

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**AMIkids Boys Prevention Manatee - Center for Personal Growth**

***AMIkids Inc.***  
**(Contract Provider)**  
**6413 9<sup>th</sup> Street East**  
**Bradenton, Florida 34203**

*Review Date(s): February 26-28, 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:

<b>Satisfactory Compliance</b>	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.
<b>Limited Compliance</b>	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.
<b>Failed Compliance</b>	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:

Canitha M Taylor, Office of Program Accountability, Lead Reviewer (Standard 1)  
Rachel Allen, Quality Improvement Specialist, Eckerd Connects (Standard 2)  
Stephanie Lobzun, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: AMIkids Boys Prevention Manatee  
 Provider Name: AMIkids Inc.  
 Location: Manatee County / Circuit 12  
 Review Date(s): February 26-28, 2019

MQI Program Code: 1416  
 Contract Number: 10394  
 Number of Beds: 44  
 Lead Reviewer Code: 152

### 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

- |                                                                                                                                                                                                                                                            |                                                                                                                                                      |                                                                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Program Director<br><input checked="" type="checkbox"/> DJJ Monitor<br><input type="checkbox"/> DHA or designee<br><input type="checkbox"/> DMHCA or designee<br><input checked="" type="checkbox"/> 2 # Case Managers | _____ # Clinical Staff<br>_____ # Food Service Personnel<br>_____ # Healthcare Staff<br>_____ # Maintenance Personnel<br>_____ # Program Supervisors | <input checked="" type="checkbox"/> 7 # Staff<br><input checked="" type="checkbox"/> 7 # Youth<br>_____ # Other (listed by title): _____ |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

#### Documents Reviewed

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input checked="" type="checkbox"/> Continuity of Operation Plan<br><input type="checkbox"/> Contract Monitoring Reports<br><input checked="" type="checkbox"/> Contract Scope of Services<br><input checked="" type="checkbox"/> Egress Plans<br><input type="checkbox"/> Escape Notification/Logs<br><input type="checkbox"/> Exposure Control Plan<br><input checked="" type="checkbox"/> Fire Drill Log<br><input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan<br><input checked="" type="checkbox"/> Grievance Process/Records<br><input type="checkbox"/> Key Control Log<br><input type="checkbox"/> Logbooks<br><input checked="" type="checkbox"/> Medical and Mental Health Alerts<br><input type="checkbox"/> PAR Reports<br><input type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input type="checkbox"/> Sick Call Logs<br><input type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports<br><input type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br><input checked="" type="checkbox"/> 7 # Health Records<br>_____ # MH/SA Records<br><input checked="" type="checkbox"/> 7 # Personnel Records<br><input checked="" type="checkbox"/> 8 # Training Records/CORE<br><input checked="" type="checkbox"/> 7 # Youth Records (Closed)<br><input checked="" type="checkbox"/> 7 # Youth Records (Open)<br>_____ # Other: _____ |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

#### Observations During Review

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

#### 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**

<b>Standard 2 - Youth Management</b>		
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 - Manatee is operated by AMIkids, Inc. through a contact 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 an executive director, one business manager, two case managers, two behavioral interventionists, and two-family support specialists. The program operates on the Manatee 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, in an effort 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 two vacancies, one language arts teacher and one exceptional student educator (ESE) teacher.

## Strengths and Innovative Approaches

- The program focuses on the importance of continued education and various career opportunities to include field trips to local colleges and businesses.
- The program offers business education classes which include budgeting, social skills, and mock interviewing.
- The program offers community service work for the youth to participate in at local nonprofits organizations such as homeless shelters, nursing homes, and visiting the local voluntary pre-kindergarten education program (VPK) to read stories to the children.
- The program allows the youth to participate in outings to the local performing arts theater which enables the youth the opportunity to experience performing arts through an in-theater performance.

## **Standard 1: Management Accountability**

<b>1.01 Initial Background Screening</b>	<b>Satisfactory Compliance</b>
<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 a written policy and procedures in place for conducting background screenings for direct-care staff and volunteers prior to having contact with youth. Since the last annual compliance review, the program hired six new staff and two volunteers. Each record had documentation of a background screening was completed prior to their hire date, and a pre-employment assessment tool was completed for the direct-care positions. The program added the staff to their Clearinghouse employment roster. There were no screenings in need of exemptions to meet eligibility for hiring requirements. The program submitted an annual Affidavit of Compliance with Level 2 Screening Standards to the Department on January 10, 2019, meeting the annual requirement.

