

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIkids Gadsden Prevention
AMIkids INC
(Contract Provider)
363 E. Crawford Street
Quincy, Florida 32351

Review Date(s): June 12, 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:

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:

Craig Swain, Office of Program Accountability, Lead Reviewer (Standard 1)

Warren Garrison, Office of Program Accountability, Regional Monitor (Standard 2)

Dion Maxwell, Office of Program Accountability, Operations Review Specialist (Interviews)

Program Name: AMIkids Gadsden Prevention
 Provider Name: AMIkids Inc.
 Location: Gadsden County / Circuit 2
 Review Date(s): June 12, 2019

MQI Program Code: 1448
 Contract Number: 10552
 Number of Beds: 35
 Lead Reviewer Code: 169

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 type="checkbox"/> Program Director
<input type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input type="checkbox"/> DMHCA or designee
_____ # Case Managers | _____ # Clinical Staff
_____ # Food Service Personnel
_____ # Healthcare Staff
_____ # Maintenance Personnel
_____ # Program Supervisors | 6 # Staff
7 # Youth
_____ # Other (listed by title): _____ |
|--|--|--|

Documents Reviewed

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

Observations During Review

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

Comments

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

Standard 1: Management Accountability
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)	Non-Applicable
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	Non-Applicable
2.04	Prevention Assessment Tool (PAT)	Satisfactory
2.05	Individualized Care Plan	Satisfactory
2.06	Transition Plan	Non-Applicable
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	Non-Applicable
2.10	Vocational and Career Training	Satisfactory
2.11	Youth Development	Non-Applicable
2.12	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 Prevention – Gadsden County is operated by AMIkids, Inc. through a contact with the Department. This prevention program provides delinquency prevention services to youth who are between eleven and seventeen years of age. The program is comprised of an executive director, one lead behavioral interventionist, one case manager, one administrative assistant, one job recruiter, two vocational instructors, one career coordinator, and three bus drivers. The program operates based on the Gadsden 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, 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, youth have 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 did not have any vacancies, during this annual compliance review.

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 a written policy and procedures in place requiring background screenings to be completed on all new staff prior to hiring. The program hired three new staff within the last nine months. Each of the three new staff records contained documentation of a background screening completed prior to their hire date. In addition to the background screening, the program also completed reference checks and urinalysis on all of the new staff. The program submitted an Annual Affidavit of Compliance with Level 2 Screening Standards, which was approved by the Department on November 26, 2018, meeting the annual requirement. All instructors are employed by AMIkids.

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>	

A review of the program's roster revealed the program did not have any staff applicable for a five-year rescreening during this annual compliance review. However, the program has a policy and procedures in place which requires each staff and volunteer to receive a rescreening every five years from their initial date of hire.

1.03 Pre-Service/Certification Training	Satisfactory Compliance
<i>Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i>	
<i>Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, 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 requiring new staff to be trained in accordance with Florida Administrative Code. Three applicable staff training records were reviewed and found each staff member completed the all of the essential trainings which included Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)/first aid certifications, professionalism and ethics training, suicide prevention, and emergency procedures training. In addition, each of the staff member is on track to complete the required 120 hours of training within the first 180 days of employment. All pre-service training was documented in the Department's Learning Management System (SkillPro).

The program submitted, in writing, to the Department's Office of Staff Development and Training (SD&T) a list of pre-service training on June 28, 2019, the training plan was approved by the SD&T on April 1, 2019. The training list included the course names, descriptions, objectives, and training hours.

1.04 In-Service Training	Satisfactory Compliance
<p><i>Contracted non-residential staff completes in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i></p> <p><i>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 requiring staff to complete in-service training in accordance with the Florida Administrative Code. A review of four staff records found each of the staff completed all required annual training and completed the twenty-four in-service hours.

The program's lead behavior interventionist (LBI) completed all of the required supervisor training except personal accountability and fiscal training. However, the LBI completed 12 hours of supervisor training as part of the twenty-four hours of annual in-service training hours.

