

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIKids Boys Prevention - Hillsborough

AMIKids, Inc
(Contract Provider)
1730 Maritime Boulevard
Tampa, Florida 33605

Review Date(s): January 15-16, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

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

Brenda Comadore, Office of Program Accountability, Lead Reviewer ([Standard 1])

Teresa Andersen, Office of Program Accountability, Deputy Regional Supervisor (Standard 1 and Interviews)

Amy Entrekin, DJJ Probation, Juvenile Probation Officer Supervisor, Circuit 10 (Standard 2)

Felicia Goldstein, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: AMIKids Boys Prevention - Hillsborough
 Provider Name: AMIKids, Inc
 Location: Hillsborough County / Circuit 13
 Review Date(s): January 15-16, 2019

MQI Program Code: 8141
 Contract Number: 10520
 Number of Beds: 44
 Lead Reviewer Code: 172

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 Services & Intervention Services, which are included in the AMIKids Prevention Standards.

Persons Interviewed

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

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| <input type="checkbox"/> Accreditation Reports <input checked="" type="checkbox"/> Affidavit of Good Moral Character <input checked="" type="checkbox"/> CCC Reports <input type="checkbox"/> Confinement Reports <input checked="" type="checkbox"/> Continuity of Operation Plan <input checked="" type="checkbox"/> Contract Monitoring Reports <input checked="" type="checkbox"/> Contract Scope of Services <input checked="" type="checkbox"/> Egress Plans <input type="checkbox"/> Escape Notification/Logs <input type="checkbox"/> Exposure Control Plan <input checked="" type="checkbox"/> Fire Drill Log <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan <input checked="" type="checkbox"/> Grievance Process/Records <input type="checkbox"/> Key Control Log <input checked="" type="checkbox"/> Logbooks <input checked="" type="checkbox"/> Medical and Mental Health Alerts <input checked="" type="checkbox"/> PAR Reports <input type="checkbox"/> Precautionary Observation Logs <input checked="" type="checkbox"/> Program Schedules <input type="checkbox"/> Sick Call Logs <input checked="" type="checkbox"/> Supplemental Contracts <input checked="" type="checkbox"/> Table of Organization <input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports <input type="checkbox"/> Visitation Logs <input checked="" type="checkbox"/> Youth Handbook N/A # Health Records N/A # MH/SA Records 12 # Personnel Records 6 # Training Records/CORE 3 # Youth Records (Closed) 5 # Youth Records (Open) _____ # Other: _____ |
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Observations During Review

| | | |
|--|---|---|
| <input type="checkbox"/> Admissions <input type="checkbox"/> Confinement <input checked="" type="checkbox"/> Facility and Grounds <input checked="" type="checkbox"/> First Aid Kit(s) <input type="checkbox"/> Group <input 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 checked="" type="checkbox"/> Recreation <input 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 |
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Comments

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

Standard 1: Management Accountability
AMIkids Prevention Rating Profile

Indicator Ratings

| Standard 1 - Management Accountability | | |
|---|---|--------------|
| 1.01 | * Initial Background Screening | Satisfactory |
| 1.02 | Five-Year Rescreenings | Satisfactory |
| 1.03 | Pre-Service/Certification Requirments | Satisfactory |
| 1.04 | In-Service Training | Satisfactory |
| 1.05 | * Incident Reporting (CCC) | Satisfactory |
| 1.06 | Administration | Satisfactory |
| 1.07 | *Provision of an Abuse-Free Enviornment | Satisfactory |
| 1.08 | Food Services | Satisfactory |
| 1.09 | Transporation Services | Satisfactory |
| 1.10 | Fire Prevention and Evacuation Procedures | Satisfactory |
| 1.11 | Cleanliness and Sanitation | Satisfactory |
| 1.12 | Youth Records | 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 & Intervention Services
AMIkids Prevention Rating Profile

