

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIkids Miami-Dade South
AMIkids, Inc.
(Contract Provider)
1820 Arthur Lamb Jr. Road
Miami, Florida 33149

Review Date(s): November 13-15, 2018



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

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

Gabriel Medina , Office of Program of Accountability, Lead Reviewer (Standard 1)
Jeffrey Barrett, Office of Program of Accountability, Technical Assistance Specialist (SPEP)
Shakela Minns, Office of Program of Accountability, Regional Monitor (Standard 4)
Gary Mogan, Office of Program of Accountability, Regional Monitor (Standard 3)
Richard Walsh, DJJ Probation Circuit 11, Senior Juvenile Probation Officer (Standard 2)

Program Name: AMIkids Miami-Dade South
 Provider Name: AMIkids, Inc.
 Location: Miami-Dade County / Circuit 11
 Review Date(s): November 13-15, 2018

MQI Program Code: 1250
 Contract Number: P2119/2121
 Number of Beds: 50
 Lead Reviewer Code: 50

Methodology

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

Persons Interviewed

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Program Director
<input checked="" type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input checked="" type="checkbox"/> DMHCA or designee
<input checked="" type="checkbox"/> 2 # Case Managers | <input checked="" type="checkbox"/> 1 # Clinical Staff
<input checked="" type="checkbox"/> 1 # Food Service Personnel
<input type="checkbox"/> # Healthcare Staff
<input checked="" type="checkbox"/> 1 # Maintenance Personnel
<input checked="" type="checkbox"/> 2 # Program Supervisors | <input checked="" type="checkbox"/> 7 # Staff
<input checked="" type="checkbox"/> 7 # Youth
<input checked="" type="checkbox"/> 2 # Other (listed by title): <u>Circuit 11 Juvenile Probation Officer Supervisors.</u> |
|---|---|---|

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input checked="" type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input checked="" type="checkbox"/> Continuity of Operation Plan
<input checked="" type="checkbox"/> Contract Monitoring Reports
<input checked="" type="checkbox"/> Contract Scope of Services
<input checked="" type="checkbox"/> Egress Plans
<input type="checkbox"/> Escape Notification/Logs
<input checked="" type="checkbox"/> Exposure Control Plan
<input checked="" type="checkbox"/> Fire Drill Log
<input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan
<input checked="" type="checkbox"/> Grievance Process/Records
<input checked="" type="checkbox"/> Key Control Log
<input checked="" type="checkbox"/> Logbooks
<input checked="" type="checkbox"/> Medical and Mental Health Alerts
<input checked="" type="checkbox"/> PAR Reports
<input checked="" type="checkbox"/> Precautionary Observation Logs
<input checked="" type="checkbox"/> Program Schedules
<input type="checkbox"/> Sick Call Logs
<input checked="" type="checkbox"/> Supplemental Contracts
<input checked="" type="checkbox"/> Table of Organization
<input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports
<input checked="" type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> Youth Handbook
<input checked="" type="checkbox"/> 7 # Health Records
<input checked="" type="checkbox"/> 7 # MH/SA Records
<input checked="" type="checkbox"/> 7 # Personnel Records
<input checked="" type="checkbox"/> 7 # Training Records/CORE
<input checked="" type="checkbox"/> 7 # Youth Records (Closed)
<input checked="" type="checkbox"/> 7 # Youth Records (Open)
<input checked="" type="checkbox"/> 2 # Other: <u>Intern and volunteer records</u> |
|---|---|---|

Interviewed

7 # Youth 7 # Direct Care Staff _____ # Other: _____

Observations During Review

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

Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Non-Applicable
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	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*	Non-Applicable
3.12	Suicide Prevention Services*	Satisfactory
3.13	Suicide Precaution Observation Logs*	Satisfactory
3.14	Suicide Prevention Plan*	Satisfactory
3.15	Suicide Prevention Training*	Satisfactory

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Standard 4: Medical Services Day Treatment Rating Profile

Indicator Ratings

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

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).

Strengths and Innovative Approaches

- Youth receive safety training and certifications to become craft professionals from the National Center for Construction Education and Research (NCCER). These certifications prepare them for careers in the construction industry.
- Youth receive Food Handler certifications from National Restaurant Association and local restaurant associations. These certifications prepare them for careers in the food service industry.

Standard 1: Management Accountability

Overview

AMIkids Miami-Dade South is a day treatment program operated by AMIkids, Inc. under contracts P2119 and P2121, with the Department of Juvenile Justice (DJJ). The program provides day treatment services to probation, minimum-risk commitment, and conditional release youth. The program is contracted for thirty-nine male and female youth who are at least thirteen years of age. At the time of the annual compliance review, the program had twenty youth enrolled. The program is located in Virginia Key, City of Miami, Florida, in a facility owned by AMIkids, Inc., and on land owned by Miami-Dade County. A tour of the program reflected the program is maintained in a clean and orderly condition supporting positive interactions between staff and youth. In addition to the standard employee orientation training, each newly hired staff complete training in the company's behavior management system (BMS) known as the AMIkids Personal Growth Model (PGM), designed specifically for AMIkids employees to be able to deliver consistent services to the youth they serve across all positions with fidelity. The program has a contract with Exquisite Catering by Robert to cater all food to the youth and staff at the program. The program provides daily breakfast, lunch, and snacks to each youth and staff. The program is comprised of an executive director (ED), a director of administration, a licensed mental health counselor, a regional career coordinator, two local care counselors, two behavior interventionists, a boat captain, a director of education, a scuba instructor, and five instructors. The program maintained a separate contract with Nova Southeastern University (NSU) to provide mental health and substance abuse interns. The program had one intern, and one Americorp volunteer at the time of the annual compliance review. In addition, at the time of the annual compliance review, the program had an educational instructor position vacant. 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's youth attend several community activities to enhance valuable skills and comply with any required community service hours. Youth receive instruction in scuba diving, seamanship instruction, kayaking, seamanship, marine mechanics, marine sciences, biodiversity and maintenance, and other aquatic skills. The program has a supportive relationship with the local and the juvenile justice communities. Enrolled youth are provided opportunities to participate in several community activities and to comply with any applicable outstanding court ordered community service hour requirements. The program has two twelve-passengers vans utilized to transport youth for off-campus activities. Miami-Dade County Public Schools provide academic assistance, and support to the program's educational component. The program had eleven board of trustee members who meet quarterly and help the program with fund raising, budget issues, and assistance, as needed.