The program submitted, in writing, to the Department's Office of Staff Development and Training (SD&T) a list of pre-service training on June 28, 2019, the training plan was approved by the SD&T on April 1, 2019. The training list included the course names, descriptions, objectives, and training hours. All in-service training was documented in the Department's Learning Management System (SkillPro). Six staff were interviewed, all reported being adequately trained for their job.

1.05 Incident Reporting (CCC)	Non-Applicable
<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 did not have any reportable incidents during this annual compliance review period; therefore, this indicator rates as non-applicable.

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

The program has a written policy and procedures addressing the provision of a safe and appropriate treatment environment which includes administrative and operational oversight. The program director is on call twenty-four hours a day, seven days a week for all emergencies. The program operates from 8:00 a.m. until 3:00 p.m., Monday through Friday during the summer.

Over the summer, program staff leave at 5:00 p.m. During the academic school year, the program operates Monday through Friday, from 3:00 p.m. - 6:00 p.m. A review of the program's staff education records revealed each of the program staff met or exceed the minimum requirements for their position; with the exception of one vocational instructor, who started but, has not yet completed college.

1.07 Provision of an Abuse-Free Environment	Satisfactory Compliance
<i>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.</i>	

The program has a written policy and procedures which requires the provision of an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. The program was observed to have the phone numbers to the Florida Abuse Hotline and the Central Communications Center (CCC) telephone numbers for youth eighteen years of age and older, postings throughout the program areas. A review of the program's policy found youth and staff are given unhindered access to report any allegations of abuse. A review of seven staff records confirmed all staff signed a code of contact. There were no incidents reported to the Central Communications Center (CCC) or the Florida Abuse Hotline. Six staff were interviewed and all denied witnessing staff members being physically or verbally aggressive with youth nor staff hindering a youth's ability to report abuse. Seven youth interviewed all reported feeling safe in the program and never hearing staff use profanity

1.08 Food Services	Satisfactory Compliance
<i>The program shall serve a light meal (i.e. beverage, sandwich, and snack) to each youth each day.</i>	

The program was observed to be clean, well-organized, and well maintained, which also includes the kitchen and dining area. The program provided all meals which were provided at the scheduled times. The program makes special accommodations for youth with special diets, whether it's for religion or health purposes. Staff serving meals obtained the required Food Safety Training and Food Handler Certification. Six staff were interviewed; three reported assisting in serving meals and having a Serve Safe Certification. The remaining three reported they did not assist in serving meals. All six staff reported meals are not withheld as a form of punishment.

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

The program has three rented vans which are used to provide transportation to youth in the program. The vans were observed to be in good condition. The program's auto insurance is covered under the corporate office. Staff licenses are monitored by the corporate office using SAMBA Safety, which monitors and notifies local staff by email of any important information concerning staff driver's licenses. Six staff were interviewed, five reported being authorized drivers, one reported not being an authorized driver. The drivers reported youth are required to

wear seatbelts and first aid kits are in the vehicles along with fire extinguishers. Each of the seven interviewed youth reported program staff make sure the youth get to and from the program daily and bus drivers require youth to wear seatbelts.

1.10 Fire Prevention and Evacuation Procedures	Satisfactory Compliance
<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 which requires a comprehensive safety regimen including fire safety training, fire alarm and automatic detection system, and fire protection equipment. A review of documentation confirmed the program completed an annual fire safety inspection, and fire drills and the fire system tests were conducted monthly. Fire protection equipment is located strategically throughout the facility and evacuation plans are posted in every room in the facility. The program staff have cell phones in case of emergencies. Seven staff records showed staff received training on the proper operation and use of fire equipment. All seven interviewed youth reported they participate in fire drills. Six youth reported staff told them what to do in case of a fire; however, all seven youth interviewed knew what to do in case of a fire.

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

The program has a policy and procedures which requires providing a safe and appropriate treatment environment including maintenance and sanitation of the facility. A review of documentation confirmed the program completed weekly sanitation and safety inspections of all internal and external areas and equipment to ensure the facility is clean and in good condition. The program has separate bathroom facilities are provided for males and females with hot and cold running water and antibacterial soap. The program also has space available for private counseling, group meetings, and classrooms.

