

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIkids Miami-Dade North
AMIkids, Inc.
(Contract Provider)
2701 North 151st Street
North Miami Beach, Florida 33160

Review Date(s): May 14 - 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:

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:

Keith Bennis, Office of Program of Accountability, Lead Reviewer (Standard 1)
Jeffrey Barrett, Office of Program of Accountability, Technical Assistance Specialist (SPEP)
Paula Friedrich, Office of Program Accountability, Regional Monitor (Standards 3 & 4)
Rondarrell George, Office of Program Accountability, Regional Monitor (Interviews)
Maryann Sanders, Office of Program Accountability, Deputy Regional Supervisor (Standard 2)

Program Name: AMIkids Miami-Dade North
Provider Name: AMIkids, Inc.
Location: Miami-Dade County / Circuit 11
Review Date(s): May 14-16, 2019

MQI Program Code: 1249
Contract Number: P2119/21
Number of Beds: 50
Lead Reviewer Code: 142

Methodology

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

Persons Interviewed

<input checked="" type="checkbox"/> Program Director	2 # Clinical Staff	7 # Direct Care Staff
<input checked="" type="checkbox"/> DJJ Monitor	1 # Food Service Personnel	7 # Youth
<input type="checkbox"/> DHA or designee	_____ # Healthcare Staff	_____ # Other (listed by title): _____
<input checked="" type="checkbox"/> DMHCA or designee	1 # Maintenance Personnel	
1 # Case Managers	4 # Program Supervisors	

Documents Reviewed

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Fire Prevention Plan	<input checked="" type="checkbox"/> Vehicle Inspection Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input type="checkbox"/> Grievance Process/Records	<input checked="" type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> CCC Reports	<input checked="" type="checkbox"/> Key Control Log	<input checked="" type="checkbox"/> Youth Handbook
<input type="checkbox"/> Confinement Reports	<input checked="" type="checkbox"/> Logbooks	7 # Health Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Medical and Mental Health Alerts	7 # MH/SA Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input checked="" type="checkbox"/> PAR Reports	20 # Personnel Records
<input checked="" type="checkbox"/> Contract Scope of Services	<input checked="" type="checkbox"/> Precautionary Observation Logs	8 # Training Records/CORE
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	7 # Youth Records (Closed)
<input type="checkbox"/> Escape Notification/Logs	<input type="checkbox"/> Sick Call Logs	3 # Youth Records (Open)
<input checked="" type="checkbox"/> Exposure Control Plan	<input checked="" type="checkbox"/> Supplemental Contracts	_____ # Other: _____
<input checked="" type="checkbox"/> Fire Drill Log	<input checked="" type="checkbox"/> Table of Organization	
<input checked="" type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> Telephone Logs	

Observations During Review

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

Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Satisfactory
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	Satisfactory
1.09	Food Services	Satisfactory
1.10	Transportation	Satisfactory
1.11	Administration	Satisfactory
1.12	Incident Reporting (CCC)*	Satisfactory
1.13	Abuse-Free Enviornment*	Satisfactory
1.14	Behavior Management System	Satisfactory
1.15	Youth Record	Satisfactory

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

Standard 2: Assessment and Intervention Services Day Treatment Rating Profile

Indicator Ratings		
Standard 2 - Assessment Services		
2.01	Admission and Orientation	Satisfactory
2.02	Medical, Mental Health, and Suicide Risk Alerts in JJIS	Satisfactory
2.03	Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory
2.04	Transitional Planning/Reintegration*	Satisfactory
2.05	Youth-Empowered Success (YES) Plan Development	Satisfactory
2.06	Youth Requirement/PACT Goal Elements	Satisfactory
2.07	YES Plan Implementation/Supervision	Satisfactory
2.08	Ninety-Day YES Plan Updates	Satisfactory
2.09	Ninety-Day Supervisory Reviews	Satisfactory
2.10	PACT Reassessment	Satisfactory
2.11	Progress Reports	Satisfactory
2.12	Education Transition Plan	Satisfactory
2.13	Termination Release	Satisfactory
2.14	Career Education	Satisfactory
2.15	Educational Access	Satisfactory

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Standard 3: Mental Health and Substance Abuse Services
Day Treatment Rating Profile

Indicator Ratings

Standard 3 - Intervention Services		
3.01	Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory
3.02	Licensed Mental Health and Substance Abuse Clinical Staff*	Satisfactory
3.03	Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.04	Mental Health and Substance Abuse Admission Screening*	Satisfactory
3.05	Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory
3.06	Mental Health and Substance Abuse Treatment	Satisfactory
3.07	Treatment and Discharge Planning	Satisfactory
3.08	Mental Health Crisis Intervention Services*	Satisfactory
3.09	Crisis Assessments*	Satisfactory
3.10	Emergency Mental Health and Substance Abuse Services*	Satisfactory
3.11	Baker and Marchman Acts*	Satisfactory
3.12	Suicide Prevention Services*	Satisfactory
3.13	Suicide Precaution Observation Logs*	Satisfactory
3.14	Suicide Prevention Plan*	Satisfactory
3.15	Suicide Prevention Training*	Satisfactory

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Standard 4: Medical Services Day Treatment Rating Profile

Indicator Ratings

Standard 4 - Medical, Mental Health, and Substance Abuse Services		
4.01	Medical Screening*	Satisfactory
4.02	Medication Management - Verification of Medications	Satisfactory
4.03	Medication Management - Delivery of Medications	Limited
4.04	Medication Management - Medication Storage	Satisfactory
4.05	Episodic/Emergency Services	Limited

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Overall Rating Summary for Standard 4

This standard has received a standard-level rating of Failed, a follow-up review of the program shall be conducted within six (6) months of publication of the program report.

Program Overview

AMIkids Miami-Dade North is a day treatment program operated by AMIkids, Inc. under contracts with the Department. The program provides day treatment services to probation, minimum-risk commitment, and conditional release youth. The program is contracted to serve fifty male and female youth, ages thirteen to eighteen. The program fosters each youth by providing mental health and substance abuse assessments and counseling and provides all youth with skills to improve prosocial decision-making. The program is comprised of an executive director, director of operations, director of administration, licensed mental health counselor, director of education, director of case management, secondary local care counselor, and a local care counselor. The program maintains a contract with Exquisite Catering by Robert to provide breakfast and lunch for the youth and staff. The program provides mental health and substance abuse treatment utilizing Aggression Replacement Training and Cannabis Youth Treatment. The program's services are designed to address criminogenic risk factors, according to the youth's needs and risks. The program provides facility-based delinquency programming and treatment to include case management services, strategic interventions, restorative justice, gender-specific services, substance abuse testing, and food services. The program provides medical services for the youth in the program by screening the youth for medical concerns and assisting the youth with medications if the youth take prescription medications during the time they are at the program. At the time of the annual compliance review, it was reported the program had no staff vacancies.

Strengths and Innovative Approaches

- The program was awarded a grant to provide vocational services in construction through the National Center for Constructional and Educational Research (NCCER) and food handling through ServeSafe culinary certifications. These certifications prepare the youth for careers in the construction and food service industries.
- The program has partnered with the Dan Marino Foundation to provide the youth with a virtual mock job interviewing program utilizing Vocational Interviewing Training Agent (VITA) software. VITA assists the youth with preparing for various types of interviewing techniques. The computer-generated avatars used in the software give the youth realistic examples of what to expect during an actual job interview. The youth are given several interview questions which simulate a job interview environment. This software has helped reduce the anxiety many of their youth feel during the interview process.

Standard 1: Management Accountability

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

The program has a policy and procedures regarding initial background screenings for all staff, volunteers, mentors, interns, contracted providers, and grant-recipient staff with access to youth and confidential youth records. Five staff and fifteen volunteers/interns were applicable for an initial background screening since the last annual compliance review. Reviewed documentation confirmed each staff and volunteer/intern received an eligible background screening prior to being hired. There were no staff or volunteers/interns applicable for receiving an ineligible rating/approved exemption. In addition to a background screening, each potential new-hire is screened through the Florida Department of Law Enforcement (FDLE) for a sexual offender/predator check and must also pass a Diana Screen Test. The program utilizes a Diana Screen Test as a pre-employment assessment tool and is administered to direct care applicants. The test is a computer-based pre-hire/volunteer risk management screening which asks a series of questions which identifies applicants who fail to recognize sexual boundaries between adults and children. An informal interview with the program's business manager confirmed the program submits a document request to their corporate office and the Department's Background Screening Unit, who then checks the Department's Central Communications Center (CCC) person involvement report, Staff Verification System (SVS) module, and FDLE's Automated Training Management System for any issues regarding the potential new hire. The program will receive the results back if there are any hits on any of these searches. The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the Department's Background Screening Unit on December 12, 2018, meeting the annual requirement. Reviewed documentation confirmed the program has added all staff and volunteers to their Clearinghouse employment roster.