Indicator Ratings

| Standard 2 - Youth Management | | |
|--------------------------------------|--|--------------|
| 2.01 | Eligibility | Satisfactory |
| 2.02 | Orientation | Satisfactory |
| 2.03 | *Gender-Specific Programming | Satisfactory |
| 2.04 | Prevention Assessment Tool (PAT) | Satisfactory |
| 2.05 | Individualized Care Plan | Satisfactory |
| 2.06 | Transition Plan | Satisfactory |
| 2.07 | *Referrals for Mental Health and Substance Abuse Assessment and Treatment Services | Satisfactory |
| 2.08 | Individualized Care Plan Re-Evaluation | Satisfactory |
| 2.09 | Educational Access | Satisfactory |
| 2.10 | Youth Development | Satisfactory |
| 2.11 | Release | Satisfactory |

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

Program Overview

AMIkids Boy's Prevention - Hillsborough is operated by AMIkids, Inc. through a contract with the Department. This gender-specific prevention program provides delinquency prevention services to male youth who are between eleven and seventeen years of age. The program is comprised of one executive director, one business manager/administrative assistant, one behavioral interventionist, one case manager, one lead case manager, three teachers, one lead teacher, one career vocational coordinator, one clerical, and two drivers. The program operates on the Hillsborough County School District schedule and offers a non-traditional school setting each day, including the provision of transportation, dietary, and case management services. Delinquency prevention services provided to the youth in the program include individualized case management, family education and support, service learning, exposure to the community, healthy social and recreational activities, transition services, and, when appropriate, referrals to appropriate community-based agencies for needed services including mental health counseling. The program also provides the youth with opportunities to develop an array of gender-specific life management skills through the application of a curriculum with demonstrated effectiveness in diminishing the risk of delinquency with at-risk youth entitled, "The Council for Boys and Young Men." Once admitted to the program, the youth has access to individualized services focused on meeting identified academic/employment readiness, behavioral, and social needs specifically designed to attenuate the risk factors while enhancing protective factors, to reduce the youth's risk for involvement in delinquent behaviors/activities. An integral component of the delinquency prevention services is the completion of an assessment of a youth's dynamic risk factors to identify the youth's core needs and enable the program to deliver youth-specific services during enrollment in the program. At the time of the annual compliance review, the program had one vacancy for a teacher and one anticipated lead teacher vacancy.

Standard 1: Management Accountability

| 1.01 Initial Background Screening | Satisfactory Compliance |
|---|--------------------------------|
| <i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i> | |

The program has written policy and procedures in place to ensure background screenings are completed for each new staff, volunteer, mentor, and/or intern, prior to having access to youth or confidential records. Six staff were hired since the last annual compliance review. All six staff records contained a level two background screening with an eligible background screening rating. The criminal history report was reviewed, and the program administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and determined it was a passing score; a copy of the pre-employment tool and passing score was found in the staff's record. The program added the staff to their Clearinghouse employment roster. None of the screenings indicated a need for exemptions to meet eligibility for hire requirements. An interview with the facility administrator (FA) found the program did not have any volunteers, mentors, or interns. The program hires their own teachers and does not use teachers employed by the school board. The Affidavit of Compliance for Level Two Screening was submitted November 27, 2018, prior to the January 31, 2019 deadline.

| 1.02 Five-Year Rescreening | Satisfactory Compliance |
|--|--------------------------------|
| <i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.</i> | |

The program has a policy and procedures in place to ensure five year background rescreenings are conducted for all staff, volunteers, and/or interns with access to youth and confidential youth records. The staff and volunteer roster were reviewed. One staff record was found eligible for a five-year rescreening since the last annual compliance review. A review of the record found the Clearinghouse background rescreening request was submitted to the Department's Background Screening Unit (BSU) at least ten business days prior to the retained prints expiration. The program did not have any volunteers, mentors, or interns in the program applicable for rescreening since the last annual compliance review.

| 1.03 Pre-Service/Certification Training | Satisfactory Compliance |
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| <p><i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i></p> <p><i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, or completed pre-service/certification training do not have any direct contact with youth.</i></p> | |