1.01 Initial Background Screening (Critical)**Satisfactory Compliance**

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.

The program has written policy and procedure in place revised on June 27, 2018, regarding initial background screening. A review of six applicable staff hired since the last annual compliance review and requiring the initial background screening from the Department's Background Screening Unit (BSU)/Clearing House was conducted and each was completed prior to each hire date. One intern record and one volunteer record were also reviewed, and each initial background screening was completed prior to start the services. None of the initial background screenings required an exception. The Department's BSU/Clearing House found the program submitted the Annual Affidavit of Compliance with Level 2 Screening Standards on December 18, 2017, meeting the annual requirement. To each direct care applicant, the program completed a pre-employment assessment tool, and the assessment passing score was documented in each employment record. In addition, the program reviewed the Department's Central Communications Center (CCC) Person Involvement Report, the staff verification system (SVS) module, and Florida Department of Law Enforcement (FDLE) results for each new hire. There was no break in service applicable for any newly hired staff.

1.02 Five-Year Rescreening**Satisfactory Compliance**

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.)

The program has written policy and procedures in place regarding the completion of five-year background screening on staff. A review of the program's employee, volunteer, and intern rosters indicated there were no applicable staff, volunteers, or interns for rescreening during this annual compliance review. The program utilizes an internal tracking reminder system to ensure applicable rescreening is completed prior to a staff, volunteer and intern's anniversary date. This includes all contracted staff, and any education position hired by the program not employees paid by the Miami-Dade County School Board.

1.03 Protective Action Response (PAR)	Non-Applicable
<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>	

The program has policy and procedure in place regarding Protective Action Response (PAR). The program has a PAR training plan dated December 15, 2018 which was approved by the provider's chief executive officer (CEO) and the program's executive director (ED). Documentation reviewed found the program's ED is a Department certified PAR trainer. Training documentation reviewed found each program staff complete PAR refresher training annually, and the program maintained a monthly trend analysis. The program has not used any physical interventions or mechanical restraints during the scope of this annual compliance review period. The program does not have any applicable instances where PAR was used since the last annual compliance review; therefore, this indicator is rated non-applicable.

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

The program has a policy and procedures in place regarding per-service/certification training. A review of six applicable staff training records confirmed each staff exceeded the required minimum of 120 hours of web-based and/or instructor-led training within 180 days of being hired. Completed training included all the essential skills required and each was documented in the Department's Learning Management System (Skill-Pro). The program submitted the pre-service and in-service training plans to the Department's Office of Staff Development and Training, which were approved on December 29, 2017.

1.05 In-Service Training	Satisfactory Compliance
<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>	
<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>	

The program has a policy and procedures in place regarding annual in-service training. A review of seven applicable staff training records confirmed all staff completed and exceeded the required minimum of twenty-four hours of web-based and/or instructor-led training. Four of the

seven records reviewed were applicable for supervisory training and in each case, they completed and exceeded the eight hours of annual training required. Completed training included all the essential topics/skills required and was documented in the Department's Learning Management System (Skill-Pro). The program submitted the pre-service and in-service training plans to the Department's Office of Staff Development and Training, which were approved on December 29, 2017.

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

The program has policy and procedures regarding cleanliness and sanitation to ensure a safe and appropriate treatment environment including maintenance and sanitation of the facility. The program has a sanitation certificate which expires on September 30, 2019, issued by the Florida Department of Health. A tour of the program completed by three members of the review team revealed all indoor areas and buildings were clean, neat, and well maintained. No graffiti was observed. Daily security checks were conducted by one of the program's behavior interventionist, who conducted the monthly safety inspections of the program. The program maintained separate bathrooms for males and females which were observed clean. The program offered space available for private counseling, group meetings, and classrooms. All maintenance needs are reported to the executive director (ED), and completed based on priority. Documentation and sanitation records reviewed found pest control is provided by Captain Termite, Inc., and trash services is provided by the Waste Management company.

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 maintained a written policy and procedures regarding fire prevention and evacuations to ensure a safe environment for youth, staff, and visitors. The executive director (ED) and management team are responsible for all aspects of the fire safety plan. The Miami-Dade Fire Rescue Department issued a permit certificate to the program on April 11, 2018, which expires on April 2019. Smoking is prohibited in the facility. The tour of the program during the annual compliance review confirmed the program has evacuation egress plans located throughout the facility by the exit and or entrance of each room. The plans indicated the evacuation primary and secondary routes, the location of the fire alarms, fire extinguishers, and the first aid kits. Documentation reviewed found the program conducted monthly fire drills. The program maintained a fire alarm log book which was reviewed. Training records validated all staff received training in the operation of the alarm system, and fire safety and awareness. All youth and parents admitted to the program received a program handbook which contained a section related to fire evacuation procedures. Seven interviewed youth indicated they participate in the program's fire drills and have been instructed what to do in the event of a fire.