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

The program has a written policy and procedures in place regarding the completion of five-year background rescreening on staff every five years from their initial hire date of employment. An informal interview conducted with the program's business manager, coupled with a review of the program's staff, volunteer, and intern rosters confirmed there were no staff, volunteers, or interns applicable for a five-year rescreening during this annual compliance review period. The

program's business manager utilizes an internal tracking system to ensure applicable rescreenings are completed prior to a staff, volunteer, and/or intern's anniversary date. This includes all contracted staff and any education staff hired by the program, not employees paid by the Miami-Dade County School Board.

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

The program has a policy and procedures in place for the use of Department approved Protective Action Response (PAR) moves, when applicable. The program has a PAR plan which was approved by the Department's Office of Staff Development and Training on March 18, 2019. The program maintains a centralized binder which contains all internal incident reports, grievances, and PAR reports, as well as any applicable attachments or documentation relating to each incident. A review of documentation from seven in-service staff training records, as well as one applicable pre-service staff training record, validated each staff was trained, upon hire, on the appropriate use of PAR. Each staff must complete a PAR refresher training annually thereafter. The program had two uses of PAR since the last annual compliance review. The reviewed PAR reports reflected the techniques used were Department approved and were appropriate in use. Staff who were either a witness to or participated in an incident which resulted in the use of PAR completed the required staff statements by the end of the staff member's workday. Each applicable PAR report was reviewed and processed within seventy-two hours by all required parties. Each report was reviewed by a supervisor and a PAR-certified supervisor/PAR instructor within the required time frame to determine if the use of force was consistent with the program's policy. Each post-PAR interview with the youth was conducted by the executive director or designee within thirty minutes of each incident and included the youth's input to determine if they had any physical complaints or visible injuries present. Each reviewed PAR report indicated the youth were not in need of a PAR medical review. Reviewed documentation also found the program maintained the monthly trend analysis of the number of PARs utilized.

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

The program has a policy and procedures in place to ensure contracted non-residential staff receive pre-service/certification training in accordance with Florida Administrative Code. Five staff training records were applicable for pre-service certification training. One staff completed the required training within the 180-day time frame. Four staff were recently hired and were still

within the 180-day time frame to complete the required pre-service training. Reviewed documentation reflected all five staff completed the essential skills training to include Protective Action Response (PAR), cardiopulmonary resuscitation/first aid, professionalism and ethics, suicide prevention, and emergency procedures training prior to having direct contact with youth. The volunteers and interns are required to complete a basic orientation to the program. The interns and volunteers are never left alone with youth, as they are always with a certified staff member. Reviewed documentation confirmed the one applicable staff completed the 120 hours of web-based and/or instructor-led pre-service training within 180-days of hiring. The program submitted a master training schedule to the Department’s Office of Staff Development and Training on January 1, 2019 and was approved on March 6, 2019. The training schedule outlines various scheduled training topics. All pre-service trainings were entered into the Department’s Learning Management System (SkillPro). The program continues to utilize an internal web-based learning/training system called “Moodle” to document and track various pre-service and in-service staff trainings, which includes Department required trainings, as well as specific trainings required by AMLkids.

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

The program has a policy and procedures in place to ensure contracted non-residential staff complete in-service training in accordance with Florida Administrative Code. The program submitted an in-service training plan to the Department’s Office of Staff Development and Training on January 1, 2019 and was approved on March 6, 2019. Seven staff training records were reviewed for in-service training requirements, inclusive of three supervisors. Reviewed documentation validated each staff exceeded the twenty-four-hour annual training requirement. Each of the three supervisor’s trainings reflected the staff exceeded the eight-hour supervisory training requirement by completing training in the areas of management, leadership, personal accountability, employee relations, and communication skills. Each reviewed staff training record documented staff received all mandatory required trainings. All in-service trainings were entered in the Department’s Learning Management System (SkillPro).

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

The program maintains a policy and procedures relating to program cleanliness and sanitation to ensure a safe and appropriate treatment environment at the facility. The program has a maintenance and housekeeping plan to ensure the program is maintained, clean, and in good repair. All maintenance needs are reported to the program’s director of operations (DO) and are completed based on priority. Reviewed documentation found staff conduct security checks inside and outside of the program each day. The program utilizes a pest control company for monthly pest control services.. A complete facility tour was conducted by the annual compliance review team and the DO on the first day of the annual compliance review, and daily

observations of the building and grounds were made by the review team each day of the review. These observations reflected the program was clean, free of graffiti, and overall, well-maintained. Observations confirmed the program has two separate bathroom facilities for males and females which had at least one operable toilet and washbasin with hot and cold running water, as well as antibacterial soap. Reviewed documentation found weekly sanitation and safety inspections are regularly conducted by program staff. The program was observed to have adequate space for educational classrooms, group meetings, counseling sessions, and other events. The program does not operate during evening hours.

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

The program has a policy and procedures regarding fire prevention and evacuation. The program has a fire prevention plan inclusive of building evacuation procedures and fire drills. A facility tour confirmed the program has a fire alarm system throughout the building, fire protection equipment available at strategic locations, and egress maps posted next to each doorway. There is no smoking permitted anywhere on program grounds or in the facility. Reviewed documentation confirmed the Miami-Dade County Fire Rescue Department completed a fire inspection of the facility on May 30, 2018 and violations and corrections were recommended. A follow-up fire inspection was later conducted on July 5, 2018 and October 23, 2018 and determined all violations were corrected. Reviewed training documentation reflected all program staff and thirty-four youth were last trained on the proper operation and use of available fire prevention equipment on November 5, 2018. Reviewed documentation confirmed the program conducted fire drills at least once a month. Fire drill documentation is maintained at the back of the program's monthly logbooks and also in the Fire Safety Log. The fire drills were unannounced drills and were conducted under varied conditions on each shift. The program maintains an emergency telephone contact list with emergency notification numbers accessible to staff members located within their Continuity of Operations Plan (COOP), which is maintained in the administration area, accessible to all staff. The program utilizes and provides program cellular telephones for case managers. Case managers are assigned a take-home cellular phone to utilize for case management activities such as curfew checks, family calls, check-in calls, and calls to court. The cellular phones can also be used to call public safety personnel in the event the program's landline telephones become inoperable. Seven youth were interviewed, and each confirmed they have been instructed on what to do in case of a fire.

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

The program has a comprehensive water activities policy manual which covers guidelines and requirements allowing select youth to participate in water-related activities. The program's policy manual is inclusive of a water safety plan and water activity standards. The program has procedures in place for prompt notification of a youth's parent/guardian in cases of serious illness, injury, or death. The program has one staff member who is a certified dive master, as well as a certified Professional Association of Diving Instructors (PADI®) open water scuba instructor. This staff member achieved this certification on June 15, 2008 and the certification is good for life. Reviewed documentation indicated each applicable youth in the program who participated in swimming activities received a swim test prior to participating in any water-related

activities. When a youth chooses not to swim or does not qualify to participate on a swimming outing, they are not evaluated with the swim test and do not participate in water activities. When a youth refuses to participate, the youth's refusal is documented on the program's swim test form and the form is maintained in a centralized binder. An interview with the program's executive director confirmed the program did not participate in their annual white-water rafting trip on the Nantahala River in North Carolina due to Hurricane Michael and the program has not had any illnesses, injuries, or deaths stemming from water activities during the annual compliance review period. Seven youth were interviewed and three of the seven reported they have participated in water activities and received a swimming evaluation prior to gaining approval to swim. Four of the seven interviewed youth indicated they have not participated in water activities.

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

The program has a policy and procedures in place to ensure a safe and appropriate treatment environment, including food services, is provided to each youth at the program. The program continues to maintain a contract with Exquisite Catering by Robert, Inc. to provide breakfast, lunch, and snacks each day to every youth and staff at the program. The contract was last renewed on July 1, 2018 and expires on June 30, 2019. The vendor is licensed with the State of Florida's Department of Business and Professional Regulation and is also a certified professional food manager. Observations made during the annual compliance review reflected the indoor dining area was clean and well-maintained. There were seven youth identified with special dietary restrictions/allergies at the time of the annual compliance review. An interview with the program's executive director confirmed the program makes accommodations to youth who are identified with special dietary restrictions or to accommodate applicable health and religious beliefs. The program does not withhold food as a disciplinary measure. The program's food services were last inspected by the State of Florida's Department of Health on January 28, 2019 and again on May 8, 2019 with no exceptions noted. Observations made during the week of the annual compliance review reflected staff and youth are offered the same meals. Seven interviewed youth and seven interviewed staff confirmed the program offers a single menu for both program staff and youth.