The program has a policy and procedures in place to ensure staff are trained in accordance with Florida Administrative Code and satisfies pre-service/certification requirements within 180 days of hiring and staff who have not completed essential skills training, do not have any direct contact with youth. Six staff were eligible for pre-service training since the last annual compliance review. All completed required trainings and has exceeded the required 120-hours of training. All instructors who provided Protective Action Response, cardiopulmonary resuscitation, and first -aid training to other staff have been certified to facilitate the classes. All pre-service training was documented in the Department's Learning Management System (SkillPro). The program submitted their written list of pre-service trainings to the Office of Staff Development and Training on January 6, 2018 and was approved on January 18, 2018.

| 1.04 In-Service Training | Satisfactory Compliance |
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| <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>Supervisor staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.</i></p> | |

The program has a policy and procedures in place to ensure non-residential staff completes in-service training in accordance with Florida Administrative Code. All staff must complete twenty-four hours of annual in-service training, beginning the calendar year after completion of pre-service training. Supervisory staff complete eight hours of training specific to supervisors, as part of the twenty-four hours of annual in-service training. A review of six in-service staff training records and the Department's Learning Management System (SkillPro) found five of the six staff completed twenty-four hours of in-service, including the mandatory eight hours of training in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, and suicide prevention. One staff, who did not complete the required CPR training was the lead teacher. According to the Facility Administrator (FA), she had been working, but was unable to attend the training. She was working remotely due to relocating out of state and she was working part-time until the program could find a replacement for her position. Three of the six records also indicated supervisory staff completed eight hours of training in areas including management, leadership personal accountability, employee relations, communication skills, and fiscal, as well as the required twenty-four hours of annual in-service training. The program developed an annual in-service calendar, which is updated, as required, documenting all trainings, both in-service and instructor-led, in the Department's Learning Management System (SkillPro), and submitted a written list of in-service trainings including the course names, descriptions, objectives, and training hours for all instructor-led

trainings on required topics, to the Office of Staff Development and Training on January 6, 2018 and was approved on January 18, 2018.

1.05 Incident Reporting (CCC)

Satisfactory Compliance

Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.

The program has a policy and procedures relating to incident reporting. The Central Communications Center (CCC) reports for the past six months, incident logs, and grievance logbook were reviewed to validate the practice of incident reporting. The program had two incidents in their incident reporting logs, but only one required a call to the CCC. The call was made within the first hour of the program becoming aware of the incident, which was within the required two-hour time frame. The incident was documented and highlighted in the logbook, which documented the CCC report number. An internal incident report was completed, as well as an internal investigation, which was documented. There were no internal incidents or grievances documented which should have been reported to the CCC and were not. There has not been an increase in the number of reportable incidents since the last annual compliance review.

1.06 Administration

Satisfactory Compliance

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

A review of the program's contract indicated the program is required to staff an executive director, business manager/administrative assistant, behavioral interventionist, two case managers, two drivers, one case manager, one career coordinator and one local care counselor from their aftercare program. The trained case manager was terminated August 2018. The program recently hired a new case manager who will be trained in The Council for Boys and Young Men once his pre-service training is complete. All staff with direct contact with youth hold a bachelor's degree; one holding a master's degree. Of the two drivers, one holds a bachelor's degree. The program's case managers, direct care worker, and executive director provide their contact information, to include their cellular numbers, to all youth and their parents/guardians upon admission; allowing them to be accessible to youth and their families twenty-four hours a day, seven days a week and providing services during traditional and non-traditional hours. The program is open eight hours a day, five days a week, 8:00 a.m. – 5:00 p.m., Monday through Friday, to provide services and accept referrals.

1.07 Provision of an Abuse-Free Environment**Satisfactory Compliance**

Any person who knows, or has reasonable cause to suspect, a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined by Florida Statute, or a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

The program has a policy and procedures relating to an abuse-free environment. The policy does not notate specific steps to reporting an allegation; however, it does indicate the Executive Director will ensure all allegations are immediately reported and ensure youth have unimpeded access to self-report alleged abuse.