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

The program has policy and procedures regarding water activities, as well as water activities standards, to ensure the safety of both staff and youth in the practice of aquatic activities. The program allows youth to participate in water related recreational activities. The program has one certified lifeguard and one boat named Integrity. Documentation reviewed found youth in the program receive a swim evaluation completed by a certified scuba instructor, prior to participation in any water related activities. The successful completion of the evaluation allowed youth to participate in competitive swimming events. The tour of the program and staff interviews confirmed youth in the program participate in the Nantahala North Carolina White Water Rafting trip, with prior approval of the applicable court and each youth's parents/guardians. Four of the seven youth interviewed were applicable for participation in competitive swimming events, and each received a swim test before their participation in any water activities.

1.09 Food Services**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including food service.*

The program maintains a policy and procedures to ensure the provision of a safe and appropriate treatment environment which includes food services. Observation during the annual compliance review and documentation indicated the program provides daily breakfast, lunch, and snacks for staff and youth through Exquisite Catering by Robert catering services. The program monitors meals daily and sends monthly reports to the AMLkids, Inc. corporate office. Reviewed documentation confirmed the program maintains food allergy alerts, and provides special diets, when required. The tour of the program and observation during the annual compliance review revealed the food storage and service areas of the program were clean. Seven staff interviews and reviewed documentation confirmed each youth in the program received SafeStaff food handler training. All the seven youth interviewed, and staff indicated they are offered the same menu and food is not taken away from youth as a form of punishment

1.10 Transportation**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including transportation.*

The program has written policy and procedures for transportation. In addition, reviewed documentation reflected the transportation policy was included in the youth handbook which each youth received upon admission. The program has two twelve passenger vans for transporting youth for off-campus activities, when needed. All program staff are authorized to transport youth, and reviewed documentation reflected all staff have a valid driver's license. The inspection of both vans found they appear to be in safe condition and were locked when not in use. The vans were equipped with first aid kits, fire extinguishers, knife-for-life kits, and a window punch. Each van also has a vehicle log which contained a current registration and identification card, checklist for every trip, weekly inspection report, maintenance documentation, and daily inspection forms. The program holds each driver accountable for poor driving performance. The youth and staff wear seat belts while the vehicle is in operation. There were no issues with any staff related to their driver licenses at the time of the annual compliance

review. Seven interviewed youth and seven interviewed staff each indicated youth are required to wear seatbelts when being transported.

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

The program maintains policy and procedures regarding administration. The policy indicated the executive director (ED) is responsible for maintaining information on the program and reporting information as requested to the Department. Documentation reviewed found the ED maintains a binder of all incidents reported to the Department including reports made to the Department's Central Communications Center (CCC), current youth attendance, and Juvenile Justice Information System (JJIS) census reports, and regular daily, and monthly statistical information as required by contract. In addition, the program maintained daily and monthly log books, which were reviewed. Each log book recorded significant program activities, events, and incidents, with entries impacting the safety and security of the youth and program staff. A review of the logs for the last six months revealed each entry contained all the required information.

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 maintains policy and procedures regarding incident reporting to the Department's Central Communications Center (CCC). Observations of program activities, staff interviews, and reviewed documentation confirmed the program provides a safe environment for the treatment, care and provision of services to youth. The CCC activities are conducted twenty-four hours a day, seven days a week and a tour of the program found the telephone number for the CCC was clearly posted. The program had thirteen CCC reports within the past six months and each were reviewed. Documentation indicated each report was made to the CCC within the required timeframe and all followed the CCC reporting procedures. A review of the program's internal incidents for the past six months indicated none were applicable to be reported to the CCC but were not.

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

The program has policy and procedures related to an abuse-free environment, which was reviewed to ensure the immediate report of any suspected abuse. The policy establishes a process to report abuse to the Florida Abuse Hotline. Documentation reviewed found all staff signed a code of conduct which forbids staff from using physical abuse, profanity, threats, or intimidation. The program provides unimpeded access for youth to self-report alleged abuse, and youth eighteen years and older can contact the Department's Central Communications Center (CCC) to report abuse. The tour of the program during the annual compliance review revealed the Florida Abuse Hotline telephone number was posted throughout the program. There were no CCC incident reports related to abuse completed since the last compliance

review. All seven interviewed staff indicated they never saw a co-worker telling a youth they could not call the Florida Abuse Hotline. All seven interviewed youth indicated they never been stopped from reporting abuse since they have been at the program.

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

The program has policy and procedures in place regarding the behavior management system (BMS). The program has a BMS in place titled the AMkids' Personal Growth Model which has as primary components point cards, token economy, and a rank system. The system relies upon positive reinforcement, modeling, shaping, generalization, and maintenance as tools for long-term behavioral change. A tour of the program during the annual compliance review found the BMS information was posted in various locations of the program. The program's BMS fosters accountability for behavior and compliance with the day treatment rules and expectations. Using monthly treatment teams, each youth meets with the treatment team members to discuss progress and set goals. The youth's behavior is report and the youth's is given the opportunity to provide input on what they need from the treatment team members to improve in the identified areas. Each month the goals are reviewed with the youth by the treatment team and the program's case managers. If goals are unmet, they are adjusted or changed. Once goals are met, a new goal is developed. Seven interviewed youth indicated staff are respectful when talking to youth. Each interviewed youth indicated they can never discipline other youth in the program.

1.15 Youth Records (Healthcare and Management)	Satisfactory Compliance
<p><i>The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files:</i></p> <ul style="list-style-type: none"> ▪ <i>An individual healthcare record</i> ▪ <i>An individual management record.</i> 	

The program has policy and procedures related to the maintenance of youth records. Staff interviews and reviewed documentation indicated all the program's youth records inclusive of medical, mental health, and case management are electronically and confidentially maintained in the program's Lauris on-line system.