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

A review of seven youth records confirmed the program clearly labels each youth record as "confidential." All official youth records are secured in a locked file cabinet or a locked room. The program clearly identifies any file cabinet used to store official youth case records as "confidential." The program complies with the records and confidential information provisions pursuant to F.S. 985.04.

Standard 2: Assessment Services

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>	

Seven youth records were reviewed. Each youth had at least three of the five required characteristics. As outlined in the contract, all of the youth were voluntary participants in the program. Each youth was between the ages of eleven and seventeen.

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>	

Seven youth records were reviewed. Each youth admitted to the program had an orientation. The orientation included all the appropriate requirements. The orientation language was age appropriate. The case manager reviewed each orientation. All appropriate forms and consents were completed. All intake documentation was maintained in each of the youth records. The youth's orientation session was documented in the youth's record. Each youth received an orientation handbook. The hand book contained all appropriate documentation. All of the records contained a written notification to include an overview and a schedule. None of the youth objected. As outline in the contract, each youth participated in a facility tour.

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

The program does not provide gender-specific programming; therefore, this indicator is rated "non-applicable."

2.04 Prevention Assessment Tool (PAT)	Satisfactory Compliance
<i>The Prevention Assessment Tool (PAT) shall be administered to each youth in the program during the initial intake and at completion of the program.</i>	

Seven youth record were reviewed. The Prevention Assessment Tool (PAT) was completed within seven days in each record. The Department's Juvenile Justice Information System (JJIS) was updated within twenty-four hours of completion.

2.05 Individualized Care Plan	Satisfactory Compliance
<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>	
<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>	

- *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 record were reviewed. The Individualized Care Plan (ICP) was completed for each of the seven youth. The ICP was completed within fifteen days of each youth's admission date. The ICP contained all of the required documentation. Seven youth were interviewed and each youth reported they received an ICP.

2.06 Transition Plan	Non-Applicable
<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>	

This program does not provide transition planning; therefore, this indicator is rated "non-applicable."

2.07 Referrals for Mental Health and Substance Abuse Assessment and Treatment Services	Satisfactory Compliance
<i>Staff shall ensure all referrals for services are made within seventy-two hours of identification of the need for services.</i>	
<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>	

The program has established a practice to ensure all youth are referred to a community resource for mental health or substance abuse services. An interview with the program director revealed the program will complete a referral to a community-based service in the event a youth needs care. A review of seven records revealed none of the youth required a referral for mental health or substance abuse services. An interview with the case manager revealed none of the youth at the program have not yet required a community-based mental health/substance abuse service.

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>	

Seven youth record were reviewed. Each youth's Individualized Care Plan (ICP) was reviewed every three months. Procedurally, the program reviews each youth within ninety days to monitor the youth's progress in the program and to re-assess their needs. The youth, case manager, vocational instructor, parent/guardian, and career coordinators participated in each review.

2.09 Educational Access	Non-Applicable
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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.

This program does not provide educational access; therefore, this indicator is rated “non-applicable.”

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 utilizes a vocational instructor and a career coordinator. A review of seven youth records found each of the Individualized Care Plans (ICP) included vocation and career training. Reviewed documentation confirmed each youth received training in accordance with their ICP.

2.11 Youth Development

Non-Applicable

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.

The program does not provide gender-specific programming; therefore, this indicator is rated “non-applicable.”

2.12 Release

Satisfactory Compliance

The provider must administer the PAT prior to the youth’s release or discharge from the program.

Three closed youth records were reviewed. The Exit Prevention Assessment Tool (PAT) was completed within fourteen days of each youth’s discharge from the program. The Department’s Juvenile Justice Information System (JJIS) was updated within twenty-four hours of release. The JJIS census was consistent with the program’s roster.

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Provider Name: AMIkids Inc.
Location: Gadsden County / Circuit 2
Review Date(s): June 12, 2019

MQI Program Code: 1448
Contract Number: 10552
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Lead Reviewer Code: 169

Overall Rating Summary

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