Central Communications Center (CCC) reports, the program's code of conduct, and incidents were reviewed to validate the program's practice. The CCC and Florida Abuse Hotline numbers were posted throughout the facility. The staff acknowledge receipt of the employee's Code of Conduct, which is in their Team Member Reference Guide, by signing an acknowledgment form. The program has not had any substantiated incidents of abuse since the last annual compliance review. A review of the program's CCC reports validated there were no substantiated incidents since the last annual review. A review of five youth records did not reveal any indication of abuse, which should have been reported and were not. The program has not had any substantiated incidents of abuse against staff since the last annual compliance review.

Five staff were interviewed, and each indicated they never observed another staff member being physically or verbally aggressive with a youth, nor had they every observed another staff member tell a youth they could not call the Florida Abuse Hotline. Of the five staff, none ever observed a co-worker use profanity when speaking to youth. Five youth were interviewed, each indicated they have never been told they could not call the Florida Abuse Hotline. Of the five, none had ever felt threatened by staff or heard staff use profanity.

1.08 Food Services**Satisfactory Compliance**

The program shall serve a light meal (i.e. beverage, sandwich, and snack) to each youth each day.

The program contracts with the School Board of Hillsborough County to provide meal service in accordance with the Department of Agriculture's National School Lunch Program. Observations of the kitchen and dining area validated the area is clean and well maintained. The meals are provided at scheduled times, as reflected on the program's daily schedule. The program has three staff who are certified in food safety, one holding a certificate in Safe Staff and the other two in ServSafe. The program has a list of youth, hanging in the kitchen, noting youth who have food allergies or restrictions. At the time of the annual compliance review, there were four youth on the list. The menu is also hanging in the kitchen and the dining area and is signed by a registered dietitian. Two inspections were completed by the Department of Health (Food Service), one September 26, 2018 and one January 14, 2019, both with a result of satisfactory. Through five staff and five youth interviews, it was validated food is never withheld as punishment. In addition, through staff interviews it was validated only staff who are food safety certified serve food to the youth.

1.09 Transportation Services**Satisfactory Compliance***The provider shall provide or arrange for the provision of transportation for program-related purposes.*

The program has a policy and procedures in place to ensure the provision of transportation for program related purposes. The program has three vehicles: a twelve-passenger van, a thirty-five-passenger bus, and a twenty-three-passenger bus. Currently, the twenty-three-passenger bus is in the shop for repairs. The program has secured a twelve-passenger rental van, to ensure continuity of transportation services, until the twenty-three-passenger bus is repaired. An inspection of the van and bus, was conducted during the annual compliance review. The rental van was frequently in use and not available for inspection. Both vehicles were found to be clean, locked, and secure, with operational seatbelts, workable escape hatches, key rings equipped with a seat-belt cutter, window punch, fire extinguishers, and first aid kits available for each vehicle departure. The following were reviewed: facility operation procedures (FOPs), staff drivers' licenses (drivers), vehicle registration, insurance, annual vehicle inspection reports, weekly vehicle inspection reports, and program log book. A review of all documentation confirmed the program is providing safe, clean, and adequate transportation to and from the program. All drivers have a valid driver's license. Interviews with five staff and five youth confirmed youth are not denied services or penalized because of lack of transportation. Also, all youth interviews confirmed youth are required to wear seatbelts when being transported in a vehicle.

1.10 Fire Prevention and Evacuation Procedures**Satisfactory Compliance***The program shall have a comprehensive safety regimen including fire safety training, fire alarm and automatic detection system, fire protection equipment in strategic locations, monthly fire drills and fire safety log containing a record of annual fire safety inspections. summary of all deficiencies found by fire officials and record of corrections, and the results of periodic fire safety inspections and equipment checks.*

The program has policy and procedure in place to ensure a comprehensive safety regimen, including staff fire safety training, fire alarm and automatic detection system, fire protection equipment in strategic locations kitchen, common area and vehicles. The fire safety log documented unannounced fire drills were conducted on July 25, August 23, September 14, October 25, November 28, and December 18, 2018. Observations during the facility tour confirmed egress plans are posted in every room and common areas, with the locations of three fire extinguishers, no-smoking signs, and several first aid kits. The program also conducts weekly safety inspections, which includes inspection of the fire extinguishers to ensure they are charged and ready to use. All staff have cellular phones accessible to them in the event of an emergency. A review of staff and youth interviews confirmed weekly safety inspections, monthly fire drills, monthly alarm testing and evacuation procedures are covered in the youth handbook, during intakes and reviewed during every drill.

