC during the past year. The incident was reported within the two-hour time-frame. The incident was a minor car accident in which neither staff nor the youth were injured. There were no incidents or grievances found to be reported to the CCC and was not.

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

The program has a written policy and procedures in place to ensure youth are in a safe environment where there is no abuse or harassment. The program has a code of conduct in which staff adhere to and are provided during orientation. All staff and youth have unimpeded access to report abuse or harassment, without the fear of threat or repercussion. There was no evidence in the reviewed youth case management records, medical, or mental health records of alleged abuse. The Florida Abuse Hotline and Central Communications Center (CCC) numbers were found posted throughout the program. All three interviewed youth indicated they felt safe in the program and none of the youth reported feeling a need to make a report to the abuse hotline. None of the youth reported hearing a staff member use profanity, use threats, or use of intimidation towards the youth or any other youth. Additionally, all three interviewed youth reported the staff has never asked to meet with them on a social basis outside the program. Each of the interviewed staff reported they would give youth access to a phone in a private area immediately if the youth wanted to make a report to the Florida Abuse Hotline. The program's policy indicates youth shall have unimpeded access to place a call to the Florida Abuse Hotline. None of the three interviewed staff indicated ever seeing a co-worker deny a youth a call to the Florida Abuse Hotline. Each of the staff also reported never hearing another staff member use profanity, make threats, or use intimidation towards any youth during this annual compliance review period.

1.14 Behavior Management System	Satisfactory Compliance
<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 has policy and procedures in place regarding the behavior management system (BMS). The program's BMS is called AMIkids' Personal Growth Model which utilizes point cards, a token economy, and a rank system. The system relies upon positive reinforcement,

modeling, shaping, generalization, and maintenance as tools for long term behavioral change. A tour of the program during the annual compliance review found the BMS information was posted in various locations of the program. The program’s BMS fosters accountability for behavior and compliance with the day treatment rules and expectations. The point system utilized is comparable to receiving a paycheck. There are three different point cards; a gold card, a silver card, and a red card. The goal card is awarded for exceeding expectations, the silver card is awarded for meeting expectations, and the red card is awarded for being below expectations. Staff members will score the youth’s card each period and will review it at the end of the day with the youth. Points are awarded according to the behaviors the youth displayed and modeled. Every youth starts at “2” points and can move up to a “3”, if expectations are exceeded. The youth points can be moved down to a “1” if the youth is failing to meet expectations. Youth missing due to tardiness, unexcused absences, or due to removal from the classroom will not earn any points. Examples of positive reinforcement include keeping hands to self, following rules, being in the assigned place at the assigned time, and dressing professional in a neat manner. What a youth is to model includes completing assigned tasks, utilizing pro-social communication, and allowing others to learn and grow. The point card week runs from Friday to Thursday. On Thursday afternoons, staff will tally up points earned for the week to determine which color card the youth will receive for the week. The point card color will determine the level of privileges the youth will receive from this point on. The youth moves through phases while participating in the program. Each phase the youth is assigned to requires the youth to meet certain criteria before moving up to another phase. The phases are designated as phase one, phase two, phase three, and phase four. Phase one is learning your way around, phase two is making progress, phase three is demonstrating mastery, and phase four is leading the way. Undesirable behaviors can lead youth to drop down a phase and having to earn their way back to the next phase. A review of three youth records and interviews with three program staff confirmed staff did not use time out during this annual compliance review period. An interview with three youth indicated youth can never discipline other youth in the program, and none of the youth reported being placed into time out.

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 maintains official case records for individual case management records and individual healthcare records. Each record is labeled as “Confidential” and provides identifiable youth information such as the youth’s name, date of birth, date of admission, and the Department of Juvenile Justice identification number. All records are kept in a secured and locked cabinet behind a secured locked office, to maintain confidentiality.

Standard 2: Assessment and Intervention Services

The program requires all youth meet with the mental health counselor or care counselors as part of the admission process. The program provides day treatment services to youth ages fourteen through eighteen who are referred by the Department. Program staff are responsible for communicating with the juvenile probation officer (JPO), youth, parent/guardian, and court. Program staff conducts an intake orientation, which includes providing the youth with a youth handbook, as well as signed copies of the admission forms. Program staff are also responsible for administering the Positive Achievement Change Tool (PACT) and the Youth Empowered Success (YES) Plan. The YES Plan includes specific target dates, action steps, and intervention plans for successful completion of the goals. Program staff also provides academic assistance, life skills instruction, and career education.