1.10 Transportation	Satisfactory Compliance
<i>The program provides a safe and appropriate treatment environment including transportation.</i>	

The program has a policy and procedures in place regarding the program providing a safe and appropriate treatment environment, including transportation of youth. The program continues to maintain a contractual agreement with the Miami-Dade County Public School Board for daily transportation of youth to and from the program. The program also utilizes two vans for transporting youth for applicable off-campus activities and to and from the program, when needed. Observations made of the two vans found them to be in safe and sound condition and were locked when not in use. The program has a designated carry-bag for staff to carry on all van outings which includes a fire extinguisher and a first aid kit specifically assigned for transport. The program also maintains a knife-for-life and a window punch on the key-ring of the van. There are currently seventeen staff who are authorized to transport youth. These seventeen staff all have a valid driver's license. The program's director of

administration/business manager utilizes SambaSafety to conduct driver's license checks monthly for all authorized staff. Reviewed documentation confirmed program staff randomly inspect selected personal and program vehicles. All inspected vehicles were securely locked when not in use. An interview with the director of operations (DO) confirmed youth are never denied services, nor are they ever penalized, due to a lack of transportation. Seven youth and seven staff were interviewed, and each confirmed youth and staff wear their seat belts while vehicles are in operation.

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

The program has a policy and procedures in place to ensure a safe and appropriate treatment environment for all youth and staff to include administrative and operational oversight. An informal interview with the program's executive director confirmed AMLkids' regional/corporate program staff complete a monthly program operational statistics report related to demographics, terminations, placements, length of stay, and education, which is reviewed by the program's management staff. The program maintains statistical information including admission data, transfers, releases, absconds, emergencies, abuse reports, incidents, and length of stay. A facility tour was conducted by the annual compliance review team on the first day of the annual compliance review. Observations made while on the tour, as well as observations made throughout the week of the annual compliance review, confirmed the program provides a safe and appropriate treatment environment for the youth they serve. A review of the program's youth census was compared with the census report in the Department's Juvenile Justice Information System (JJIS) and confirmed the youth listed on the program's census mirrored the census report in JJIS. The program maintains a logbook record of significant program activities, events, and incidents impacting the safety and security of the youth and program. The program utilizes one comprehensive daily logbook, which is bound, separated by month, and is reviewed daily by program management staff. Reviewed documentation of logbooks confirmed they are reviewed on a bi-weekly basis by the program's executive director. Reviewed documentation reflected logbook entries were brief, written in ink, contained the date and time of the incident, name of youth and program staff involved, and name of the person making the entry with the date, time of entry, and signature.

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

The program has a policy and procedures regarding incident reporting to the Department's Central Communications Center (CCC). The program had a total of nine incidents reported to the CCC within the last six months and all were accepted. Reviewed documentation reflected each incident was reported in compliance with the CCC mandatory time frames and reporting procedures. The program maintains a centralized binder containing all CCC related reports, internal incident reports, and Protective Action Response (PAR) reports. The program had a total of eleven internal incidents and no applicable grievances in the last six months. A review of all eleven internal incidents found there were no additional incidents needing to be reported to the CCC.

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

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

The program has a policy and procedures in place regarding an abuse-free environment which establishes a process to report any suspected abuse or neglect to the Florida Abuse Hotline. The policy reflects any program staff, volunteer, or intern who knows or has reasonable cause to suspect a child is being abused, abandoned, or neglected by a parent, guardian, legal custodian, caregiver, or other person responsible for the child's welfare must report this suspicion to the Florida Abuse Hotline. Furthermore, if a child is suspected to need supervision and/or care and has no parent, guardian, legal custodian, or responsible adult/relative immediately known and available to provide supervision and care, staff must report such knowledge of suspicion to the Florida Abuse Hotline. The program's abuse reporting procedures are detailed in the program's youth handbook and employee handbook. Each youth receives a copy of the youth handbook upon their admission into the program. Observations made throughout the annual compliance review confirmed the program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. Upon being hired, each staff must acknowledge and sign a code of conduct, located within the AMIkids' Team Member Handbook, which forbids staff from using physical abuse, profanity, threats, or intimidation towards youth. This is further outlined in the employee conduct policy, which is provided to all staff and located within the "Youth Care 101" brochure. The telephone numbers to the Florida Abuse Hotline and the Central Communications Center (CCC) for youth eighteen years or older were observed to be posted throughout the program. An informal interview with the program's executive director (ED) and director of operations (DO) confirmed there have been no allegations of abuse made against staff during the annual compliance review period. According to the DO, if a youth would like to report abuse, they are to notify staff, staff are to notify their supervisor and the ED, and then staff bring the youth to a private area to allow them to make the call to the Florida Abuse Hotline. The staff are to immediately report this to their supervisor and the ED. Youth are also able to fill out grievance form or problem request forms to speak with staff regarding any issues they are having. Seven youth were interviewed. Each youth reported they have never been stopped from reporting abuse to the Florida Abuse Hotline, think staff are respectful when talking with the youth, have never heard staff use curse words when speaking with a youth, have never heard staff threaten youth, and have never been asked by staff to meet with them on a social basis after school. Furthermore, each youth reported they feel safe at this program. Seven staff were interviewed. Each staff reported they have never seen a co-worker tell a youth they could not call the Florida Abuse Hotline, have never heard a co-worker use profanity when speaking with youth, and have never observed a co-worker using threats, intimidation, or humiliation when interacting with a youth.

1.14 Behavior Management System**Satisfactory Compliance**

The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic and education expectations. Consequences are fair and directly correlate with the behavior problem. The use of facility restriction does not exceed seven consecutive days. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. Time-out is used in accordance with Florida Administrative Code. All behavior problems, time-outs, in-facility suspensions, and privilege suspensions are documented in the facility log and case file in accordance with Florida Administrative Code.

The program has a policy and procedures regarding the behavior management system (BMS), which provides privileges and consequences to encourage youth to fulfill programmatic and educational expectations. The provider calls their BMS the AMLkids Behavior Modification System. The BMS relies upon positive reinforcement, modeling, shaping, generalization, and maintenance as tools for long-term behavioral change with the goal to decrease undesired behaviors and increase the desire for pro-social behaviors. Upon admission, each youth receives a youth handbook which explains the rules of the program, the point card system, the rank system, token economy system, and consequences. The BMS is a three-layered behavior system which includes a rank/phase system, positive reinforcement to punishment ratio of seven to one, a point system, point card expectations, and token economy. There are six ranks making up the BMS. Examples of the ranks, in order, are: Recruit, Ensign, Lieutenant, Commander, Captain, and Admiral. Each of the three components work together to help modify the youth's behavior and each have their own unique purpose and role in the system. In order for a youth to advance from one rank and phase to the next, they are required to achieve their daily points for a targeted number of days and must demonstrate appropriate social and academic skills. An increase in rank allows for a youth to receive an increase in privileges, such as additional snacks, hygiene items, and/or opportunities for off-campus activities. The program also has a "Spincentive Wheel" used as a reward for the youth. Incentives labeled on the wheel can be items such as additional food, games, clothing, and off-campus activity opportunities such as movie tickets. These incentives are geared to boost the morale of their youth and encourages them to want to do well in the program daily. Youth are eligible to spin the wheel at least three times a week if they are doing exceptionally well in areas such as coming to school on time, passing drug tests, making gold card, displaying leadership, participating in therapy, excelling academically, and displaying positive re-enforcement. The BMS also includes fair consequences directly correlating with a youth's behavior problem so the youth understands the consequences of their negative behavior. Staff are to immediately address youth of any rule violations. A review of the seven youth records indicated each contained the youth's completed point cards and indicated disciplinary procedures were carried out promptly. The youth records also revealed all behavior management issues are clearly documented in the youth's records. Seven youth were interviewed, and each said they have never been placed in time-out before and youth are never allowed to discipline or have control over other youth. Each of the seven interviewed youth reported if privilege suspension occurs, staff do not deny youth meals, healthcare, religious needs, parental contacts, or legal assistance.

1.15 Youth Records (Healthcare and Management)**Satisfactory Compliance**

The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files:

- *An individual healthcare record*
- *An individual management record.*

The program has a policy and procedures for maintaining an official case record for each youth. The program maintains an individual case management record for each youth enrolled at the program. All medical, mental health, and substance abuse related information is maintained electronically utilizing the Lauris Online management and counseling system. The program starting using Lauris in April of 2017. Seven individual youth case management records were reviewed and confirmed each were labeled as "Confidential." The case management records were each organized having separate tabs dividing the information dispersed into six specific sections. The six separate sections included chronological, social, legal, education, correspondences, and case management information. Observations made during the program tour confirmed all official youth management and healthcare records are secured in a locked file cabinet, clearly identified as "Confidential," which are stored within locked offices.