<b>1.02 Five-Year Rescreening</b>	<b>Satisfactory Compliance</b>
<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 written policy and procedures in place regarding the completion of five-year background rescreenings for all direct-care staff and/or volunteers. A review of program staff, volunteers, and interns indicated one direct-care staff required a five-year background rescreening from the Department's Background Screening Unit (BSU). A review of the applicable record found the rescreening was processed within the required time frame. The program utilizes an internal tracking reminder system to ensure applicable background rescreenings are completed prior to a direct care staff, volunteer, or intern's anniversary date. The background rescreenings were submitted to the BSU at least ten business days prior to the five-year anniversary date of hire.

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

The program has a written policy and procedures in place to address pre-service training. Six direct-care staff were applicable for pre-service training requirements. Training records for four staff exceeded the 120-hour training requirement within 180 days of hire. Prior to contact with youth, the staff completed Protective Action Response training, cardiopulmonary resuscitation,



first aid training certification, and professionalism and ethics training. Two staff were still within their initial 180 days of employment and on track to complete the 120-hour training, as required. The program's pre-service training plan was submitted, approved, and signed by the Department's Office of Staff Development and Training on February 6, 2019. All pre-service training is documented in the Department's Learning Management System (SkillPro).

<b>1.04 In-Service Training</b>	<b>Satisfactory Compliance</b>
<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 written policy and procedures in place to address in-service training. Three direct-care staff were applicable for in-service training. The staff completed over the required twenty-four hours of training on all five essential topics to include Protective Action Response (PAR), first aid, cardiopulmonary resuscitation, professionalism and ethics and suicide prevention. There were two supervisory staff who completed the required eight hours of supervisory training in management, leadership, personal accountability, employee relations, communications skills, and fiscal responsibility. There is an annual in-service training calendar, which is updated as changes occur. The program has an in-service training plan, which was submitted, approved, and signed by the Department's Office of Staff Development and Training on February 6, 2019. All in-service training is documented in the Department's Learning Management System (SkillPro).

<b>1.05 Incident Reporting (CCC)</b>	<b>Satisfactory Compliance</b>
<p><i>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></p>	

The program has a written policy and procedures related to incident reporting and notifying the Department's Central Communications Center (CCC). The policy includes definitions, reportable incident types, and general procedures. The program had two CCC reportable incidents since the last annual compliance review. Both incident reports indicated they were completed within the mandatory time frames. The program also maintains a non-CCC incident report log. A review of internal incidents and grievances determined there were no additional incidents which should have been reported to the CCC and the program has not experienced an increase in the number of reportable incidents to the CCC 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.*

The program has a policy and procedures in place to ensure a safe and appropriate treatment environment. The administration staff includes an executive director, business manager, two behavior interventionists, two family support specialists, and two case managers, of which one is a male lead facilitator for gender-specific programming. There were seven approved licensed drivers. All the staff members requiring a bachelor's-level degree had copies of their degrees in their staff records. The program is open at least eight hours a day, five days a week, excluding holidays. The program also provides services during non-traditional hours (weekends). The program accepts referrals Monday through Friday.

**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 maintains a policy and procedures regarding the provision of an abuse-free environment. A tour of the facility completed by the annual compliance review team found the Florida Abuse Hotline and Central Communications Center telephone numbers posted throughout the program. A review of the CCC reports since the last annual compliance review indicated there were no allegations of abuse against staff reported. A review of seven youth records indicated there were no incidents of abuse not reported to the Florida Abuse Hotline or CCC. A review of the grievance and internal incident reports since the last annual compliance review indicated there were no instances where abuse should have been reported and was not. All seven interviewed staff indicated they have never observed a co-worker telling a youth they could not call the Florida Abuse Hotline, or use profanity, threats, intimidation, or humiliation when interacting with the youth. All seven interviewed youth indicated they never have been stopped from reporting abuse to the Florida Abuse Hotline.

**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 has an agreement with the Manatee County School Board to provide food services in accordance with the Department of Agriculture's National School Lunch Program. The program is located within the Manatee Middle School's facility. The youth are provided breakfast and lunch in the middle school's cafeteria. The meals are provided at scheduled times, as reflected on the programs daily schedule. An observation of the kitchen and cafeteria area found the areas were clean and well maintained. The program has one direct-care staff trained in Safeserv food handler certification; however, the Manatee County School Board staff prepare and serve all meals during the regular academic school year, as well as during summer months. Seven youth were interviewed and indicated they receive breakfast and lunch while at the program. None of the youth indicated food was withheld as a disciplinary measure. All seven

interviewed staff indicated they do not assist in serving meals to the youth and have never seen food withheld as a form of punishment.