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

The program has a policy and procedures in place indicating all indoor areas and attached buildings shall be clean and well maintained. A tour of the facility indicated all areas were clean,

neat, and well maintained. There was no visible graffiti noted in the facility and all furnishings were in good repair. The program has separate bathrooms for males and females and they were observed to be functional and clean. The program has adequate space for private counseling and group meetings. The program conducts weekly facility housekeeping and security checklists, which indicated the program staff inspected the building and outdoor areas weekly and they noted any areas of concern. A review of the weekly checks for the last six months indicated all checks were completed.

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| 1.12 Youth Records | Satisfactory Compliance |
| <i>The program maintains an official youth record, labeled "Confidential," for each youth.</i> | |

The program maintains an official youth record which contains all case management information. Five youth records were reviewed and each of them were marked confidential and secured in a locked cabinet within a locked office. Each of the cabinets are also marked confidential. The program complies with the records and confidential information provisions pursuant to F.S. 985.04.

Standard 2: Assessment Services

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| 2.01 Eligibility | Satisfactory Compliance |
| <i>The program shall provide services to boys ages eleven to seventeen who are at risk of delinquency for a period up to fifteen months.</i> | |

A review of five youth case management records indicated all youth met the program eligibility requirements to include age and having at least three of the five following characteristics: family instability and conflict, school instability or failure, health and mental health, attitudes/ behaviors, and victimization. All youth exhibited four of the five characteristics, except one youth who had three.

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| 2.02 Orientation | Satisfactory Compliance |
| <i>The program shall provide Program and Facility orientation for all youth admitted to the facility. The youth's parent(s)/guardian(s) shall be encouraged to attend.</i> | |

A review of five youth case management records found they each contained all intake documentation and revealed each youth and parent/guardian participated in a program orientation during the intake process. Each record noted the youth were provided with an orientation handbook which reviewed the following information: the program goals and services, the case planning process, telephone guidelines, youth rights and grievance process, Florida Abuse Hotline phone number, Advocacy Center for Persons with Disabilities phone number, and program rules governing youth conduct and consequences for major rule violations. Orientation also included introduction to program staff and a tour of the facility grounds, a review of program expectations, rules, and the program's behavior management system. Additionally, the orientation process included a review of the program's daily activity schedule, the emergency medical and mental health services, emergency safety, and the evacuation procedures for the facility. The youth were provided information on items considered contraband, and consequences for introducing contraband into the facility, a review of the performance planning process, the average anticipated length of stay to successfully complete the program, and the program's dress code. All records contained a signed acknowledgment form by the youth and parent/guardian documenting their acknowledgement and completion of the orientation process and signed consents. Five interviewed youth indicated they all received an orientation to the program at admission and they all received a copy of the youth handbook. All five records contained written documentation of the youth's parent(s)/guardian(s) notification of the youth's admission within twenty-four hours which included a brief overview of the program; information about scheduled recreational activities, and an explanation of the requirement which parent/guardian inform the program of an objection to youth's participation in recreational activities due to a physical or medical problem.

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| 2.03 Gender-Specific Programming | Satisfactory Compliance |
| <i>The program provides gender-specific delinquency intervention and treatment services.</i> | |

The program has a policy and procedures to address gender-specific programming. The program provides gender-specific delinquency intervention and treatment services through the delivery of The Council for Boys and Young Men curriculum. The curriculum is considered a practice with demonstrated effectiveness. The curriculum is delivered in a closed group setting. Since the last annual compliance review, the program has run two cohorts of the curriculum by three certified and trained male facilitators. The first cohort began June 2018 and ended in

August 2018. The second cohort began October 2018 and ended in December 2018. A third cohort began the week of this review and is projected to end in March 2019. A review of five youth case management records verified each youth had a goal on their Individual Care Plan indicating their participation in the gender-specific group. Four of the youth participated in the second cohort and the remaining two youth were recently admitted and will be scheduled to participate in a future cohort.