Standard 2: Assessment and Intervention Services

Overview

The program has one lead behavior interventionist, two local care counselors, and one regional care coordinator responsible for the provision of the case management services to all youth in the program. Each youth receives delinquency and promising practice interventions based on individualized needs. Program staff screen and assessed each youth during the admission process. Case management staff are responsible for completing each youth Positive Achievement Change Tool (PACT) Screening Report and reassessments, referrals for mental health and substance abuse, conduct youth orientation to the program, place any applicable alert in the Department's Juvenile Justice Information System (JJIS), develop the Youth-Empowered Success (YES) Plan, and complete updates. Staff complete and distribute progress reports for each youth, implement career education competency and education plans for each youth and all the terminations and release required documentation. The program utilizes an electronic monitoring system called Biotrack, which records each youth's daily attendance by using the youth's thumb print and photograph. This system notifies the youth's assigned juvenile probation officer (JPO) by e-mail when the youth is absent from the program and creates attendance and lunch reports for each youth. The program does not have on-site licensed medical staff.

2.01 Admission and Orientation

Satisfactory Compliance

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.

The program has policy and procedures regarding admission and orientation. The program utilizes an orientation acknowledgement form which addresses admission and orientation which is signed by the youth, parent/guardian, and program representative. A review of seven youth records found all youth received orientation information within twenty-four hours of enrollment and signed the document along with the individuals required. Each program orientation completed was documented in the case notes. Orientation includes receipt of the youth handbook, introduction to program staff, a tour of the facility, expectations and rules, behavior management system, daily activity schedule, emergency medical and mental health services, emergency safety and evacuation procedures, a list of contraband items and consequences, a review of the performance planning process, the average length of stay in the program, and the dress code. In addition, the orientation process includes program goals and available services, telephone guidelines, search policy (program has its own metal detector on-site), attendance policy and transportation policy/plan. Each youth enrolled in the program was provided with the Florida Abuse Hotline telephone number which is also posted throughout the facility, Advocacy Center for Persons with Disability's telephone number, and the rules governing youth conduct and consequences for major rules violations were also observed posted through the program during the annual compliance review.

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 policy and procedures in place which addresses medical, mental health and suicide risk factors which may affect the security and safety of the youth in the program. Seven youth records were reviewed, and none included open suicide risk alerts. Two of the seven youth were on the daily alerts notification list and documented in the Department of Juvenile Justice System (JJIS) for allergies. Staff are notified of alerts on a daily basis and the program maintained an alert box located in the main office. Seven interviewed staff indicated the program is effective in communicating the alerts.

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 policy and procedures in place regarding the Positive Achievement Change Tool (PACT) Full Assessment. A review of seven youth records reflect a PACT Full Assessment was complete by program staff within twenty-four hours of each intake. A review of the case notes shows staff utilizes information and observations from the parents/guardians, other program staff and other informed parties who have knowledge of the youth’s behavior and background history for the completion of the PACT assessment.

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

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

2.05 Youth-Empowered Success (YES) Plan Development**Satisfactory Compliance**

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.

The program has a policy and procedures outlining the development of Youth Empowered Success (YES) Plans. A review of seven youth records reflected a Positive Achievement Change Tool (PACT) Full Assessment was completed prior to the development of the initial YES Plan. All seven reviewed records contained an initial YES Plan, developed within fourteen calendar days of the youth's enrollment in the program and each was signed by the youth, parent/guardian, case manager, and program supervisor. All seven records documented the participation of the youth, parent/guardian, and case manager in the developed of the action steps and realistic target dates for all sanctions and goals contained in the YES Plan. Case note documentation reflected all youth and parents/guardians were provided with a signed initialed YES Plan. Upon their receipt of the YES Plan, the importance of compliance with the sanctions and goals is discussed with each youth and parent/guardian and is documented in the case notes. Seven interviewed youth confirmed their participation in the development of the YES Plans.

2.06 Youth Requirement/PACT Goal Elements**Satisfactory Compliance**

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).

The program has a policy and procedures outlining youth requirements of and Positive Achievement Change Tool (PACT) goal elements. A review of seven youth records reflected each contained at least one specific action step for the youth, parent/guardian and case manager clearly defining who is responsible and what action should be taken and how often the action should be taken. Further review reflected each Plan contained at least one of the top three criminogenic needs which was by creating a PACT goal in the Department's Juvenile Justice Information System (JJIS). Action steps in each Plan had reasonable projected completion dates and clearly defined responsibilities for each party. Seven interviewed youth indicated they are aware of their current goals.

2.07 YES Plan Implementation/Supervision**Satisfactory Compliance**

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.

The program has a policy and procedures regarding the implementation and supervision of the Youth Empowered Success (YES) Plan. A review of seven youth case records found each youth was supervised by program staff in a manner which ensures compliance with court ordered sanctions and Positive Achievement Change Tool (PACT) goals. Reviewed documentation found program staff ensured appropriate referrals for service were made as necessary. Youth supervision documented each youth's compliance with the YES Plan's measurable goals and sanctions. Documentation in the case notes included program staff quality face to face contact with the youth, parent/guardian, providers, and juvenile probation

officers. Case notes reflected a review of written and/or verbal reports from counselors and collateral sources. Case notes also validated case managers monitoring youth at the program, home, and workplace when applicable.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures regarding ninety-day updates to the Youth Empowered Success (YES) Plan. Seven youth case management records were reviewed and four were applicable for ninety-day YES Plan updates. Reviewed documentation validated the case manager updated the youth requirements and Positive Achievement Change Tool (PACT) goals in the Juvenile Justice Information System (JJIS) prior to the ninety-day supervisory review. The case notes also reflected involvement of the treatment team members including the youth and parent/guardian discussion and/or input in the YES Plan updates.