<b>1.09 Transportation Services</b>	<b>Satisfactory Compliance</b>
<i>The provider shall provide or arrange for the provision of transportation for program-related purposes.</i>	

The program has an agreement with the Manatee County School Board which states the school district will provide transportation for the youth to and from the program. The program has a Ford Econoline twelve passenger van to transport youth for various off-campus activities. Observations of the vehicle found it to be in safe and sound condition, had operational seat belts, and was locked when checked by the annual compliance review team. The van was equipped with a first aid kit, fire extinguisher, knife-for-life, and a window punch which is maintained in the executive director's office and staff check in/out the equipment for transports. There was a vehicle log containing current registration, checklists for every trip, weekly inspection reports, maintenance documentation, and daily inspection forms. All program staff are authorized to transport youth, and all staff have valid driver's licenses. The program's business manager tracks each staff member monthly to ensure each maintains a valid driver's license and has not received any tickets and/or citations for poor driving performance. All five interviewed staff indicated when transporting both youth and staff wear seat belts while the vehicle is in operation. All five interviewed youth indicated they and staff members wear seat belts while the vehicles are in operation.

<b>1.10 Fire Prevention and Evacuation Procedures</b>	<b>Satisfactory Compliance</b>
<i>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.</i>	

The program has a policy and procedures in place for fire prevention and evacuation. This program is located within the Manatee County Middle School; therefore, all fire protection equipment and alarm systems are tested by the Manatee County Fire Marshall. The program conducts monthly fire drills and documents the drills in the fire safety log. The annual fire inspection by the local fire marshal was completed in February 2019. The program did not have any deficiencies. The program has an evacuation/egress plan to address routes of evacuation for emergencies. Smoking is prohibited in the facility. The program maintains cell phones for use during emergencies. Seven youth were interviewed, and all indicated they received information on fire prevention and evacuation procedures. The youth also acknowledged participating in monthly fire drills. All seven interviewed staff stated they have participated in a fire drill within the past six months.

<b>1.11 Cleanliness and Sanitation</b>	<b>Satisfactory Compliance</b>
<i>The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.</i>	

The program has a written policy and procedures regarding cleanliness and sanitation to ensure safe and appropriate treatment of the facility. The Manatee County School Board maintains the

building which the program is located within. A tour of the program revealed all indoor areas were clean, neat, and well maintained. No graffiti was observed. Weekly sanitations and safety inspections were conducted. The program maintains separate bathrooms for males and females which were observed to be clean. The program offers available space for private counseling, group meetings, and classrooms.

<b>1.12 Youth Records</b>	<b>Satisfactory Compliance</b>
---------------------------	--------------------------------

<i>The program maintains an official youth record, labeled "Confidential," for each youth.</i>
------------------------------------------------------------------------------------------------

The program maintains an official youth record for each youth. A review of seven youth records confirmed they were clearly labeled "confidential." The program ensures the youth records are secured in a locked filing cabinet maintained in a locked office.

## Standard 2: Assessment Services

<b>2.01 Eligibility</b>	<b>Satisfactory Compliance</b>
<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>	

The program has a written policy and procedures to address youth eligibility. Seven records were reviewed for eligibility determined the program has a process in place to screen each youth for the eligibility to meet, at minimum, three of the seven domains, as required. The program utilizes an internal document which mirrors the eligibility domains for admission. The program utilizes information received from external sources, youth and parent/guardian feedback, and information on the referral form to complete the eligibility document.

<b>2.02 Orientation</b>	<b>Satisfactory Compliance</b>
<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>	

The program has a policy and procedures in place outlining orientation and program rules. All seven reviewed youth records showed each had an orientation form signed by the youth and parent/guardian. Each record contained signed forms for individual orientation topics related to program rules and requirements. Youth also signed an informational and instructional form related to bullying. All individual orientation forms were signed by the youth, parent/guardian, and staff providing the orientation. Each youth received a student handbook, which addressed all required elements, and signed a corresponding receipt form. During the annual compliance review, the student handbook and orientation was amended to add the mental health emergency plans which are required. This amended documentation supports the process in place and was evident in a review of case notes.

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

The program has a written policy and procedures to address gender-specific programming. The program consistently offers The Boys and Young Men curriculum. The program follows the posted schedule with groups occurring weekly. There is a sign-in sheet logbook for documentation of group topics and youth participating in the group. The program has one trained facilitator, which prevents additional cycles of the groups from occurring at the same time to accommodate more youth within a cycle of the programming. The program recently hired a staff to begin training to facilitate groups. As a result, the seven reviewed youth records indicated the youth are on a waitlist for the psycho-educational group. The program does offer additional gender-specific activities and programming utilizing community resources. It was reported the program has worked with a public health agency, for sex education classes, local law enforcement in Bridging the Gap activities to increase the communication between at risk youth and local law enforcement agencies, and a Boys Summit which was an eight-week course to increase the youths' skills and goal planning.