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>	

The program has a written policy and procedures which establish how the program will conduct their admission process to include orientation for each youth. Three youth case management records were reviewed for documentation of the orientation process. There was case note documentation of the intake meeting in the Department's Juvenile Justice Information System (JJIS) for each of the reviewed records. All three records documented completion of orientation within twenty-four hours, the date and time of orientation, the orientation process, a tour of the facility, and an introduction to the staff on the date of the youth's admission into the program. Each of the reviewed records contained documentation reflecting each youth received a copy of the youth handbook. There was documentation in each of the three records which included details regarding program services and the behavior management system (BMS) utilized by the program. The program uses an orientation checklist where the youth and staff will initial after each topic is discussed. The youth, the parent/guardian, and the local care counselor (LCC) signed and dated the checklist once completed. Each of the three reviewed records included a completed orientation checklist indicating a discussion of all required topics took place during the intake process. The topics included the program's expectations and rules, contraband items and consequences, daily schedules, medical and mental health services, evacuation and emergency procedures, the performance planning process, average length of stay, and dress code. Youth's accessibility to the program's telephone to report abuse is also discussed in the handbook.

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

The program has a written policy and procedures in place identifying the documentation of medical, mental health, and suicide risk alerts. Three youth records were reviewed to determine compliance of alerts. One youth record indicated there was not a need for any type of alerts. Two of the three reviewed records required a suicide risk alert, and each were appropriately documented in the Department's Juvenile Justice Information System (JJIS). Both were updated as needed, in conjunction with the completion of an Assessment of Suicide Risk (ASR). One of

the youth required a crisis assessment while in the program. A mental health alert was entered into JJIS for a youth who was experiencing a tough situation in their life. This alert was closed after completion of a crisis assessment by the licensed clinical social worker (LCSW). All alerts were entered correctly in a timely manner and updated appropriately. They were closed in the program logbook and in JJIS without exception. The program logbook is reviewed by all program staff daily. This review is reflected by the staff's signature on the bottom of each page in the log when they are present. Staff review all pertinent alert information in their weekly meetings, in which all youth in the program are discussed. An interview with three staff reported the internal alert system and process for sharing of information is very good.

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 which defines how staff are to complete Positive Achievement Change Tool (PACT) Full Assessments. Three case management records were reviewed for the completion of the PACT Full Assessments. Each of the PACT Full Assessments were completed within seven calendar days of the youth's admission into the program and documented in the Department's Juvenile Justice Information System (JJIS).

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

The program has a policy and procedures regarding transition planning and reintegration. A review of three applicable youth case management records revealed each record had documentation in the case notes validating program staff contacted each youth's parent/guardian and program staff monthly while the youth was still in the residential program. A review of three applicable youth records contained documentation of program staff participation in both the transition and exit conferences. A review of each applicable Youth-Empowered Success (YES) Plan found treatment and intervention recommendations identified during the exit conference and/or in the discharge summary from the residential program were included in the YES Plan.

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 outlining how the program will develop each youth's Youth Empowered Success (YES) Plan. Each of the three reviewed records confirmed a Positive Achievement Change Tool (PACT) assessment was completed prior to the development of the initial Youth Empowered Success (YES) Plan. The reviewed case notes documentation reflected the youth and a parent/guardian participated in the development of the plan, and each were completed within fourteen days of the youth's admission into the program.

All three records contained documentation in the case notes of collaboration between the youth, the parent/guardian, the juvenile probation officer (JPO), and case manager during the development of the YES Plan. There was a signed acknowledgment form in each of the records indicating the youth and the parent/guardian were informed of the importance of compliance with the YES Plan. All three records contained documentation the youth and the parent/guardian received a copy of the approved YES Plan. Three youth were interviewed and all three indicated they participated in the development of their YES Plans. Each youth also confirmed during an interview, they were provided with a copy of the YES Plan, as well.

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 outlining the development of each youth's Youth Empowered Success (YES) Plan. Three youth case management records were reviewed for appropriate and individualized target dates, and for the completion of all youth requirements and Positive Achievement Change Tool (PACT) Change Goal elements. Each reviewed YES Plan had youth requirements which contained at least one specific action step for the youth, the parent/guardian, and the case manager. The action steps clearly defined who is responsible, what action to be taken, and how often the action should be taken. All three YES Plans contained a Change Goal addressing one of the youth's top three criminogenic needs, as identified by the PACT. Each of the three interviewed youth were able to explain the current goals they were focusing on. Additionally, all three plans were found to include recommendations made by their commitment program, as reflected through a review of the transition and exit conference documentation.