2.09 Ninety-Day Supervisory Reviews	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures in place regarding the completion of ninety-day supervisory reviews. Seven youth case management records were reviewed and four were applicable for ninety-day supervisory reviews. A review of the case notes and Youth Empowerment Success (YES) Plans reflected all four were reviewed at least once every ninety calendar days. Case notes also reflected the supervisor ensures case managers review any instruction given during the review, and ensures they were followed in any subsequent reviews.

2.10 PACT Reassessment	Satisfactory Compliance
<p><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></p>	

The program has a policy and procedures in place which address the Positive Achievement Change Tool (PACT) Reassessment. Seven youth case management records were reviewed four were applicable for a PACT Reassessment. A review of each record found PACT Reassessments completed every 180 days. One of the reviewed records was applicable for a PACT Final Assessment which was completed within fourteen days of the youth's release from the program. A review of three closed records found an exit PACT Assessment was completed within fourteen days of the youth's release from the program.

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

The program has a policy and procedures in place which addresses progress reports. Seven youth records were reviewed and two were applicable for completion of a progress report. One additional record was requested and reviewed. Reviewed documentation in the three records found program staff completed a progress report for two youth, as the third youth's is not yet due. The two applicable records documented the youth were provided an opportunity to review the report and provide comments. Each progress report was signed and dated by the youth and staff who prepared the report and the youth were provided an opportunity to review the report and provide comments. Each reviewed report was also signed and dated by the program's executive director or designee. The program submitted each report to the youth's assigned juvenile probation officer (JPO) and copies of each progress report were also furnished to the youth's assigned judge, the State Attorney's Office (SAO), the Office of the Public Defender, the youth, and parent/guardian.

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

The program has a written policy and procedures regarding completion of youth education transition plans. Plans are developed with the youth and parent/guardian to ensure successful implementation of the post-release discharge plans. Three closed youth records were reviewed and each documented employability as a transition goal. Each reviewed education transition plan found provisions to continue education and/or employment, a completed sample employment application, résumé summarizing educational and work experience, an appointment with Career Source Center, and appropriate documentation. Staff and youth at the program complete each education transition plan prior to release including provisions for continuation of education and/or employment. Three closed youth case management youth records were reviewed during this annual compliance review. Each reviewed youth record contained an individual education plan completed, signed, and dated by all the required parties. All reviewed records included vocational provisions.

2.13 Termination/Release	Satisfactory Compliance
<p><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></p> <p><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></p> <p><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></p>	

The program has a policy and procedures in place for youth who are recommended for termination from the program. The program works closely with the assigned juvenile probation officer (JPO) to facilitate release for youth who are on probation and conditional release. Youth who are committed minimum risk and identified for termination have a Pre-Release Notification (PRN). Documents requesting termination are forwarded to the appropriate court and the assigned JPO. Three closed case management records were reviewed, and each contained documentation requesting termination. One of the three closed records contained a signed PRN which was also forwarded to the court and assigned JPO. The Florida Crime Information Center/ National Crime Information Center (FCIC/NCIC) were also contacted for each youth to ensure there were no outstanding warrants. The program had no youth applicable for direct release since the last annual compliance review. Reviewed documented practice validated the Department was updated within five working days of receipt of the court's termination order or the date of loss of jurisdiction. Each youth's parent/guardian were notified in writing indicating the youth was no longer under supervision.

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

The program has a policy and procedures in place regarding career education. Documentation reviewed found the program provides Type two career education and vocational programming for each youth. Upon admission to the program, each youth completes an entry assessment which provides the opportunity to explore and identify potential interests and/or vocations and identifies individual student interests and aptitudes. The program provides certification in the National Center for Construction Education and Research (NCCER) Core Construction and Safe Staff food. The program also provides job placement services. Career education includes communications, interpersonal, and decision-making skills. Three closed case management records for youth with employability as one of their goals were reviewed and each had a sample completed employment application, a résumé summarizing education, work experience, and/or career training, and appointment with the Career Source Center, appropriate documents essential to obtain employment, and documentation indicating the youth's parent/guardian and assigned juvenile probation officer (JPO) are aware of the career education plan for the youth.

2.15 Educational Access**Satisfactory Compliance**

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.

The program has a written policy and procedures in place regarding educational access. An interview with the director of education and a review of the school schedule confirmed the program operates on a year-round basis, with twenty-five hours of instruction weekly. Reviewed documentation confirmed the skills developed in the career training and education programs are supported by the academic courses and the youth had the opportunity to earn course credit for the completion of the education and training experience. Reviewed documentation found the program activities do not interfere with the educational instruction activities.

Standard 3: Mental Health and Substance Abuse Services

Overview

AMIkids South Campus in Miami-Dade maintains policies and procedures for mental health and substance abuse services which have been approved by the national director of mental health services for the provider. The policies were also signed and approved by the executive director (ED). In addition, the program has an approved written comprehensive plan for mental health and substance abuse services, dated and signed by the program’s ED and the designated mental health clinician authority (DMHCA). The program is licensed by the Department of Children and Families (DCF) to provide substance abuse intervention services. In addition, the program has an agreement with Nova Southeastern University (NSU) to provide interns to work toward the completion of their practicums. The program also has established an independent contract with a licensed clinical social worker (LCSW) for providing oversight to the program’s psychological services and clinical supervision of the non-licensed interns. The program has a contract with PsychSolutions, Inc. to provide psychiatric evaluations and other psychiatric services as applicable for youth in need of psychiatric services. Support services include evidence-based services with individual, group, and family counseling. The program provides parent/guardians with emergency contact information for after-hour 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 written policy and procedures to establish a protocol which demonstrates a licensed mental health professional to be responsible for coordinating and verifying the implementation of appropriate mental health and substance abuse services. The program utilizes a full-time licensed clinical social worker (LCSW), designated to serve as the designated mental health clinician authority (DMHCA). A review of documentation confirms the DMHCA is on-site a minimum of once a week and often two times a week. The license was noted to have been up-to-date and active in the State of Florida. In addition, there was supporting documentation to reflect she is a certified addiction professional (CAP). An interview with the clinical coordinator indicated the program does not provide any specialized services and confirmed her role in the coordination and implementation of the mental health and substance abuse services provided by the program.