**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.*

The program has a policy and procedures in place outlining the program’s assessment and screening process. The program uses the Prevention Assessment Tool (PAT) as their assessment instrument and which is administered to each youth within seventy-two hours of admission and again prior to their release from the program. The PAT assessment results help determine each youth’s risks and needs for forming program goals. All seven reviewed youth case management records contained a PAT completed within the appropriate time frame and entered into the Department’s Juvenile Justice Information System (JJIS) within twenty-four hours of completion.

**2.05 Individualized Care Plan****Satisfactory Compliance**

*Within 30 calendar days of admission, Provider shall develop an individualized care plan for each youth. The care plan shall include the following:*

- *Counseling and case management services*
- *Monthly family contacts*
- *Goal setting and problem solving to attain goals*
- *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.*
- *Psycho-educational groups to increase protective factors and mitigate risk factors in accordance with needs.*

*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.*

Seven youth case management records were reviewed contained a customized Individual Care Plan created within thirty days of admission. All seven youth records had a goal or objective related to Boys Council and wording which encouraged support services and goal setting. Monthly family contacts were included in three of the seven records; the remaining four records were not applicable. One of the records reflected the family-centric model and appropriate updates to the goals. Psycho-educational groups were listed in all seven records as Boys Council and was a standing goal on all Individual Care Plans reviewed. One record contained a mental health referral made as a result of a need identified on the Prevention Assessment Tool; however, the referral was not reflected on the following Individual Care Plan but was tracked through documentation in the records chronological notes. The program exceeds the requirement by completing the Individual Care Plan monthly which the case managers utilize to track the youth’s progress in the program.

**2.06 Transition Plan****Satisfactory Compliance**

*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.*

The program has a policy and procedures in place outlining the program’s transition activities. The policy indicates the program shall develop individual transition plans and transition services

for a period of six months for all youth enrolled in the program a minimum of thirty days, regardless of the status of transition. A review of seven youth case management records revealed each youth's Individual Case Plan (ICP) contained a transition goal which addressed the youth's goals for completion of the program and transition back to a districted school. Documentation supported transition goals were reviewed monthly by the treatment team and updated with the team's input. There were two exceptions noted in the seven reviewed transition plans. One of the seven youth's monthly transition plan(s)/goal(s) indicated in one section of the transition goal, the youth's anticipated school was unknown; however, in the narrative of the goal, the youth's anticipated school was identified. A second youth's monthly transition plan goal narrative for January 2019 stopped mid-sentence and did not indicate what school the youth will be transitioning to upon release. During the debriefing process, the executive director acknowledged the inconsistencies in the two transition plans and stated the case manager who developed the two transition plans is no longer with the program. The executive director also indicated they would conduct a coaching session with the current case management staff to ensure the issues did not reoccur.

2.07 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services	Satisfactory Compliance
<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>	

A review of seven youth case management records found one was applicable for referrals for mental health and/or substance abuse services. The program provided two additional records for review. One of the three applicable records indicated the youth was referred for mental health treatment based on the youth's needs identified by the Prevention Assessment Tool (PAT). The other two records revealed the youth were referred for mental health services due to behavioral issues identified by program staff. All three records contained documentation the program provided the parents/guardians with referral packets to the local mental health provider, within seventy-two hours of identifying the need. There was documentation in all three records the program contacted the service provider within thirty-days of the referral to ensure services were initiated or already in place. Two of the three records contained documentation the program received verbal progress reports from the service provider's counselor on a regular basis. The third record contained documentation the youth was attending counseling but did not have documentation the program received any progress reports from the counselor about the youth's progress. The annual compliance review team conducted a brief interview with the case manager about the lack of communication between the counselor and the case manager. The case manager indicated they did speak with the counselor regularly about the youth's participation and progress in counseling; however, the case manager did not document the conversations in the youth's chronological notes or on the youth's Individualized Care Plan. All three records contained documentation of follow-up by the program with the youth, parent/guardian and service provider regarding any compliance issues, additional referrals, or other concerns.