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 stating staff are to document case activities including contact with the youth, the parent/guardian, the juvenile probation officer (JPO), and other collateral sources. Three youth records were reviewed for Youth Empowered Success (YES) Plan implementation and supervision. The Department's Juvenile Justice Information System (JJIS) case notebook module for all three reviewed records reflected compliance with the YES Plan action steps for the youth, the parent/guardian, the staff, and collateral contacts. The program staff documented case activities including face-to-face interactions with the youth, the parent/guardian, and collateral sources in the JJIS case notes. JJIS case notes reflected the program staff maintained contact with all necessary individuals to ensure the youth's compliance with their YES Plan, while also maintaining contact with each youth's assigned JPO.

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.

The program has a written policy and procedures which outlines how the program will complete ninety-day Youth Empowered Success (YES) Plan updates. Two of the three reviewed records required ninety-day YES Plan updates. An additional applicable record was selected for review. Documentation supported the case manager updated each youth requirement and generated a new YES Plan in the Department’s Juvenile Justice Information System (JJIS), prior to the supervisory review of the YES Plan. The two applicable records clearly documented the input of the youth and the parent/guardian in the case notes, when needed.

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.

The program has a written policy and procedures requiring supervisory staff to complete ninety-day supervisory reviews. Three case records were reviewed and only two were applicable for ninety-day supervisory reviews. An additional applicable record was selected for review. Each record contained a ninety-day review within the required timeframe. Each review also provided guidance and instructions for the case manager to follow for each case. Updates to the youth requirements and change goals were updated in the Department’s Juvenile Justice Information System (JJIS) prior to the supervisory reviews.

2.10 PACT Reassessment**Satisfactory 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 Full Assessment is completed every ninety days.

The program has a written policy and procedures which require the completion of a Positive Achievement Change Tool (PACT) Reassessment every ninety-days, regardless of the youth’s risk to reoffend. The policy directs the reassessment is completed every ninety-days to ensure the PACT results are reflective of the youth’s status to include changes in behavior and progress with their Youth Empowered Success (YES) Plan goals. This exceeds the Department’s requirement, which indicates the PACT shall be updated every 180 days. Three case records were reviewed and two were applicable for ninety-day PACT Reassessments. An additional applicable record was selected for review and all three reviewed records contained a PACT Reassessment which was completed every ninety-days. Each of the reviewed three closed records had a PACT Assessment which was completed within fourteen days of release, as required.

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 outlining how progress reports are to be prepared and distributed. Three applicable youth records were reviewed for the completion of progress reports. It is the program's policy to complete a progress report every thirty days, which exceeds the ninety-day requirement. All progress reports contained a specific section for the youth to provide comments about how the youth felt they were progressing in the program. A review of each progress report contained information regarding the youth's overall performance in the program, and were signed by the youth, the local care counselor (LCC), and the executive director (ED). All reviewed progress reports included a cover letter, a general summary of the youth's progress and documentation when the original report was sent to the juvenile probation officer (JPO), with a copy maintained in the youth case management record.

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

The program does not provide educational services to youth; therefore, this indicator rates as non-applicable.

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

The program has a written policy and procedures outlining how the program will request the discharge of youth from the program. Three closed case management records were reviewed for termination and/or program release documentation. All three records reflected the local care counselor (LCC) contacted the juvenile probation officer (JPO) to determine if there were outstanding warrants. This was documented in the Department's Juvenile Justice Information System (JJIS) case notebook module prior to the submission of the youth's termination. The final progress report included the program's recommendation for termination which was then forwarded to the juvenile probation officer (JPO). The JPO made the official termination request to the court. Each of the records displayed the correct discharge date in the JJIS. Only one of the reviewed records had a termination due to loss of jurisdiction and the court was notified fifteen days prior to the loss of jurisdiction. In all three reviewed records, each youth was released in JJIS within five days of the program receiving notification of the youth's discharge

and/or termination. All three closed records contained documentation indicating the youth and the parent/guardian were notified in writing the youth was no longer under supervision.