Standard 2: Assessment and Intervention Services

2.01 Admission and Orientation	Satisfactory Compliance
<i>Facility orientation shall be conducted within twenty-four hours of a youth's admission to the facility. Case notes should document the date and time of the orientation and the youth received orientation documents.</i>	

The program has a written policy and procedures which addresses admission and orientation. Seven youth records were reviewed, and each contained an orientation acknowledgement form signed by the youth, parent/guardian, and case manager and contained a corresponding case note entered in the Department's Juvenile Justice Information System (JJIS) Case Notebook Module for each youth. Orientation was conducted within twenty-four hours of admission and documentation supported each youth received a copy of the student handbook. Case notes reflected each youth received an introduction to program staff and tour of the facility. The orientation included a review of program expectations and rules, behavior management system, emergency medical and mental health services, emergency safety and evacuation procedures, items considered contraband, consequences, a review of the performance planning process, and the program's dress code. The orientation process also informs youth of the daily activity schedule, anticipated length of stay, and included all other required elements. A review of JJIS for each youth validated they were added to the program census on the date of their admission.

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

The program has a written policy and procedures for identifying and documenting mental health and suicide risk issues in the Department's Juvenile Justice Information System (JJIS). A medical alert shall be entered into JJIS and the program's internal alert system if a youth is identified with a medical or mental health risk during the screening and assessment process. A review of seven youth records found two youth were applicable for alerts. An additional applicable record was requested and reviewed. Documentation supported each alert was entered into JJIS. Three youth had chronic medical conditions, and one of the three youth had allergies. One youth was applicable for a suicide alert, and documentation reflected the alert was entered into JJIS and the program's internal alert system as required. The suicide alert was discontinued by the program's mental health staff based upon the results on the Assessment of Suicide Risk. The program had no youth applicable for a mental health alert. The program has a policy and procedures for communicating alerts to staff. Staff are made aware of alerts daily at the time of their arrival to the program. Alerts are reviewed by all staff and are then signed for acknowledging the alerts have been reviewed. In addition, the mental health staff reviews all alerts daily with each staff individually. The program's food service provider is provided with a list of any dietary restrictions daily. The program has a process of informing all staff of environmental stressors which may render some programming unsafe. The program's director of operations reviews the National Weather Service daily and if the heat index reaches a dangerous level as deemed by the National Oceanic and Atmospheric Administration, alternative indoor activities are planned. Seven interviewed staff validated the program's process of communicating alerts and each staff believe this process is effective.

2.03 Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory Compliance
<i>The PACT Full Assessment is completed by program staff for all youth, regardless of risk to reoffend, within seven calendar days of admission.</i>	

The program has a written policy and procedures which addresses the purpose and scope of completing the Positive Achievement Change Tool (PACT) Full Assessment. A review of seven youth records found each contained a PACT Full Assessment completed by program staff within seven days of each youth's admission into the program. Each PACT Full Assessment was entered into the Department's Juvenile Justice Information System (JJIS) on the day it was completed.

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

The program has a written policy and procedures addressing transitional planning for youth who are being released from a residential program on conditional release or post-commitment probation. Seven youth case records were reviewed, two of which were youth on conditional release. The program did not receive the referral for services for one of the two youth until after release from the commitment program; therefore, two additional applicable records were requested and reviewed. Documentation supported the case manager maintained monthly contact with the youth, parent/guardian, and program staff while the youth was in the residential program. Each youth was in a residential program over fifty miles away from the program; therefore, face-to-face contact was not required. Reviewed case notes reflected the case manager participated in the transitional and exit conferences for each of the three applicable youth and made appropriate post-commitment service referrals prior to release when applicable. Additionally, the case manager participated in monthly treatment team meetings for each youth. The program did not have any youth on post-commitment probation.

2.05 Youth-Empowered Success (YES) Plan Development	Satisfactory Compliance
<i>The YES Plan (Form DJJ/PACTFRM 4) is cooperatively developed for youth on Probation, Conditional Release, and Post-Commitment Probation. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan.</i>	

The program has a written policy and procedures addressing the development of the Youth-Empowered Success (YES) Plan. Seven youth records were reviewed for the development of a YES Plan and case notes reflected the youth and parent/guardian were informed of the importance of complying with the sanctions and goals of each YES Plan. Reviewed documentation supported the case manager, youth, and parent/guardian participated in the development of the YES Plan in six of the seven youth records. One record did not contain documentation indicating the youth or parent/guardian participated in the development of the YES Plan. Six of the seven youth records supported the youth and parent/guardian received a copy of the initial YES Plan. One record did not contain documentation the youth and parent/guardian received a copy of the initial YES Plan. One of the seven YES Plans reviewed was applicable for conditional release; therefore, two additional applicable YES Plans were requested and reviewed. Each of the three applicable YES Plans contained treatment and

interventions identified at the exit conference and the discharge summary, as well as recommendations from the residential program identified during transition. Seven interviewed youth confirmed they each participated in the development of their YES Plan.

2.06 Youth Requirement/PACT Goal Elements	Satisfactory Compliance
<i>The YES Plan provides appropriate and individualized target dates for the completion of each youth requirement and PACT goal. All youth requirement and PACT goal action steps include the intervention plan elements (i.e., who, what, and how often).</i>	

The program has a written policy and procedures addressing youth requirements and goal elements. Seven youth records were reviewed, and each record reflected court-ordered sanctions were documented in the Department’s Juvenile Justice Information System (JJIS) Youth Requirements module. Each youth requirement reflected the responsibility for at least one specific action step for the youth, parent/guardian, and case manager. Each requirement outlined the specific action and frequency. Six of the seven reviewed YES Plans contained at least one change goal which addressed one of the youth’s top three criminogenic needs. One YES Plan did not address one of the youth’s top three criminogenic needs and there was no documentation to support why it was not addressed. Each YES Plan documented reasonable projected completion dates for all court ordered sanctions and goals. Seven interviewed youth were aware of their current goals.

2.07 YES Plan Implementation/Supervision	Satisfactory Compliance
<i>Youth on supervision (i.e., probation, conditional release, or post-commitment probation) are supervised in a manner ensuring compliance with the court order and completion of YES Plan (youth requirements and PACT goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.</i>	

The program maintains a written policy and procedures addressing the implementation and supervision of the Youth-Empowered Success (YES) Plan. Seven youth records were reviewed for YES Plan implementation and supervision. Each reviewed record documented all case activities, including face-to-face interactions and telephone contacts with the parent/guardian and youth, as well as community providers and collateral sources when applicable. Reviewed documentation supported each youth’s progress in the program was monitored in accordance with each youth’s YES Plan and all quality contacts with the youth and parent/guardian were made in the program, at the youth’s home, and in the community, when applicable.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
<i>Staff adjust the YES Plan to reflect any new needs and progress made during the course of supervision. Staff must make necessary updates to youth requirements and PACT goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews. When updates are made to the YES Plan reasonably requiring the input of the youth and parent/guardian, this discussion is clearly documented in the case notes. Use of the “case notations” or a similar form the youth and/or parent/guardian initials to indicate the YES Plan was reviewed does not signify compliance. The case notes clearly document any communication regarding the YES Plan.</i>	

The program maintains a written policy and procedures addressing ninety-day Youth-Empowered Success (YES) Plan updates. Seven youth case management records were

reviewed, and each was applicable for a ninety-day YES Plan update. Each record documented staff made necessary updates to youth requirements and change goals, as necessary, at least once every ninety-days. Reviewed documentation supported a new YES Plan was generated in the Department's Juvenile Justice Information System (JJIS) prior to each ninety-day supervisory review. Documentation during monthly treatment team meetings for each youth reflected the input of the youth and parent/guardian in the development and updates of the YES Plan, when applicable.

2.09 Ninety-Day Supervisory Reviews	Satisfactory Compliance
<i>Cases under supervision (i.e., probation, conditional release, post-commitment probation) are reviewed by the supervisor at least once every ninety calendar days. The supervisor ensures staff review any instructions given during the review, and ensures they were followed during the subsequent review.</i>	

The program maintains a written policy and procedures which addresses ninety-day supervisory reviews. Seven youth case management records were reviewed, and each was applicable for a ninety-day supervisory review. Documentation supported the supervisor conducted a review at least once every ninety-days. In each ninety-day review, the supervisor documented each youth's progress with program goals and court ordered sanctions and reviewed the services each youth was receiving. In addition, when applicable the case manager followed-up on supervisory instructions in each of the review records.

2.10 PACT Reassessment	Satisfactory Compliance
<i>Staff complete PACT Reassessments for youth on probation, conditional release, and post-commitment probation, as well as minimum-risk non-residential commitment youth. Regardless of risk to reoffend, the PACT Full Assessment is completed every ninety days.</i>	

The program has a written policy and procedures addressing Positive Achievement Change Tool (PACT) Reassessments. A review of seven youth case management records indicated each was applicable for a PACT Reassessment. Reviewed documentation validated PACT Reassessments were completed, as required, at least once every 180 days or less. Three closed records were reviewed for completion of an Exit PACT for youth who successfully completed the program. Documentation supported an Exit PACT was completed within fourteen days of each youth's release from the program.