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

The program has a written policy and procedures to stipulate the minimum qualifications, credentials, and licenses for licensed mental health and substance abuse staff. The program utilizes a contracted licensed clinical social worker (LCSW) designated to serve as the designated mental health clinician authority (DMHCA). The DMHCA is a certified addiction professional (CAP) through the Florida Certification Board. The program also employs a clinical coordinator, who has a master’s degree in social work, working directly under the supervision of the DMHCA. In addition, the program has one bachelor’s level intern from Nova Southeastern University (NSU) also working under the direct supervision of the DMHCA.

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

The program has a written policy and procedures to establish the prerequisite qualifications and experience for non-licensed mental health staff. At the time of the annual compliance review, the program had one bachelor’s-level intern from Nova Southeastern University (NSU). The intern works directly under the supervision of the licensed clinical social worker (LCSW). A review of the staff’s education and training records, along with experience, found she met the criteria for the position and job duties expected. In addition, there was supporting documentation to reflect they were meeting face-to-face, once a week with the LMHC on an individual basis, with documented feedback.

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

The program has a policy and procedures in place for the mental health staff which establishes the screening process for licensed and non-licensed staff. Youth needs are identified through the screening process with the completion of the Positive Achievement Change Tool (PACT) and Massachusetts Youth Screening Inventory – Second Version (MAYSI-2) assessment instrument, along with a Suicide Risk Screening Instrument (SRSI). All assessments were documented in the Department’s Juvenile Justice Information System (JJIS). The program utilizes their own forms for the intake screening purposes. When alerts are identified, the designated mental health clinician authority (DMHCA) and/or trained staff completed the Assessment Suicide Risk (ASR) within twenty-four hours of the youth’s admission. Potentially suicidal youth are placed on precautionary observation (PO) pending further evaluation and program staff are notified. Four of the seven youth records reviewed were applicable for an

identifying suicide risk alert with all assessments being completed within the required twenty-four hours of admission by a non-licensed clinician and signed by the DMHCA and executive director (ED) within the specified time frame. Five out of seven youth records reviewed were applicable for a comprehensive substance abuse evaluation. None of the youth records reviewed were applicable for crisis intervention, emergency mental health and substance abuse services, or met the criteria for a developmental disabled youth. All youth were referred for individual and group counseling. Group for aggression replacement therapy (ART) takes place three times a week, while Boys Council groups, takes place two times a week.

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

The program has a policy and procedures outlining a comprehensive mental health evaluation to be completed for each youth at the time of admission. A review of the seven youth records concluded each record contained a new comprehensive assessment which was completed within thirty days of the referral and approved by the licensed mental health counselor within ten days of the completion of the assessment. The case coordinator further completes a Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) and a Positive Achievement Change Tool (PACT) followed by a referral when an identified service is necessary. The assessments and referrals completed by the non-licensed staff are reviewed and signed by the designated mental health clinical authority (DMHCA) within the ten-day time frame. The DMHCA is licensed under the State of Florida, Department of Children and Families (DCF) to provide substance abuse services in accordance with Florida Statute Chapter 397, with an expiration date of August 1, 2019. Youth were referred for individual and group counseling. Groups for aggression replacement therapy (ART) take place three times a week, while Boys Council groups, take place two times a week.

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

The program has a policy and procedures in place to address mental health and substance abuse treatment planning. Whenever a youth's comprehensive mental health/substance abuse evaluation indicates a need for services in one of these areas, the youth is assigned to the program's treatment team, comprised of education, administration, vocational training, mental health and substance abuse staff, the assigned juvenile probation officer (JPO), the youth, and parent/guardian. A review of seven youth mental health records concluded all youth participated in the development of their treatment plan. In further review, there was supporting documentation to reflect the youth's treatment plans were reviewed and updated, as necessary, at a minimum of once a month. The program's designated mental health clinical authority

(DMHCA) coordinates the implementation of each youth's treatment plan, involving parents/guardians and other program members whenever it is possible. The DMHCA also coordinates treatment with other agencies and departments and provides training to direct care staff on individual behavioral interventions. The review of seven youth records confirmed the program provides to each applicable youth specific clinical interventions and treatment methods including individual therapy, group therapy, family therapy, behavioral therapy, educational training and psychiatric services as necessary. Each youth record reviewed has a properly executed Authority for Evaluation and Treatment form (AET), and a current signed Substance Abuse Consent and Release form. Mental health group therapy is limited to ten or fewer youth and substance abuse group therapy is limited to fifteen or fewer youth. All the treatment notes reviewed were completed and signed accordingly. Youth at the program are seen for individual counseling by unlicensed clinical staff, at the masters and bachelor's level interns who are under the direct supervision of the DMHCA, or the outside providers who visit with the youth at the program. The outside providers include Banyan Health Systems, Devonear Therapeutic Mental Health Services, and PsychSolutions, Inc. All agencies contract with the program to provide a specific scope of services. All seven youth records reviewed had copies of individualized treatment plans, coupled with monthly progress notes. Youth receive Aggression Replacement Therapy (ART) three times a week for one-hour sessions. In addition, Boys Council is also offered in a group environment allowing youth to participate in group counseling five days a week.

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 has a policy and procedures in place outlining the treatment plan and discharge planning process. A review of seven open and three closed youth records reflected all youth had an initial treatment plan, which were updated as tasks were completed. The plans were all signed, dated, and approved by the treatment team members, the juvenile probation officer (JPO), youth, and parent/guardian, within the required time frames. All discharge plans reflected an aftercare plan to continue services with a community-based provider, with a referral to a community-based resources for continued support. All three closed youth records contained supporting documentation indicating the JPO and parents/guardians were notified by mail and/or electronic correspondence of the youth's discharge.