A review of group sign-in sheets and progress notes were conducted. All documentation was present for the second cohort but sign in sheets were not present for the first. The program indicated the staff who facilitated the first cohort is no longer an employee at this program due to performance reasons. The program indicated they previously identified the sign-in sheets were missing; however, the documentation could not be obtained or located. Although sign-in sheets for the first cohort were missing, a review of the case manager notes from June 5 through July 14, 2018 documented ten youth participated in the first cohort; however, weeks eight, nine, and ten in the case manager notes were not initialed by the case manager. A review of the program's activity schedule found the gender-specific groups are held on Tuesday of each week, scheduled between the hours of 1:30 p.m. to 3:00 p.m. and run for ten weeks. The curriculum focuses on gender-specific life skills, addressing trauma, and fostering positive gender identity development.

Observations during the week of the annual compliance review verified a session was conducted on Tuesday at the scheduled time. An interview with the Executive Director confirmed the program is using The Council for Boys and Young Men curriculum as their main gender-specific service. The program has two other staff, the Career Coordinator and Behavior Interventionist, who were also trained to facilitate The Council for Boys and Young Men curriculum. The Executive Director also indicated the program has facilitated several gender-related activities throughout the year. A review of documentation shows youth have participated in the following activities: movie trip as incentive for completing The Council for Boys and Young Men cohort; a visit to the Tampa Bay Buccaneers training camp, a trip to the Suncoast Youth Conservation Center and to the Tampa Convention Center to represent AMIkids during the Black, Brown, and College Bound Conference. Metro Tampa Bay has visited the program at least twice in the last six months to discuss communicable and sexually transmitted diseases specific to the male gender. The Case Manager (CM) has recently started keeping a plastic storage bag for every youth which contains deodorant and a comb. The CM discovered these were hygiene needs not always readily available at home. Additionally, the program regularly takes youth to the barber shop to facilitate the teaching of proper male hygiene and social skill enhancement. The program's educational staff work with youth on proper job readiness skills. Part of this process includes the program's dress for success which includes a closet with dress clothes available to youth for job interviews or other professional events, as needed.

2.04 Prevention Assessment Tool (PAT)

Satisfactory Compliance

The Prevention Assessment Tool (PAT) shall be administered to each youth in the program during the initial intake and at completion of the program.

A review of five youth case management records indicated each youth met with their assigned Case Manager for the completion of a Prevention Assessment Tool (PAT) in the Department's Juvenile Justice Information System (JJIS) on the day of admission, well within the required twenty-four-hour requirement. Three closed records were also reviewed. Two of the three case records confirmed completion of a PAT upon completion of the program. The remaining record did not have a PAT because the family refused to cooperate.

| 2.05 Individualized Care Plan | Satisfactory Compliance |
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| <p><i>Within 30 calendar days of admission, Provider shall develop an individualized care plan for each youth. The care plan shall include the following:</i></p> <ul style="list-style-type: none"> • <i>Counseling and case management services</i> • <i>Monthly family contacts</i> • <i>Goal setting and problem solving to attain goals</i> • <i>Individual, group and/or family crisis counseling in accordance with needs. Mental Health services or substance abuse treatment may be provided through referrals to appropriate community providers.</i> • <i>Psycho-educational groups to increase protective factors and mitigate risk factors in accordance with needs.</i> <p><i>Each youth must have an individual transition plan and transition services for a period of six months for all youth enrolled in the program a minimum of 30 days regardless of the status of the transition.</i></p> | |

A review of five youth case management records revealed each youth had an Individualized Care Plan (ICP) completed within thirty days of admission. All five youth had an ICP and indicated each youth would participate in a gender-specific group. Each of the five records contained support services, case management services, monthly family contacts, goal setting, and problem solving to attain goals. Each of the ICPs included input from all members of the Care Review Team. All five youth interviews validated they participated in the development of their ICP.