2.11 Progress Reports	Satisfactory Compliance
<i>Progress reports are completed detailing the youth's progress with the youth requirements and PACT goals outlined in the YES Plan.</i>	

The program has a written policy and procedures addressing progress report preparation and distribution. A review of seven youth case management records found five contained a progress report documented every ninety days. One youth had a status report completed instead of a progress report and one youth's progress report was sixty-three days late. A cover letter was included describing the overall performance of each youth and each youth was given an opportunity to review the progress report and provide a comment in six of the seven progress reports. All six progress reports were signed and dated by the youth, staff preparing the report, and program director or designee. Documentation supported each of the six reviewed progress reports were sent to the appropriate court, with copies forwarded to the juvenile probation officer

(JPO), state attorney, youth's attorney, youth, and parent/guardian. One of the seven youth had a status report completed in lieu of a progress report. The status report included the youth's overall performance and the case manager's signature; however, it did not include any of the other required signatures, including the youths. In addition, there was no documentation to support the status report was forward to the appropriate court, the assigned JPO, state attorney, youth's attorney, youth, and parent/guardian.

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

The program has a written policy and procedures addressing an Education Transition Plan. The program's instructional staff and youth complete an Education Transition Plan upon entry, including provisions for continuation of education and/or employment. These plans are reviewed and updated monthly. The educational staff, vocational staff, and Miami-Dade County school representatives work collaboratively to ensure youth are receiving on-going interventions. Three closed youth records were reviewed for completion of an Education Transition Plan and exit plan. Documentation in each record reflected the youth, parent/guardian, education representative, case manager, and school district personnel responsible for providing guidance services were involved in the development of the plan. All reviewed transition and exit plans contained services and interventions, recommended educational placement for post-release, specific monitoring responsibilities, a sample employment application, a résumé, and documents essential for obtaining employment. The program has a business coordinator who is responsible for three months of follow-up with each youth, including coordination of employment opportunities and interviews. The program does not utilize CareerSource Center. Reviewed documentation in each record supported the case manager and parent/guardian were made aware of the plan.

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

The program has a written policy and procedures addressing terminations and releases. A review of three closed records for youth who successfully completed the program found each of the records contained documentation indicating a letter was forwarded to the assigned juvenile probation officer (JPO) requesting they contact local law enforcement and check the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) for any outstanding warrants prior to each youth's release. Each reviewed record contained documentation of program recommendations after the youth's termination upon the youth's completion of sanctions, and compliance with program goals. Reviewed documentation supported the

program worked with the assigned JPO to facilitate the release of each youth upon completion of the program. Each youth record documented updates in the Department's Juvenile Justice Information System (JJIS) within five working days of receipt of termination orders. Each youth record contained documentation validating the youth and parent/guardian were notified, in writing, the youth was no longer under supervision. One of the three closed records reviewed was applicable for a committed youth and documentation reflected the program completed a Pre-Release Notification and a final progress report within the required time frame. The program had no youth applicable for loss of jurisdiction during this annual compliance period.

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

The program has a policy and procedures in place addressing career education. The program utilizes career education programming which is based upon each youth's age, educational abilities assessment, length of stay, and custody characteristics. Reviewed documentation, along with an interview with the lead teacher, confirmed the program is a Type 2 educational program, offering career, life, and employability skills through the Miami-Dade County Public Schools, as well as job readiness and interviewing skills. The program employs a career coordinator who is responsible for completing all pre-employment activities including résumé writing, completing sample job applications, obtaining necessary identification needed to obtain employment, and completing mock interviews. In addition, the program employs a business recruiter who develops relationships with local businesses who may be potentially interested in hiring program youth. The program utilizes the My Career Shines interest profile and O-Net interest profile for vocational assessments upon each youth's admission into the program. The program's teachers utilize the results for the youth's vocational goals, résumés, and job application purposes. Youth have an opportunity to practice job interview role playing, conduct internet searches for employment, and complete online applications. At the time of the annual compliance review, the program had three youth enrolled in vocational programming and reviewed documentation in each of their records confirmed the program's practice. Three closed records were reviewed for transition planning and each included the provision for continuation of education and/or employment, a résumé summarizing education, work experience, and/or career training, a sample employment application, and appropriate documents essential to obtaining employment.

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

The program has a policy and procedures which addresses educational access. An interview with the program's lead teacher and a review of the program's school schedule confirmed the program operates on a year-round basis providing 300 minutes of education daily. A review of the program's activity schedule reflected activities scheduled which do not interfere with the educational instruction activities. Reviewed documentation reflected the skills developed in the career training and education programs are supported by the academic courses. Each youth has the opportunity to earn course credit for the completion of education and training experiences while enrolled in the program. The program conducts a regular academic path for those youth who are seeking their high school diploma and an education path designed for those youth who wish to obtain their General Equivalency Diploma (GED) certification.

Standard 3: Mental Health and Substance Abuse Services

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

The program has a part-time licensed mental health counselor (LMHC) serving as the designated mental health clinician authority (DMHCA), who is responsible for coordination and verification of necessary and appropriate mental health and substance abuse services. The DMHCA is typically on-site on Mondays but is also available on-call as needed. The DMHCA's license is clear and active in the State of Florida with an expiration date of March 31, 2021. An interview with the DMHCA and reviewed documentation indicated the DMHCA provides at least one hour of weekly clinical supervision to the non-licensed clinical staff. All youth with current mental health and/or substance abuse needs are assessed by the mental health staff. Referrals are based on services in the program or within the community dependent on the youth needs. The program currently has two community-based agencies providing services, with another slated to youth referred to the program to work with the program's full-time counselor and/or outside provider(s) to ensure services are provided.

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

The program has one part-time licensed mental health counselor (LMHC) who is responsible for the coordination and implementation of mental health and substance abuse services in the program. The LMHC serves as the designated mental health clinician authority (DMHCA) and supervises one master's-level, non-licensed therapist. The DMHCA is typically on-site on Mondays and is available on-call to the program twenty-four-hours a day, seven days a week. The contract does not require a minimum number of hours for the licensed mental health staff/DMHCA to be on-site.

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

The program has one master’s-level, non-licensed mental health counselor who holds a degree from an accredited university in the field of social work. Reviewed documentation indicates the designated mental health clinician authority (DMHCA) provided direct on-site face-to-face clinical supervision of the non-licensed counselor at least one hour each week. Supervision was documented on the program’s Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log which was approved by the Department on November 30, 2015. Reviewed training records validated the non-licensed clinician received at least twenty hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services including the completion of at least five Assessments of Suicide Risk (ASR) and Follow-Up ASRs conducted on-site in the physical presence of the DMHCA.

3.04 Mental Health and Substance Abuse Admission Screening (Critical)	Satisfactory Compliance
<i>The mental health and substance needs of youth are identified through a comprehensive screening process ensuring referrals are made when youth have identified mental health and/or substance abuse needs or are identified as a possible suicide risk.</i>	

The program maintains a written policy and procedures addressing a screening process which reflects the requisite activities of the non-licensed and licensed mental health staff, completion of the Massachusetts Youth Screening Instrument (MAYSI-2) and the Positive Achievement Change Tool (PACT) Full Assessment, review of the referral packet, staff observations, and the referral process. The program’s policy requires each youth to be screened using an intake screening for suicide risk, MAYSI-2, and the PACT. A review of seven youth mental health and substance abuse records found a PACT Full Assessment and MAYSI-2 were completed upon each youth’s admission. An interview with the non-licensed clinical staff indicated it is the program’s practice to complete an ASR on any youth with a prior history of suicide alerts regardless of whether the assessment indicated a need for further assessment. The mental health staff conducting screenings are first to review each youth’s available information, reports, and records for existing documentation of mental health and/or substance abuse problems. Two of the seven reviewed records documented a review of all available information during the screening process. Five of the seven reviewed records did not document what available information was reviewed; however, the MAYSI-2 and PACT were completed as required. Interview with the master’s-level non-licensed mental health therapist indicated the Department’s Juvenile Justice Information System (JJIS) Face Sheet and applicable alerts were reviewed. It is the program’s practice to complete an ASR for any youth with a history of suicide alerts. As a result of the screening and the program’s practice, all seven youth records included a referral for a comprehensive mental health and substance abuse evaluation within the required time frame and six of the seven reviewed youth records also included a referral for additional services inclusive of an ASR. One youth required an ASR based upon the assessment; however, the ASR was not completed. The program determined the reason the ASR was not conducted was because it was either misplaced or simply overlooked. Appropriate alerts for the youth were entered into the JJIS and the youth were placed on precautionary

observation until the ASR was completed. The program ensures all youth in the program have access to, at a minimum, mental health and substance abuse services based on the identified treatment needs of the youth. Six youth were diagnosed with a substance abuse related disorder and seven youth with a mental health diagnosis. Each youth received individual services, as outlined on their specialized initial treatment plan and master treatment plan.