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

The program has a written policy and procedures in place which addresses career education. A review of the documentation found the program provides Type 1 career education for each youth in the program. The program presents a weekly group focusing on career education each Thursday. During these groups the program utilizes the RealCareer Effective Employability Skills curriculum. This curriculum focuses on teaching personal accountability skills and behaviors which helps the youth develop or learn about work habits which will help the youth maintain employment. The topics covered during the sessions include preparing for a job interview, effective communication skills, effective teamwork in the workplace, problem solving and critical thinking, using technology in the workplace, and time management at work. The program recently began a partnership with AmeriCorps. This is a voluntary civil society program of the government which assist the program youth in finding employment. A review of the documentation included a completed résumé, career interest surveys, a personality test, and preparation of mock job interviews. The program currently has three youth in job placement and another youth scheduled to begin employment.

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

The program does not provide educational services to youth; therefore, the indicator rates as non-applicable.

Standard 3: Mental Health and Substance Abuse Services

The program provides an array of mental health and substance abuse services to youth from screening, assessment of clinical needs, and treatment. All mental health and substance abuse services are provided by the clinical coordinator who is a licensed clinical social worker (LCSW), and is on-site five days a week. As part of the admissions process, the local care counselor and clinical coordinator screens all youth for individual mental health and substance abuse needs. If deemed appropriate, the clinical coordinator further evaluates the youth's needs through the completion of a comprehensive mental health and substance abuse assessment. Clinical recommendations are offered, psychiatric referrals are completed, and appropriate individual and group treatment services are provided subsequently to the assessment as youth progress through the program. Discharge planning services are also provided by the program to include referrals to community-based services upon release.

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

The program has a written policy and procedures in place indicating the program shall have a licensed mental health clinician which will serve as the designated clinical coordinator. The program employs a full time licensed clinical social worker (LCSW) who is designated as the program's clinical coordinator and holds the title, director of treatment. The clinical coordinator is on-site Monday through Friday 10:00 a.m. to 6:30 p.m. A review of the Florida Department of Health License Verification website indicated the clinical coordinator's license is clear and active in the state of Florida with an expiration date of March 31, 2019. A review of the clinical coordinator's job description indicates the clinical coordinator is responsible for the development, implementation and general oversight of all treatment services, including assessments related to treatment needs, treatment plans, and treatment and intervention referrals. The clinical coordinator reviewed and signed their job description on June 4, 2018. An interview with the clinical coordinator indicated they are the sole mental health and substance abuse staff at the program. During the interview, the clinical coordinator indicated they are responsible for the coordination and implementation of all mental health and substance abuse services at the program. The clinical coordinator also completes comprehensive evaluations, suicide assessments, individual sessions, group sessions, family sessions and when necessary refer youth to outside agencies for services. The clinical coordinator is also a certified addiction professional and provides substance abuse services to the youth who meet the criteria for those services.

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

The program has a written policy and procedures in place establishing protocols which defines the qualifications, credentials, licenses, and experience for the program's mental health staff. The program employs one licensed mental health professional, who is designated as the program's clinical coordinator. The clinical coordinator is a licensed clinical social worker (LCSW). A review of the Florida Department of Health License Verification website indicated the clinical coordinator has a clear and active license with an expiration date of March 31, 2019.

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

The program has a written policy and procedures in place outlining the qualifications, credentials, licenses and experience for non-licensed mental health staff within the program; however, the program does not utilize the services of non-licensed staff. A review of the program's staffing roster indicates the program did not utilize non-licensed staff during the annual compliance review period. An interview with the program's business manager confirmed the program does not and never utilized non-licensed professionals to provide mental health or substance abuse services to the youth.

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 outlining the screening process for mental health and substance abuse admission screening. The policy indicates the mental health and substance abuse needs of the youth are identified through a screening process which begins with the completion of the Positive Achievement Change Tool (PACT), Massachusetts Youth Screening Instrument – Second Version (MAYSI-2), and intake screening for suicide risk. The policy further indicates when a youth is identified with a mental health or substance abuse need or is identified as a possible suicide risk, the youth is referred to the mental health professional by the PACT mental health and substance abuse report and referral form. A review of three youth mental health and substance abuse records revealed all three youth had a completed MAYSI-2 and a PACT mental health substance abuse screening referral form completed on the day of their admission. Each record indicated all screenings were completed by the program's local care counselor. A review of the local care counselor's (LLCs) training record revealed the LLC is trained to conduct both assessment tools. All three records indicated each youth was referred for a comprehensive evaluation. Two of the three youth records revealed the youth were referred for suicide prevention services. The two youth who were