3.08 Mental Health Crisis Intervention Services (Critical)	Satisfactory Compliance
<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>	

The program has a policy and procedures addressing mental health crisis intervention services. The program developed a detailed mental health and substance abuse services plan, which was noted to have been reviewed, signed, and dated by the program's executive director on July 16, 2018, and the designated mental health clinician authority (DMHCA) on July 18, 2018. The crisis intervention plan was inclusive of an alert and notification process, staff response, method of referral, assessment, communication, supervision, training including mock drills, a process for a review of the information, and transportation, if necessary.

3.09 Crisis Assessments (Critical)	Satisfactory Compliance
<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>	

The program has a policy and procedures outlining the process for crisis intervention. According to the program's designated mental health clinician authority (DMHCA), coupled with a review of the program's logbook and a review of seven youth records, concluded the program has not had any youth in need of a crisis intervention since the last annual compliance review. Training records supported program staff have completed the required training for crisis intervention and assessments.

3.10 Emergency Mental Health and Substance Abuse Services (Critical)	Satisfactory Compliance
<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>	

The program has a policy and procedures addressing emergency mental health and substance abuse services. The comprehensive plan is inclusive with their crisis intervention and suicide prevention and response plan signed by both the executive director on July 16, 2018 and the designated mental health clinician authority (DMHCA) on July 19, 2018. The plan outlines the process for notifications, immediate staff response, supervision of youth, authorization for

transportation, evaluation and treatment, documentation, training, including mock drills, coupled with a review process.

3.11 Baker and Marchman Acts (Critical)	Non-Applicable
<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>	

The program did not utilize a Baker Act or Marchman Act procedure during this review period; therefore, this indicator rates as non-applicable.

3.12 Suicide Prevention Services (Critical)	Satisfactory Compliance
<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>	
<i>Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation), and a minimum of constant supervision.</i>	
<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>	

The program has a policy and procedures in place to address suicide prevention services. A review of seven youth records found four youth were placed on suicide precautions with constant supervision. The review of seven youth records concluded all youth are screened for suicide risk at the time of admission. Four reviewed youth records reflected suicidal thoughts and/or ideation as evidenced by the results identified in the youth's Assessment of Suicide Risk (ASR). A mental status examination (MSE) was completed by a licensed clinical social worker (LCSW) level staff. All four youth were placed on precautionary observation (PO); however, only two of the four youth had an alert entered into the Department's Juvenile Justice Information System (JJIS). Once the LCSW determined the youth were no longer a risk, the youth were stepped down to close supervision prior to standard supervision, pursuant to the program's suicide prevention plan. The step-down process occurred with the approval of the LCSW and the program's executive director (ED). A review of documentation indicated the youth were placed on PO until reassessed by a licensed mental health counselor (LMHC). In the four applicable records, the program staff completed the required Assessment of Suicide Risk (ASR) on form MHSA 004, and discontinued PO. The review of the ASR completed indicated all the youth's parents/guardians were timely notified. The ED explained there was a transition of staff responsibility of the JJIS data entry process. Consequently, there was a breakdown in a lack of oversight to as to whom would assume the JJIS alert practice pending the hire and training of a new staff. A new mental health staff has recently received training in the JJIS system and assumed the data entry responsibility.

3.13 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
<i>Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals no greater than thirty minutes.</i>	

The program has a policy and procedures to address suicide precautions and observations. Four youth records were reviewed for youth identified with suicidal thoughts. The program maintains a hardbound notebook as an observation log. The youth's name, Department identification number, date of incident, justification for placement on precautionary observation (PO), and outcome were recorded in the notebook log. In addition, the program utilized the Department's Mental Health and Substance Abuse (MHSA 006) form. The checklist was observed to have been fully completed for all four youth records covering the duration of placement on PO. The MHSA 006 form was reviewed by a shift supervisor and subsequently reviewed, signed, and dated by a licensed mental health clinician. The forms were observed to have been completed in real time, never exceeding thirty-minute intervals.

3.14 Suicide Prevention Plan (Critical)	Satisfactory Compliance
<i>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.</i>	

The program has a comprehensive plan to address suicide prevention, which is included in their comprehensive plan for mental health and substance abuse services, suicide prevention, crisis intervention and emergency care. The plan was reviewed and signed by the designated mental health clinician authority (DMHCA) on July 31, 2018, and by the executive director (ED) on August 2, 2018. The plan outlines the practice of the identification and assessment of youth at risk of suicide, the suicide precautionary observation process, the different levels supervision requirement staff are to monitor, the referral process, documentation, notification and communication, coupled with staff response and the review process by the ED and DMHCA. The suicide prevention plan offers youth with an elevated risk of suicide the opportunity to continue to participate in regular activities. A review of staff training records found staff participated in a minimum of eight hours of annual training, along with participation in mock drills once every quarter dating back to the last annual compliance review.

3.15 Suicide Prevention Training (Critical)	Satisfactory Compliance
<i>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.</i>	

The program has a policy and procedures addressing suicide prevention training. A review of seven staff training records found all the staff successfully completed a minimum of eight hours of training in suicide prevention and precautions. In addition, staff participated in mock drills inclusive of suicide preventions. The suicide mock drills were organized and critiqued by the program's executive director (ED) with the information was then placed in the drill logs to monitor the appropriate number of drills required and frequency conducted. Seven staff interviews reflected all were aware of the location of the two knife-for-life equipment. Staff

reported the safety equipment was kept in administration and a second knife-for-life in the large group room/kitchen area. Staff were further interviewed regarding the practice of when a youth expressed suicidal thoughts for staff responsibilities. All seven staff responded the executive director (ED) or designee was to be notified. Three staff responded staff were to keep the youth in constant sight and sound supervision, one responded the parent/guardian was to be notified, and another staff responded the youth should be searched for sharp objects.