| 2.06 Transition Plan | Satisfactory Compliance |
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| <p><i>Each youth must have a individual transition plan and transition services for a period of six months for all youth enrolled in the program a minimum of 30 days regardless of the status of the transition.</i></p> | |

A review of five youth case management records revealed four youth had a transition plan which was incorporated into their Individual Care Plan (ICP) and started within thirty days of admission. One youth's ICP did not include a transition plan within thirty days; however, a plan was added at their six-month ICP re-evaluation. Input from all members of the Care Review Team was documented on the ICP.

| 2.07 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services | Satisfactory Compliance |
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| <p><i>Staff shall ensure all referrals for services are made within seventy-two hours of identification of the need for services.</i></p> <p><i>If referred for services, staff follows up with the service provider within thirty days to ensure the youth and parent/guardian have taken the appropriate steps to initiate services. Staff receives, reviews, and documents written and verbal progress reports from the provider. Staff shall act upon negative reports, such as missed appointments or lack of participation, and document the response.</i></p> | |

Five randomly selected records were reviewed. None of the five youth were not applicable for a mental health or substance abuse referral. None of the reviewed youth had needs identified on their initial Prevention Assessment Tool (PAT) relating to mental health or substance abuse issues. Additionally, it was indicated in four of the five records, at the time of intake, the youth were already engaged in services in the community. Additional records were requested, for youth who had been referred out for services; however, the program reported there have not been any youth identified during the initial PAT, as needing a referral for mental health or substance abuse services.

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| 2.08 Individualized Care Plan Re-Evaluation | Satisfactory Compliance |
| <i>The individualized care plan shall be re-evaluated, at a minimum, every six (6) months throughout the youth's enrollment period.</i> | |

The program has a policy and procedures indicating the Individualized Care Plans (ICP) are to be re-evaluated every six months throughout the youth's enrollment period. A process is in place for on-going revisions to the ICPs as goals are accomplished and needs are addressed. The case managers are to identify any new needs which arise and address them and update the ICP, as well as document any progress made. Five records were reviewed and one was found to be applicable. There were no additional applicable records for review. The ICP was found to have been re-evaluated within the six-month period, as required. It indicated the youth's ICP was updated significantly since the original ICP was completed, reflecting the youth's progress and newly identified needs. The ICP clearly identifies the responsibilities of the youth, parent/guardian, and program staff. It was updated, reviewed, and signed by the youth, case manager, and educational representative. The program has a process in place to regularly revise the plan as goals are accomplished and other needs are addressed. The program holds monthly Care Plan Reviews where they review the youth's academics, vocational, and behavioral progress or lack of progress. They accept comments from the youth and Care Review Team and review the youth's rank, absences and any suspensions. In attendance at the monthly care plan review is the youth, parent/guardian, case manager, behavioral representative, educational representative, and the family support specialist attends if available.

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| 2.09 Educational Access | Satisfactory Compliance |
| <i>The facility shall integrate educational instruction (personal accountability and behavioral, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.</i> | |

The program operates as an alternative education setting, working with boys who are not progressing in a traditional school setting. They serve male youth ages eleven to seventeen who are in grades sixth through twelfth. The program employs a lead teacher and three additional teachers. Their lead teacher has recently resigned but is still assisting remotely from out of state. They also have another teacher vacancy, but have teachers scheduled to start soon. They generally follow the same schedule as Hillsborough County School District, with some additional days of service when traditional schools are closed. They also offer a summer school component, making services available year-round. With their schedule, they meet the prescribed 1,150 hours of educational access. Their educational program is accredited through AdvanceEd. Their posted school schedule for the 2018-2019 school year shows six instructional periods, each period being fifty minutes in length. An interview was conducted with the lead teacher by telephone and she reported there are minimal interruptions to the school schedule. A

review of the program logbook also documents there are minimal interruptions and runs as scheduled. There is instructor-led coursework, and online classwork, allowing the youth to work at their own pace, and it is customized to their needs. The youth receive credit for all their coursework. The program regularly holds ceremonies to acknowledge and offers incentives to inspire improved performance on their STAR reading and math assessments. They also acknowledge and reward perfect attendance. Three of five youth reported during the interviews they feel the program helps them get caught up with school credits) to where they are supposed to be, assist them a better chance of obtaining their diploma. Two of the youth stated their schooling is different from regular schooling and is much easier for them.