referred for suicide services were referred to the licensed professional for the completion of an assessment of suicide risk (ASR). A review of the two records confirmed the licensed professional completed both ASRs within twenty-four hours of receiving the referrals. The two records also confirmed the program's executive director (ED), and licensed professional were both notified the two youth were placed on precautionary observations (PO). Additionally, the two records contained documentation to support the licensed professional entered a suicide risk alert in the Department's Juvenile Justice Information System (JJIS) alert system.

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 indicating a comprehensive mental health and substance abuse assessment shall be completed on each youth within thirty days of their admission. A review of three youth mental health and substance records indicated each youth was referred for a mental health and substance abuse (MHSA) evaluation during their admission intake. All reviewed records contained a completed MHSA evaluation completed by a licensed professional. One of the youth's records had a MHSA evaluation completed within thirty days of the youth's admission. The second youth record evaluation was completed three days late. The third youth record evaluation was completed fourteen days late; however, the youth was arrested sixteen days after admission and was held in the detention center for twenty-one days. The evaluation was completed with the youth upon their return from inactive status. All three MHSA evaluations were completed by the clinical coordinator who is a licensed clinical social worker (LCSW). All evaluations contained each youth's demographic information, reason for the evaluation, relevant background information, behavioral observations, mental status exam, interview or procedures administered, diagnosis, patterns of alcohol and drug abuse, risk for continued alcohol or drug use, diagnostic impressions, and the clinicians' findings and recommendations. Two of the three evaluations contained the clinicians' impression of the youth and how the youth met the diagnosis. One evaluation had the clinical impression section of the evaluation left blank by the clinician. During the debriefing process, the clinician indicated an error was made by leaving the clinical impression section blank. All three records contained signed consents for substance abuse services.

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

The program has a written policy and procedures in place outlining the program's mental health and substance abuse treatment services. A review of three youth mental health and substance abuse records revealed each youth was assigned to a treatment team upon their admission to the program. Each youth's treatment team consisted of direct care staff, mental health clinician, and administration. All three records contained a signed Substance Abuse Treatment Release Form, as well as a properly executed Authorization for Evaluation and Treatment (AET). All

three reviewed records indicated all the youth were receiving mental health and substance abuse group services. A review of the program's group sign-in sheets indicated all mental health groups had ten or less youth participating in the groups, and all substance abuse groups had fifteen or less youth participating in the group. All three reviewed youth's records revealed the youth were receiving services as outlined in their treatment plans with minimal exceptions. If a youth missed a session or service outlined in their treatment plan, there was documentation to support the youth did not receive the service due to their absences, employment, or program closure.

3.07 Treatment and Discharge Planning	Limited 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 which outlines the program's treatment and discharge process. The policy indicates youth determined in need of mental health treatment must receive individual, group, or family counseling as indicated by their treatment plan. A review of three youth individualized mental health and substance abuse records indicated each youth had an initial treatment plan developed within seven days of the initiation of treatment. All initial treatment plans were completed on a program form which includes all elements of the Department's Mental Health and Substance Abuse (MHSA) form 015. One of the three reviewed initial treatment plans were of a youth who was receiving psychiatric services and taking psychotropic medications. The initial treatment plan documented the medications the youth was taking; however, the dosage of the medication, date prescribed, and the frequency of the medication management was not documented on the plan. It should be noted the clinical coordinator did give the youth and the parent/guardian a referral for medication management. All three initial plans were signed by the youth, treatment team members, and the licensed professional. Two of the three initial plans were signed by the parent/guardian. The one plan which was not signed by the parent/guardian was discussed with the parent/guardian by telephone and was mailed to the parent/guardian for signature; however, the parent/guardian has not returned the signed initial plan back to the program. All three reviewed records contained an individualized treatment plan completed on a program form which contained all elements of the Department's Individualized Mental Health and Substance Abuse Treatment Plan, form (MHSA 016). All individualized plans were completed within thirty days of admission and were signed by the youth, licensed professional, and treatment team members. Two of the three individualized plans were signed by the parent/guardian. The one plan which was not signed by the parent/guardian was discussed with the parent/guardian by telephone and was mailed to the parent/guardian for signature; however, the parent/guardian has not returned the signed initial plan back to the program. One of the three individualized plans indicated the youth was taking psychotropic medications, but there was no indication of the dosage or frequency of medication monitoring. There was documentation in the youth's record the youth and the parent/guardian were referred for psychiatric services by the licensed professional, but the parent/guardian has not followed through with the referral. During the