3.05 Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory Compliance
<i>Youth identified by screening, staff observation, or behavior after admission and in need of further evaluation must be referred for a Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation or Updated Evaluation.</i>	

The program maintains a written policy and procedures requiring youth who are identified through staff observations during screening or through behavior subsequent to admission and who are in need of further evaluation are to be referred for a comprehensive mental health and substance abuse evaluation. A comprehensive mental health and substance abuse evaluation is to be completed for all youth appropriately referred. Youth who present an indication of need based on the Massachusetts Youth Screening Instrument (MAYSI-2), the Positive Achievement Change Tool (PACT) Full Assessment, history of mental health issues, or behaviors reflecting mental health issues received a comprehensive assessment within thirty days of referral. All mental health and substance abuse information is documented in the youth's individual electronic mental health and substance abuse record utilizing the Lauris Online program system. A review of seven youth mental health and substance abuse records found six youth were referred for services based on their intake assessments. Six of seven reviewed records documented an initial evaluation was completed on the day of admission and a full evaluation was completed within thirty days of the referral. One youth did not have an initial evaluation included in the record due to an intern not submitting the evaluation within the electronic system and the intern was removed from the program. In this record, referrals were made based upon the comprehensive assessment, which was also completed on the youth's date of admission; however, the referrals were not made within thirty days of admission. Each was completed or approved by the licensed mental health counselor within the required time frame and included the identifying information, reason for evaluation, relevant background information, behavioral observations, and a mental status examination. In addition, the interview procedures administered were outlined and a discussion of findings and the diagnostic impressions were clearly documented.

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

The program maintains a written policy and procedures which requires any youth who needs mental health and/or substance abuse treatment shall have an individualized master mental health and substance abuse treatment plan. The program's policy stipulates youth identified to be in need of mental health treatment must receive individual, group, or family counseling by a licensed mental health clinician. The master's-level, non-licensed therapist completed the

Cannabis Youth Treatment (CYT) training and the regional care coordinator and local care coordinator completed training in Aggression Replacement Training (ART). Seven reviewed youth mental health and substance abuse records reflected each youth was assigned to a multidisciplinary treatment team upon admission into the program with representatives from mental health, local care counselors, administration, education, a job recruiter and the career coordinator for youth with employability skills. The parent/guardian was provided an opportunity to participate as well. Each youth record, regardless of diagnosis, had a signed Youth Consent for Mental Health Treatment form, Youth Consent for Substance Abuse Treatment form, Youth Consent for Release of Substance Abuse Treatment Information/Records form, Authorization for Release and Receipt of Mental Health/Substance Abuse Treatment Information form, and an Informed Consent for Urine Drug Screen form. In addition, each youth had a signed Authority for Evaluation and Treatment form. Reviewed youth records indicated youth completed ART and/or CYT, substance abuse counseling, family therapy, and individual therapy. Reviewed group sign-in sheets validated group therapy for mental health treatment was limited to ten or fewer youth. Two of the seven reviewed youth records documented the youth were receiving individual counseling on-site by the non-licensed mental health professional under the supervision of the designated mental health clinician authority until they were referred to a community provider. Each of these records contained progress notes containing all required information. The program utilizes PsychSolutions for mental health comprehensive evaluations and treatment and Banyan Health Care for substance abuse comprehensive evaluations and treatment. Banyan Health Care received a grant to provide mental health services and the program was also referring youth for these applicable services. Each youth received individual and family counseling from the applicable provider. Reviewed documentation in all seven youth records validated the designated provider forwarded progress notes to the program on a weekly basis for each youth.

3.07 Treatment and Discharge Planning	Satisfactory Compliance
<p><i>Youth determined to have a serious mental disorder and/or substance abuse impairment, and are receiving mental health and/or substance abuse treatment in a program, must have an initial or individualized mental health or substance abuse treatment plan. When mental health or substance abuse treatment is initiated, an initial or individualized mental health/substance abuse treatment plan is completed. When both mental health and substance abuse treatment is initiated, an integrated mental health and substance abuse treatment plan is completed. All youth who receive mental health and/or substance abuse treatment while in a day treatment program will have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.</i></p>	

The program maintains a written policy and procedures to address the completion of treatment and discharge plans. The program ensures the delivery of individual, group therapy, family therapy, behavioral therapy, and/or psychosocial skills training in accordance with each youth's master treatment plan and identified areas of need. Youth determined to have a mental disorder and/or substance abuse impairment and are receiving mental health and/or substance abuse treatment are to have an initial treatment plan developed within seven days of referral and an individualized master treatment plan developed within thirty days of admission. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for children and adolescents in outpatient treatment. The program's current license expires on August 2, 2019. An interview with the program's designated mental health clinician authority (DMHCA) indicated the program offers specialized, evidenced-based groups to include Aggression Replacement Training (ART)

and Cannabis Youth Treatment (CYT), which are tracked through monthly fidelity reports conducted by the DMHCA. A review of seven youth mental health and substance abuse records found six youth had an initial treatment plan completed on each youth's day of admission. One record did not have an initial treatment plan completed on the day of admission and referrals were not completed within thirty days of admission. The youth's master treatment plan was completed fifty-eight days after admission and referrals were completed thereafter. All reviewed plans were signed by all treatment team members. Two of the six initial treatment plans were not signed by the licensed mental health staff within ten days as required. The DMHCA explained the treatment plans were likely not added to her approval queue in the Lauris system. Reviewed youth records supported each youth had a completed individualized master mental health and substance abuse treatment plan. Five of seven individualized master treatment plans were completed within thirty days of the youth's admission into the program, as required, and two were not completed within thirty days of admission. The remaining two plans were completed fifty-seven and twenty-eight days late respectively. All required signatures were documented on each plan. Six of seven reviewed youth records validated the program conducted the required thirty-day treatment team reviews of the master treatment plan while one record documented treatment plan reviews occurring only three times in five months. Three applicable mental health and substance abuse treatment discharge summaries were reviewed and each documented relevant mental health and/or substance abuse history, the reason for mental health and/or substance abuse treatment, why treatment was terminated, as well as problems which were the focus of the mental health and substance abuse treatment. The summary included the youth's progress in treatment and whether the youth was released with an alert status. Each reviewed summary included services recommended for the youth to receive upon discharge, as well as each youth's beginning and ending mental health and substance abuse diagnosis. Reviewed documentation validated a copy of each was sent to the parent/guardian, and a copy was e-mailed to the assigned juvenile probation officer.

3.08 Mental Health Crisis Intervention Services (Critical)	Satisfactory Compliance
<p><i>Every program must respond to youth in crisis in the least restrictive means possible to protect the safety of the youth and others while maintaining control and safety of the facility. The program must be able to differentiate a youth who has an acute emotional problem or serious psychological distress which would require mental health crisis interventions from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others which would require suicide precautions or emergency treatment.</i></p>	

The program maintains facility operating policy and procedures which include a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director as well as the program's designated mental health clinician authority on September 1, 2018. The policy and procedures were updated on January 4, 2019 to include the comprehensive plan. The program's plan outlined procedures for the program's response to youth demonstrating acute emotional, behavioral, or psychological distress. The program's plan details notification and alert procedures, means of referral, including youth self-referral, communication, supervision, and documentation, as well as general and post-event review processes.

3.09 Crisis Assessments (Critical)	Satisfactory Compliance
<p><i>A Crisis Assessment is a detailed evaluation of a youth demonstrating acute psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) conducted by a licensed mental health professional, or non-licensed mental health professional working under the direct supervision of a licensed mental health professional, to determine the severity of youth's symptoms, and level of risk to self or others. When staff observations indicate a youth's acute psychological distress is extreme/severe and does not respond to ordinary intervention, the program director or designee must be notified of the crisis situation and need for crisis assessment. A Crisis Assessment is to be utilized only when the youth's crisis (psychological distress) is not associated with suicide risk factors or suicide risk behaviors. If the youth's behavior or statements indicate possible suicide risk, the youth must receive an Assessment of Suicide Risk instead of a Crisis Assessment and the procedures for a suicide risk alert must be followed.</i></p>	

The program maintains a written policy and procedures addressing crisis assessment and evaluation of youth demonstrating acute psychological distress. Pursuant to the program's policy, the assessments are to be conducted by a licensed mental health professional or non-licensed mental health professional working under the direct supervision of a licensed mental health professional to determine the severity of a youth's symptoms and level of risk to self or others. The program's practice is to utilize an electronic form in the Lauris System which includes all elements of the Department's Crisis Assessment form. An interview with the non-licensed mental health counselor revealed there were no youth requiring a crisis assessment during this review period.

3.10 Emergency Mental Health and Substance Abuse Services (Critical)	Satisfactory Compliance
<p><i>Youth determined to be an imminent danger to themselves or others due to mental health or substance abuse emergencies occurring in facility require emergency care provided in accordance with Rule 63N-1, F.A.C., and the facility's emergency care plan.</i></p>	

The program maintains a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director and the designated mental health clinician authority on September 1, 2018. The emergency care plan included procedures for immediate staff response, notifications and alert system, communication, supervision of youth, authorization to transport for emergency mental health or substance abuse services for Baker Act and/or Marchman Act proceedings, documentation, training including mock drills, and the post-event review process.