**2.08 Individualized Care Plan Re-Evaluation****Satisfactory Compliance**

*The individualized care plan shall be re-evaluated, at a minimum, every six (6) months throughout the youth's enrollment period.*

The program has a policy and procedures in place indicating each youth's Individualized Care Plan (ICP) will be re-evaluated, at a minimum, every six months throughout the youth's enrollment. A review of seven youth case management records revealed none were applicable for the completion of ICP re-evaluations. The program provided three additional records for review of six-month re-evaluations. Two of the three records contained documentation the original ICPs were re-evaluated and updated to address the youth's progress and identify any new needs. The two records were completed on a program form entitled, AMIkids Manatee 6-month Review Care Plan. Furthermore, each plan was revised and discussed monthly during the youth's multi-disciplinary treatment team meeting and the ICP was modified due to goal completion or identified changes in the youth's needs. The third record had monthly multi-disciplinary treatment team meetings and at those meetings, the youth's ICP was modified based on the youth's progress and/or newly identified need; however, the youth's ICP was not updated on the program's re-evaluation form entitled AMIkids Manatee 6-month Review Care Plan at the six month multi-disciplinary treatment team meeting. There was documentation to support the youth's ICP was updated as normal; however, there was no documentation to support the program did anything different at the six month mark re-evaluation multidisciplinary treatment team meeting than what they had done at previous monthly meetings.

**2.09 Educational Access****Satisfactory Compliance**

*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.*

The program has a written policy and procedures in place indicating the program includes educational services into the daily schedule. The program operates on a year-round basis. The daily education schedule includes six, fifty-minute class periods, for 300 minutes of class instruction daily. The school calendar includes 230 days of instruction which meets the prescribed 1,150 hours. A review of the logbook and observations found youth attend school daily, as scheduled. An interview with the director of education confirmed the daily and annual schedule. The youth earn school credits, which are transferrable once the youth returns to public school. The education curriculum includes standard subjects, such as language arts, science, reading, social studies, and math.

**2.10 Vocational and Career Training****Satisfactory Compliance**

*The program shall provide vocational and career training to support continuous progression towards job placement.*

The program has a written policy and procedures requiring the provision of pro-social development activities for the youth. A review of the program's sign in/out logs for the past six months indicated the program has provided opportunities in the areas of career exploration, career planning, and development of school/work employability skills. Seven interviewed youth stated they visited museums, three youth reported were able to watch a play, two reported going to sporting events, five stated they've gone on a field trip to the movies, and all seven stated that they've gone to a restaurant. In addition, the sign-in logs indicated the program



visited Manatee Technical College recently for continuing education opportunities. Over the last six months, the program has also visited the Museum of Science and Industry (MOSI) to explore careers in the math and science fields. The program also posts pictures throughout the program, which were observed during the program tour, from previous trips, guest speakers, and opportunities.

<b>2.11 Youth Development</b>	<b>Satisfactory Compliance</b>
<p><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></p>	

The program’s practice is to provide activities for youth to promote and develop positive character, instilling values, and enhancement of education and community engagement experiences. These activities help the youth to develop a sense of being a part of and able to contribute 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 also help 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. Seven records were reviewed and indicated the youth attended at least one off-site activity. 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 homeless shelters, nursing homes, trips to the movie theater, a mock interview event off-site.

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

The program has a policy and procedures in place indicating the program shall complete a Prevention Assessment Tool (PAT) assessment prior to the youth’s release from the program. The policy further indicates the PAT shall be re-administered in the thirty days prior to the youth’s release. In the event the youth is released from the program unexpectedly, the PAT re-assessment will be completed at the time the youth’s record is closed. A review of three youth closed case management records were reviewed to determine if policy and procedures were followed. Two of the three reviewed records were for youth who were no longer accessible to the program and left the program unexpectedly. The case manager completed PATs on both youth upon each youth’s discharge from the program. Both PATs were completed in the Department’s Juvenile Justice Information System (JJIS) and contained the notation, “the youth was no longer accessible.” One PAT was completed two business days after the youth’s discharge and the other one was completed on the day of the youth’s discharge. The third record indicated the youth’s PAT was administered at least fourteen days prior to the youth’s release from the program and the PAT was documented in JJIS within twenty-four hours of the youth’s release from the program. All three closed records indicated the youth were released from the program in JJIS within twenty-four hours of their release date. None of the three reviewed records were youth who were in the program beyond the programs average length of

stay of fifteen months and did not require an extension approval from the program's assigned contract manager.

Program Name: AMIkids Boys Prevention Manatee  
Provider Name: AMIkids Inc.  
Location: Manatee County / Circuit 12  
Review Date(s): February 26-28, 2019

MQI Program Code: 1416  
Contract Number: 10394  
Number of Beds: 44  
Lead Reviewer Code: 152

### **Overall Rating Summary**

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