debriefing process, the clinician concurred the one youth's treatment plan did not have the proper psychiatric services and medications documented; however, the clinician updated the plan to reflect the psychiatric services and medication monitoring. A review of the three youth records indicated two records were applicable for individualized treatment plan reviews every thirty days. The two applicable records required a total of six treatment plan reviews. A review of the documentation supported six treatment plan reviews were completed; however, one review was late by seventeen days and one was late by two days. During the debriefing process, the clinician concurred the reviews were conducted late due to youth's attendance, staff training, and other work-related issues. All individualized treatment plan reviews were completed on a program form which contained all elements of the Department's Individualized Mental Health and Substance Abuse Treatment Plan Review, form (MHSA 017). All individualized treatment plan reviews were signed by the licensed professional, treatment team members, and the youth with one exception. The one exception was one individualized treatment plan was not signed by the youth because the youth was not present the day the review took place. A review of three closed youth individualized mental health and substance abuse records were reviewed for discharge procedures. All three records contained a completed mental health and substance abuse treatment discharge plan completed by the licensed professional. All reviewed discharge summaries contained information and services needed for daily maintenance of the positive improvement in behavioral, emotional, and social skills made by the youth during treatment. All discharge plans were discussed during the youth's last treatment team meeting. Two of the three reviewed discharge records contained documentation the youth, the guardian, and the juvenile probation officer (JPO) were sent a copy of the discharge plan. An interview with the clinical coordinator indicated they could not produce documentation to support the program mailed one youth's discharge summary to the youth, guardian and JPO; however, the clinical coordinator verbally indicated the discharge plan was mailed.

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 outlining the programs mental health crisis intervention services and emergency mental health and substance abuse services. The plan outlines the program's process for dealing with youth in danger of hurting themselves or others due to mental illness and/or substance abuse. The program's plan complies with Florida Administrative Rule 63N – 1.010 and includes a notification and alert system, means of referral, self-referral, communication, supervision, documentation, and review. The plan was last reviewed by the executive director (ED) and the clinical coordinator on September 14, 2018.

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 the provisions of crisis care for youth in the program. The program did not have any crisis assessments since the last annual compliance review. An interview with the clinical coordinator indicated if the program had a youth in crisis and were to conduct a crisis assessment the program has a crisis assessment form in the provider's computer system, Lauris, which they would utilize.

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 outlining the programs mental health crisis intervention services and emergency mental health and substance abuse services. The plan was reviewed by the program's executive director (ED) and the licensed clinical coordinator on September 14, 2018. The program's mental health crisis intervention services and emergency mental health and substance abuse services plan meets the Florida Administrative Rule 63N -1, which includes immediate staff response, notifications, communication, supervision, authorization to transport for emergency mental health and substance abuse services, transport for Baker Act, transport for Marchman Act, documentation, training and a review process. The program's ED advised youth are transported to the mental health facility at Morton Plant Hospital in Pinellas County, Florida, by local law enforcement for any Baker or Marchman Acts.

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 procedures during the annual compliance review period; therefore, the indicator rates 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 suicide prevention plan which outlines how the program staff will respond to youth with suicidal ideations. A review of three mental health and substance abuse records indicated two youth were applicable for suicide prevention services. The two applicable records required suicide prevention services during the admission and re-admission screening process. The two records combined for a total of six instances where the program had to implement their suicide prevention services plan. In all six instances, the youth were placed on precautionary observations (PO) during the intake and re-admission process, which indicated the youth were at risk for possible suicide. A PO log was started for each youth and maintained at thirty-minute intervals until the youth was released from precautionary supervision by the clinical coordinator and the program's executive director (ED). All six instances of suicide had an Assessment of Suicide Risk (ASR) completed within twenty-four hours of the youth being identified at risk of suicide. All ASRs were completed by the licensed clinical coordinator, and all ASRs resulted in the youth being released to standard supervision after a conference occurred between the clinical coordinator and the program's ED. None of the reviewed records required an off-site ASR and the program did not have any off-site ASRs during the annual compliance review period.