3.11 Baker and Marchman Acts (Critical)	Satisfactory Compliance
<p><i>Individuals who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment require emergency mental health or substance abuse services.</i></p>	

The program has a policy and procedures regarding Baker and Marchman Acts. One of seven reviewed records was applicable for a youth requiring a Baker Act. There were no other applicable records for Baker Act during the review period. The one applicable youth was placed on precautionary observation (PO) during an individual counseling session with the designated mental health clinician authority (DMHCA) due to indications of suicide risk on the

Massachusetts Youth Screening Instrument – Version Two (MAYSI-2) admission assessment. The suicide PO log was maintained until the youth was transported by law enforcement to the Baker Act facility. Upon return from the Baker Act facility, the youth was placed on suicide precautions and a mental health referral was completed for a Mental Status Exam (MSE). The MSE was completed by the licensed DMHCA. Constant supervision was appropriately maintained until the youth was properly transitioned to standard supervision following a conference between the DMHCA and the program’s executive director.

3.12 Suicide Prevention Services (Critical)	Satisfactory Compliance
<p><i>Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors.</i></p> <p><i>Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation), and a minimum of constant supervision.</i></p> <p><i>All youth identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations, must be placed on Suicide Precautions and receive an assessment of suicide risk.</i></p>	

The program maintains a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director and the designated mental health clinician authority (DMHCA) on September 1, 2018. The policy and procedures were updated January 4, 2019 to include the comprehensive plan. The program utilizes suicide precautions for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors. Any youth exhibiting suicide risk behaviors is to be placed on suicide precautionary observation (PO), at a minimum of constant supervision. All youth with identified suicide risk factors through the screening process, information obtained regarding the youth, or through staff observations, must be placed on suicide precautions and receive an Assessment of Suicide Risk (ASR). A review of seven youth mental health and substance abuse records found each youth was screened for suicide ideation utilizing the Massachusetts Youth Screening Instrument – Version Two (MAYSI-2), Positive Achievement Change Tool (PACT) Full Assessment, and an intake screening for suicide risk. Four of the seven reviewed youth mental health and substance abuse records were applicable and validated each youth was placed on PO during the admission screening until the ASR was completed. Suicide Precautions Observation Logs were maintained for each youth while on PO and each included the signatures of the supervisor and licensed mental health clinician. Reviewed ASRs indicated each youth was returned to standard supervision. There was no documented practice of a youth maintained on PO requiring a Follow-Up ASR since the last annual compliance review. Each reviewed ASR was completed by the licensed mental health counselor and was reviewed by the program’s executive director. There were no applicable ASRs completed by an off-site provider. According to the DMHCA, the program only allows the master’s-level, non-licensed mental health counselor to serve as a back-up to complete the ASR. Reviewed training records indicated the master’s-level non-licensed therapist received supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services by completing at least twenty hours of training and five ASRs on-site in the physical presence of the licensed mental health counselor.

3.13 Suicide Precaution Observation Logs (Critical)**Satisfactory Compliance**

Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals no greater than thirty minutes.

A review of seven youth mental health and substance abuse records indicated four were applicable for placement on suicide precautions during the admission screening process prior to the completion of the Assessment of Suicide Risk (ASR). Each reviewed applicable record validated the Suicide Precautions Observation Logs were maintained for the duration of the time each youth was on precautionary observation and each was documented in real time. All reviewed checks were conducted at less than thirty-minute intervals. Each reviewed Suicide Precautions Observation Log included the signatures of the supervisor and licensed mental health clinician.

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

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

The program maintains a written comprehensive plan as part of the program's Continuity of Operations Plan (COOP) which details mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the program's executive director and the designated mental health clinician authority (DMHCA) on September 1, 2018. The suicide prevention plan addressed the identification and assessment of youth at risk of suicide, staff training, suicide precautions, three levels of supervision, as well as processes for referrals, communication, notification, and documentation. Additionally, the plan detailed the required immediate staff response to youth who pose imminent danger to themselves and/or others and the program's review process.

3.15 Suicide Prevention Training (Critical)**Satisfactory Compliance**

All staff who work with youth must be trained to recognize verbal and behavioral cues indicating suicide risk and suicide prevention and implementation of suicide precautions.

A review of one pre-service and seven in-service staff training records validated each staff completed the required six hours of annual training on suicide prevention and implementation of suicide precautions. Each staff received two hours of online training in the Department's Learning Management System (SkillPro) and four hours of instructor-led training. Reviewed mock suicide drills supported the program conducted at least one mental health drill each quarter since the last annual compliance review. The drills were conducted in June, September, and December 2018, as well as March of 2019. Each reviewed drill documented the scenario, staff participation, detailed comments, and a critique of each drill. Seven staff were interviewed and each correctly stated the location of the program's suicide response kit and each was correctly able to state the staff's responsibilities in any instance of a youth expressing suicidal thoughts.

Standard 4: Medical Services

4.01 Medical Screening (Critical)	Satisfactory Compliance
<i>Youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions requiring medical attention. The screening includes a review of the most recent Health Discharge Summary (Form HS 012) or Medication receipt/transfer disposition (Form HS 053), if applicable, and documented contact with the parent/guardian if there are any questions or concerns regarding the youth's medical condition. Screening may be performed by non-licensed staff during the admission process. All medical, mental health, and substance abuse information is documented in the youth's Individual Health Care Record.</i>	

The program has written policy and procedures outlining a process by which all youth are medically screened upon their admission into the program. Intake screenings are performed by non-medical, non-licensed staff during the admission process. The program utilizes the Department's Facility Entry Physical Health Screening (FEPHS) form. All medical, mental health, and substance abuse information is documented in the youth's individual electronic healthcare record utilizing the Lauris Online system. Seven youth healthcare records were reviewed, and validated each youth was screened upon their admission to determine if the youth had a condition requiring medical care while in the program. All reviewed healthcare records contained a signed Authorization for Evaluation and Treatment form.

4.02 Medication Management – Verification of Medications	Satisfactory Compliance
<i>The program shall determine a youth's medication regimen upon admission to the program.</i>	

The program maintains a written policy and procedures to address the process of medication management and verification of medication upon entry into the program. The parent/guardian is required to sign indicating they provided the medications after verification of the quantity and description of each medication is documented. The program's policy and procedures indicate when a parent/guardian cannot provide the required information, the program will assist the parent/guardian and youth in obtaining the required information. The program is to make every attempt to verify the authenticity of the medication by contacting the pharmacy or prescribing physician to determine if the prescription is current and obtain any additional information regarding side effects and precautions for the safe and secure delivery of the medication to the youth. Seven youth healthcare records were reviewed and were found to validate each youth was screened upon admission to determine if the youth had a condition requiring medical care while in the program. During the screening process, each youth and parent/guardian were interviewed by the program staff to determine if the youth was prescribed medications. Two of the seven reviewed youth healthcare records documented the youth were prescribed psychotropic medications; however, each youth took the medications daily prior to coming on-site and/or when they returned home. An interview with the program's designated mental health clinician authority (DMHCA) indicated the program currently had a total of five youth prescribed to psychotropic medications and none of the youth, at the time of the annual compliance review, were taking medication on-site during school hours. One of the seven reviewed records indicated the youth had a pro re nata (PRN) inhaler medication on-site. Documentation indicated the prescribed PRN medication was verified utilizing the prescription medication verification checklists; however, the medication had never been administered since it was received by the program. Interviews with staff indicated in the previous six months, the program had two additional youth with prescribed medications on-site. The two additional records for youth applicable for medication brought to the program were requested and reviewed. The three

applicable selected records contained a total of six completed prescription medication verification checklists. The reviewed prescription medication verification checklists included the name of the prescribed medication, route of administration, amount of medication received, as well as the prescribing physician's name. All reviewed medication verification checklists included the date, time, and signature of the youth and the person verifying the medication. Two reviewed medication verification checklists for the first youth's medication received on two separate dates were each missing the prescribed frequency of the medication. The program utilized the Department's Medication, Receipt, Transfer and Disposition form (MRTD) to document one release of medication to the first youth, indicating the youth was over the age of eighteen; however, the youth had not yet reached age eighteen at the time of the annual compliance review. Additionally, sections of the MRTD were left blank and did not identify the medication, quantity, or the date it was returned to the youth; therefore, it could not be determined how much or when medication was returned to the youth. An interview with the master's-level non-licensed therapist indicated the director of case management completed the Medication Distribution Log (MDL) and omitted the sections. The therapist admitted she did not correct the MDL when she assisted the youth in medication distribution. There were no other records applicable for including a MRTD. Three medication verification checklists for the second youth's medication each omitted the prescribed dosage. One of the three checklists was utilized to document the return of medication to the parent/guardian. The program maintains an active internal alert system which is updated by the mental health counselor upon the admission of a new youth or when any youth's alert status is changed. This information is then emailed to each staff. The program maintains printed alerts in a binder and staff are to sign off on the daily alerts to acknowledge their review of the alerts.