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| 2.10 Vocational and Career Training | Satisfactory Compliance |
| <i>The program shall provide vocational and career training to support continuous progression towards job placement.</i> | |

The program offers age appropriate vocational exploration, job readiness training, and daily living skill development, which they integrate into the youth’s academic coursework. Teacher interviews and documentation showed they complete a vocational intake assessment where they review the youth’s experience, desired jobs, skills, and abilities. The students also receive an assessment through ONet, where they identify the youth’s strengths, scoring them in different job categories including Realistic, Investigative, Artistic, Social, Enterprising and Conventional. At the monthly care meetings, they review and address the youth’s progress and any newly identified needs. Students are given the opportunity and are encouraged to earn their Safe Staff food handler certification, which is an industry recognized certificate. The youth are assisted with resume writing and completion of job applications and follow up letters to prospective employers. The program provides services in the areas of job placement services, leadership development, vocational and occupational training, work experience/internships, and work readiness training/life skills. The program also regularly offers opportunities in the community to attend tours or events related to employment, college enrollment or vocational training. Four out of the five reviewed records have received their Safe Staff certification and are actively engaged in vocational services. The one exception is a youth who has only been in the program approximately six weeks at the time of the interview. Five of the five youth reviewed have it clearly documented in their ICP they are to receive vocational/career training and it’s clearly documented in each file they are receiving services as outlined.

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| 2.11 Youth Development | Satisfactory Compliance |
| <i>The program provides development activities building positive character, instilling positive values, or enhancing educational or community engagement experiences. Activities may include outings to local attractions, the arts, historical sites, and other activities promoting healthy lifestyles.</i> | |

The program provides activities for program youth to promote development of positive character, instilling of positive values, and enhancement of education and community engagement experiences. These activities help them to develop a sense of being a part of and able to contribute positively to their community. While some activities are for fun, allowing the youth to enjoy themselves, others offer learning opportunities, reinforcing the educational and vocational skills they are developing. These activities are also helping to foster the youth’s awareness of how they can serve and aid their communities. Some activities are only available to those with a certain rank or behavioral level, while others are available for all youth. A review of the program’s log books and trip documentation showed numerous opportunities were

provided for the youth each month. These opportunities included community service projects, learning about opportunities at different companies, exposure to the arts, college tours, and fun activities. Five records were reviewed, and documentation was provided to show four of the five youth attended at least one off-site youth development activity. The one exception was a youth who was enrolled in the program six weeks prior to the annual compliance review and had not yet had the opportunity or willingness to attend an event. Documentation and youth and staff interviews showed the program offers and provides multiple positive activities, both on-site and off-site. Recent trips included community service trips with Feeding Tampa Bay, trips to the movie theater, a mock interview event off-site, tour of the Tampa Bay Buccaneers training camp, and a trip to the barber shop. Youth interviews also revealed they have available events such as mock Olympics, fishing trips, and a scuba diving trips.

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| 2.12 Release | Satisfactory Compliance |
| <i>The provider must administer the PAT prior to the youth's release or discharge from the program.</i> | |

Three closed records were reviewed. Two of the three records clearly documented a Prevention Assessment Tool (PAT) was completed at least fourteen days prior to release from the program. The other record indicated the PAT could not be completed, as the family refused to cooperate. The PAT was entered in JJIS at the time of completion for each youth. Documentation showed each youth was released from the program in JJIS within twenty-four hours of release or discharge from the program. Each youth was enrolled in the program for fifteen months or less.

Program Name: AMIKids Boys Prevention -Hillsborough
MQI Program Code: 8141
Provider Name: AMIKids, Inc.
Location: Hillsborough County/Circuit 13
Review Date(s): January 15 -16, 2019

Contract Number: 10520
Number of Beds: 44
Lead Reviewer Code: 172

Overall Rating Summary

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