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 in place to establish procedures for the completion of suicide precaution observation logs, and guidance for the levels of supervision during suicide precautions. A review of three mental health and substance abuse records indicated two were applicable for suicide precautionary logs. There were seven logs available for review for the two youth in the sample. Each was reviewed and signed by a supervisor, and all observations were completed every thirty minutes, in real time. All three logs were completed for the duration of time the youth was on suicide precautions. Notification to executive director (ED) is made verbally, and placement is documented in the program's logbook. One of the logs was missing a signature from the clinical coordinator, and another review by the clinical coordinator was not dated. All five of the remaining logs reflected a review by the clinical coordinator, with no exceptions. Three of the logs were found without a designation for a safe housing area. The program implemented a new electronic documentation system in September 2018. All three logs completed after the new system was put in place were completed electronically, and had safe housing documented clearly in each instance.

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

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

The program has a written policy and procedures in place outlining the program’s suicide prevention services. The policy includes the program’s suicide prevention plan which is reviewed annually by the designated mental health clinician authority (DMHCA) and the executive director (ED). Documentation supported the plan was last reviewed and signed by both parties on September 14, 2018. The program’s suicide plan complies with Florida Administrative Rule 63N-1.0035 and includes identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referrals, 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 in place which addresses staff training in suicide prevention. The policy indicates each staff will receive six hours of annual training in suicide prevention and precautions protocols. The policy further states the training may include a combination of face-to-face and computer-based trainings and must include mock suicide drills. A review of five staff training records indicated four staff members received a total of six hours of suicide prevention training and participated in mock suicide drills. The fifth staff participated in mock suicide drills; however, their training record indicated only one half hour of suicide prevention training. The fifth staff member did receive the required six hours of annual training during the current training calendar year. A review of the program’s drill binders indicated the program conducted quarterly mock suicide drills on January 22, 2018, May 4, 2018, August 8, 2018 and October 15, 2018. The drills were conducted by the licensed professional and all staff participated in the mock drills. During the tour of the facility, the suicide response kit was observed in the reception area in a locked box. The kit was observed to have the knife-for-life, needle nose pliers, and wire cutters. Three interviewed staff members were able to articulate where the suicide response kit was maintained in the program. An interview with three staff indicated if staff observed a youth with suicidal behaviors they would notify the executive director (ED), the parent/guardian, and licensed professional, as well as search the youth for sharp or harmful objects, place the youth on sight and sound observation, and document supervision of the youth.

Standard 4: Medical Services

Non-healthcare program staff are responsible for the oversight of all on-site medical services provided to the youth in the facility. Non-healthcare staff is responsible for the day-to-day operations of the facility, including medical screening, verification of medications, delivery of medications, medication storage, episodic/emergency services, and chart documentation. All medical information is maintained in a tab within the youth's mental health and substance abuse record.

4.01 Medical Screening (Critical)	Satisfactory Compliance
<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>	

The program has a written policy and procedures in place to ensure the screening of all youth for health-related conditions at the time of admission. The policy requires each youth in the program to have an Individual Health Care Record (IHCR) initiated at the time of admission and continued until discharge. The program maintains both the mental health and substance abuse records, and the medical records in the youth IHCR. These records are kept separate from the case management file. Three IHCRs were reviewed for medical screening. Each reviewed record contained documentation verifying the youth was screened for medical conditions during their initial intake meeting. This process is completed using the Department's Facility Entry Physical Health Screening (FEPHS) form. The records validated each youth's parent/guardian was present during the interview to assist in providing pertinent healthcare information.

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 for medication management and verification of medication including ordering, receipt, storage, inventory, administration, documentation, and disposal of medication. The program's policy indicates the program will not accept medications without a current patient-specific label intact on the original medication container. Three youth Individual Health Care Records (IHCR) were reviewed to determine the program's process for medication management. None of the reviewed records identified a youth with prescribed medication requiring distribution during program hours. The program was able to provide the record for the youth who had medications during the annual compliance review period. The youth was prescribed an inhaler, which was only to be used if the youth experienced shortness of breath. There was a completed Medication Receipt Form in the youth's record. The record also had documented Medication Distribution Logs for each month the youth was in the program. A review of the logs and an interview with program staff confirmed the youth never used the medication while at the program.