4.03 Medication Management – Delivery of Medications

Limited Compliance

The program shall have a process in place to assist youth with self-administration of oral medications.

The program has written policy and procedures in place to address the process of medication management and assisting youth with self-administration of medications. All youth who require the ingestion of oral medication must be able to consume the medication on their own under the direct supervision of a trained program staff member. In the event the youth cannot consume medication on their own, special arrangements are to be made to have medically qualified individuals available to administer the medication at the required intervals or the youth's parent/guardian will be notified to come on-site to assist in medication distribution. The program's executive director, director of case management, designated mental health clinician authority, and mental health counselor were identified and trained to supervise youth in the self-administration of medications while on-site, although it is the program's practice for the mental health counselor to assist with medication administration. Two of the seven reviewed youth healthcare records indicated the youth were prescribed psychotropic medication; however, each took their medications at home. One youth had a prescribed pro re nata (PRN) medication on-site which had never been administered since it was received by the program. Documentation for two additional youth with prescribed medication administered on-site was requested and reviewed. Each reviewed record had a signed Authorization for Evaluation and Treatment (AET) form, with one youth having a signed AET for youth over eighteen years of age. There were no youth requiring the use of an epinephrine auto injector. The trained program staff utilize a Medication Distribution Log (MDL) to document when medication is administered on-site. Each youth taking prescription medication and the trained non-medical staff initialed the MDL indicating each dosage was provided. The MDLs contained the Five Rights of Medication Administration; however, it was the program's practice to document the time each dosage was

administered to the youth rather than a prescribed time for the dose to be administered. Based upon the documentation on the MDL, it was difficult to determine whether the youth received the medication as prescribed. The MDL further indicated the quantity of medication remaining reduced from fifty-four tablets to thirty-eight tablets over the course of two days where no medication was distributed. The program explained the fifty-four tablets were returned to the parent/guardian for the weekend on the eighth day of the month, which was documented on a medication verification checklist, and the program received forty tablets of the same medication from the parent/guardian on the following Monday, which was also documented on a new medication verification checklist. The same MDL was continued and showed a balance of thirty-eight tablets remaining after the dose distributed on the eleventh day of the month. The prescribed dosage was not indicated on the MDL or the corresponding verification checklist while the remaining balances after medication distribution indicated one tablet was distributed as the first dose, two tablets distributed as the second through sixth doses distributed, and the remaining count on the MDL indicated the last dosage had eight tablets distributed. The MDL for the second youth was not completed in full, as it was missing the month/year of the MDL, the date and time the medication was received, the quantity/amount of medication received, who the medication was received from, and the name of the staff receiving the medication. Additionally, the MDL indicated the prescribed dosage was one tablet twice daily, while the last dose administered two tablets. Neither of the reviewed MDLs documented weekly supervisory reviews for accuracy and documentation as required. Seven youth were interviewed, and each indicated none took medication on-site while participating in the program. Seven staff were interviewed, and each indicated they are informed of medication side effects through the internal alert system and/or during the morning management meeting and none had assisted any youth with medication administration at the program. An interview with the executive director indicated the four staff trained and permitted to assist youth in medication distribution were going to receive face-to-face retraining by nursing staff through the AMIkids corporate office.

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

The program has written policy and procedures ensuring the storage of prescription, over-the-counter, and topical medications shall be maintained in a clean environment. The program's procedures outline medications are to be separated from different medications and refrigerated medications are to be securely stored in a medication refrigerator located in the conference room. The program has an identified refrigerator for medications secured in a locked office and a double-locked wall mounted medical container located in the mental health counselor's office. The area was observed to be clean and free from moisture and extreme temperatures. Only the two identified trained staff have access to the medications. Controlled medications are to be stored behind two separate locks in the medication cabinet. Seven reviewed youth healthcare records indicated three youth were prescribed medications; however, each youth takes the medication prior to their arrival to the program. The program utilizes the Medication Distribution Log to document distributed medication and the program's policy and procedures requires maintenance of a perpetual inventory of each medication.

4.05 Episodic/Emergency Services**Limited Compliance**

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

The program maintains a written policy and procedures outlining episodic and emergency services. All instances of first aid and emergency care are to be documented in accordance with Department requirements and in the program's episodic log. The program maintains an episodic and emergency care log to document episodic care incidents. A review of the episodic and emergency care log found there were three instances of episodic care logged in the previous six months, inclusive of minor cuts on arms or fingers. The program does not have an automated external defibrillator (AED) on-site. The program has a process in place to inform all staff on a routine basis of potential emergency situations which may arise, usually through emails sent by the mental health counselor, as well as through the weekly morning management meeting held on Wednesdays. The program's internal alert system is updated by the mental health counselor and is emailed to all program staff upon admission of any new youth or changes in alert status for youth already in the program.

The program is to conduct emergency first aid drills and suicide drills on a quarterly basis. All staff were trained on the program's continuity of operations plan (COOP) and participated in emergency drill training with demonstrated cardiopulmonary resuscitation (CPR) held in June and September of 2018, as well as March of 2019. The program did not have documentation to indicate a drill, which included demonstration of CPR, was conducted in the last quarter of 2018. The program maintains a suicide response kit containing wire cutters, needle-nose pliers, and a knife-for-life in a wall mounted box in the program's lobby. Additionally, the vehicle keys for each of the two program vans have a seatbelt cutter and window punch on their respective keychains.

The program's director of operations (DO) is responsible for routinely monitoring the program's first aid kits on a monthly basis which are to be replenished by Cintas corporation upon request of the program. Two first aid inventory forms were maintained each month; one labeled, "office," and one labeled, "van." A tour of the facility revealed the program has a total of five first aid kits. One master first aid kit is wall mounted in the DO's office, two first aid kits are stored in a locked cabinet in the lobby for use in each of the two program vans, and two first aid kits as well as two large bottles of saline solution are maintained in the vocational construction workshop. Additionally, the program also maintains one body fluid spill kit in a locked cabinet in the program's lobby. The program's policy and procedures require maintenance of at least eight specific items in the first aid kits including sterile gauze pads, adhesive tape, disposable gloves, Band-Aids, a one-way CPR barrier mask, a small biohazard waste disposal bag, sterile saline for eye rinse and cleaning wounds, and antibacterial hand washing material. Two inventory forms were maintained each month; one labeled, "office," and one labeled, "van." Each inventory list included only four of the eight items required by the program's policy, as well as twenty-three additional items to be inventoried which are not required by policy, including, but not limited to, ammonia inhalants, insect sting swabs, refresh eye drops, wound care seal, finger cots, hydrogen peroxide, and first aid cream. The item list on the program's inventory forms did not include a biohazard bag, CPR barrier mask, saline, or disposable gloves, which are required by the program's policy. The completed inventory forms recorded the quantity of listed items which were used during the month with the date used, and the name of the youth and staff who used the item, rather than the number of each item present and inventoried in each kit. The inventory forms did not record the name of the date or name of the staff conducting the

inventory, as required by the form. An interview with the DO indicated he conducts the monthly inventory and reviewed logs noting, “no products used this month.” There was no indication of which of the van kits were inventoried each month, as the first aid kits were not marked to distinguish one from the other. Inventory forms were not maintained for the two kits located in the program’s vocational construction workshop. Inspection of the five first aid kits revealed only the wall-mounted master first aid kit contained any of the twenty-three additional items included on their inventory list. One van’s first aid kit was missing the required antibacterial handwashing material and biohazard waste bag. The second van’s first aid kit was missing Band-Aids, the CPR barrier mask, antibacterial handwashing material, and the biohazard waste bag. The combined total of the first aid kits located in the vocational construction workshop were missing the required biohazard bag, CPR barrier mask, and antibacterial hand washing material. Neither of the two first aid kits for the vans or the two-vocational construction workshop first aid kits contained any of the twenty-three additional inventory items listed on their inventory form. New inventory forms for each first aid kit were developed during the annual compliance review week to include only the eight first aid inventory items required by the program’s policy and copies were provided to the review team. Cintas was contacted and arrived at the program during the review week as well and successfully restocked all five first aid kits with the required items on the last day of the annual compliance review.

Program Name: AMIkids Miami-Dade North
Provider Name: AMIkids, Inc.
Location: Miami-Dade County / Circuit 11
Review Date(s): May 14-16, 2019

MQI Program Code: 1249
Contract Number: P2119/21
Number of Beds: 50
Lead Reviewer Code: 142

Overall Rating Summary

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

Limited Ratings	Failed Ratings
4.03 Medication Management - Delivery of Medications 4.05 Episodic/Emergency Services	

Overall Rating Summary for Standard 4
This standard has received a standard-level rating of Failed, a follow-up review of the program shall be conducted within six (6) months of publication of the program report.