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 detailing their medication management system. This policy includes all aspects of ordering medications, receipt, and storage of youth medications, inventories, observations of self-administration of medications, documentation regarding medications, and disposal of unused medications. The program is not authorized to prescribe, dispense, or administer medications. If a youth is required to take medication during program time, trained non-healthcare program staff supervise the youth with self-administration of the medications implementing the Five Rights of Medication Administration. The program did not have youth in the program needing the provision of prescribed medications since the last annual compliance review. The program did have a youth who was prescribed an inhaler for use, if necessary. The program maintains a Medication Distribution Log which is used to document the receipt of a youth's medication and to inventory medications brought to the program for youth. This was completed for the one applicable youth. The log has sections to specify the medication prescribed to the youth and possible side effects, the dosage, and frequency of administration. This log is also used to document a perpetual inventory of each medication which was provided with documentation of self-administration. The reviewed training documentation found the executive director, business manager, local care counselor, and clinical coordinator were trained to assist youth in the self-administration of medications. The training was provided by a registered nurse (RN). An interview with three staff confirmed they have not assisted youth in the self-administration of medications during the annual compliance review period. An interview with three youth indicated they have not taken medications while in the program.

4.04 Medication Management – Medication Storage**Satisfactory Compliance***All medications (prescriptions, over-the-counter (OTC), topical, etc.) shall be stored in separate, secure (locked) areas inaccessible to youth and ensures proper inventory control.*

The program has a written policy and procedures in place addressing the storage of medications. The policy stipulates only medication dispensed to a youth during program hours shall be stored by the program. The policy requires the medication is inventoried, logged, and returned to the parent/guardian upon the youth's release from the program. The program stores all medications in a secured area inaccessible to the youth. Youth medications are kept in a locked box and cabinet in the reception area of the program. The program has more than one lockbox to allow for separate storage of the different forms of medication. The area is clean and free from moisture and extreme temperatures. The program has an available locking refrigerator within the locked box ready for use, if the need arises. A review of the weekly safety, sanitation, and maintenance inspection checklists documented the medication box was locked and appropriately stored each week for the previous six months. The program did not have youth in the program requiring controlled medications on-site since the last annual compliance review.

4.05 Episodic/Emergency Services**Satisfactory Compliance**

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

The program has a written policy and procedures detailing the process for episodic and emergency care of youth in the program. The policy states all program staff must receive training in first aid and cardiopulmonary resuscitation (CPR), prior to having contact with youth. The policy also requires staff to be trained on how to use the knife-for-life and suicide response kit, as well as participation in mock emergency drills to enhance staff's ability to provide basic first aid and how to respond to an emergency medical situation. The program maintains a facility emergency first aid kit, a suicide response kit equipped with a knife-for-life, wire cutters, and needle nose pliers. These kits are maintained in the reception area and are easily accessible by staff in the event of an emergency. The program does not have an Automated External Defibrillator (AED) on-site. An interview with three staff indicated they were aware of the location of the kits and how to access them in case of an emergency. The program maintains a kit for each van which includes a first aid kit, window punch, and seat belt cutter. The kits are checked out by staff each time there is a transport with one of the program's vehicles. A review of the documentation for the past six months indicated first aid kits and emergency equipment are inspected and replenished, as needed. A review of the episodic log maintained by the program found basic episodic care was provided to youth during the annual compliance review period. A review of the records found the program provided band-aids and ointment for youth with cuts, and ice packs for youth with a sore or bruised area. There was documentation to support the program conducted mock medical emergency drills on a quarterly basis, since the last annual compliance review. The reviewed documentation also found the program conducted a mock suicide drill each quarter during the annual compliance review period. Each of the mock drills included a demonstration of CPR. Each drill was documented on the AMIkids Pinellas Emergency Drill form which provided the location of the program, the date of the drill, the type of drill, the names of staff, youth involved in the drill, the drill scenario, a description of the drill, a synopsis of the response, any deficiencies noted, and any required corrective action.

Program Name: AMIkids Pinellas CR/PCP
Provider Name: Amikids, Inc.
Location: Pinellas County / Circuit 6
Review Date(s): December 18-19, 2018

MQI Program Code: 1253
Contract Number: P2118
Number of Beds: 19
Lead Reviewer Code: 118

Overall Rating Summary

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

Limited Ratings	Failed Ratings
3.07 Treatment and Discharge Planning	