Standard 4: Medical Services

Overview

The program has a written policy and procedures to ensure youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions requiring medical attention. Each youth receives a medical screening utilizing the Department's Facility Entry Physical Health Screening (FEPHS) form during the admission process. During the annual compliance review, there were no youth taking medication while on-site. If a youth is required to take medication during school hours, the program utilizes the Medication Distribution Log to document each medication a youth is administered. The program has no licensed medical staff on-site. The program has identified the program's executive director, lead behavioral interventionist, and mental health professional as the non-licensed staff members trained in medication management and Epi-pen Auto-Injector administration. The program utilizes CINTAS First Aid and Safety, Inc. to routinely monitor and stock the six first aid kits, as needed. The program also has two knife-for-life-kits which are monitored monthly by the community safety specialist and behavior interventionist. The program does not have an automated external defibrillator (AED) on-site.

4.01 Medical Screening (Critical)

Satisfactory Compliance

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.

The program has a written policy and procedures to ensure youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions requiring medical attention. Seven youth healthcare records were reviewed, and each youth was screened during admission to determine if the youth had a condition requiring medical care while in the program. Each healthcare record included a Facility Entry Health Screening form to document the medical screening. Each healthcare record also included a program health screening form. A review of the program's health screening form confirmed contact was made with the parent/guardian about concerns or questions regarding medical conditions. All healthcare records included medical, mental health, and substance abuse information.

4.02 Medication Management – Verification of Medications

Satisfactory Compliance

The program shall determine a youth's medication regimen upon admission to the program.

The program has a written policy and procedures outlining the process of medication management and verification of medication upon admission into the program. Seven reviewed youth healthcare records had supporting documentation indicating each youth completed the medical screening process. A review of each youth's Facility Entry Physical Health Screening form found there were no youth currently on medication at the time of admission. The youth and parent/guardian were interviewed and provided information regarding medications during the screening process. Since the last annual compliance review, the program has not administered

any medication on-site to any youth. An informal interview with the program executive director confirmed the program maintains a Medication Distribution Log which documents when the medication is administered on-site. Reviewed documentation exhibited the program had identified three staff for the delivery of medication at the program. All three staff successfully completed the training for assisted medication administration for non-healthcare staff led by a registered nurse.

4.03 Medication Management – Delivery of Medications	Satisfactory Compliance
<i>The program shall have a process in place to assist youth with self-administration of oral medications.</i>	

The program has a written policy and procedures in place addressing the process of medication management and delivery of medication. During the annual compliance review, there were no applicable youth taking medication on-site during school hours. The program maintains a list of non-licensed staff members trained in medication management. At the time of the annual compliance review, the program identified the program director, lead behavioral interventionist, and mental health professional as the non-licensed staff members trained in medication management and Epi-pen Auto-Injector administration. A review of seven youth healthcare records found there were no youth on medication at the time of admission. A review of the program’s Medication Distribution log found the program did not administer any medication since the last annual compliance review. Observations made during the week of the annual compliance review found the program maintains a locked refrigerator for medications and locked medical containers located in the mental health office. The program also posts the Five Rights of Medication Management Administration above the locked medication storage container. Seven interviewed staff indicated they do not administer medication to any youth on-site. Seven youth reported they do not take medication.

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 a written policy and procedures in place outlining the storage of medications, including the storage of only the daytime medication doses to be delivered to the youth while at the program and how the medications are to be returned once the youth has completed the program. An observation of the mental health professional’s office found medications are stored in a locked boxed. Medications requiring refrigeration is also kept in a locked refrigerator designated only for medication. Controlled substances are stored in a double combination locked box and all non-controlled medication are stored with a perpetual inventory. Only trained non-licensed staff maintain the key and lock combination to the medications which are the program director, behavioral interventionist, and mental health clinician. During the annual compliance review, there were no youth taking medications while at the program; therefore, no medication was being stored.

4.05 Episodic/Emergency Services**Satisfactory Compliance**

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

The program has a written policy and procedures outlining a comprehensive process for the provision of episodic care, first aid, and emergency care. The program maintains six first aid kits on-site which are in the administration office, tool room, van # 1, van # 2, cafeteria/large group, and on the boat. The first aid kits are monitored weekly by program staff and documented on a first aid inventory sheet which is reviewed by a supervisor. The program utilizes CINTAS First Aid and Safety, Inc. to routinely monitor and stock the six first aid kits, as needed. The program also has two knife-for-life-kits which are monitored monthly by the community safety specialist and behavior interventionist. The program does not have an automated external defibrillator (AED) on-site. A review of the program's emergency drill log from May 2018 to November 2018 indicated drills are conducted monthly involving medical, emergency drills including cardiopulmonary resuscitation (CPR), suicide drills, fire drills, and mental health situations. The program maintains an Episodic Care Log to document all episodic care incidents. A review of the Episodic Care Log in comparison with an informal interview with the program executive director confirmed the program had one emergency incident and no episodic incidents since the last annual compliance review. A review of the episodic care log indicated episodic care is documented on the Report of On-Site Health Care by Non-Health Care Staff form. The form captures the youth's information, nature of the youth's complaint, if over-the-counter medication was given, other care given, other action taken, and parent/guardian notification. A random review of the facility logbooks indicated emergency situations are documented which staff review daily and initial after reviewing. The program has a process in place to inform all staff on a routine basis of potential emergency situations which may arise. Reviewed documentation along with seven staff interviews confirmed staff are made aware of medical, mental health, and youth dietary needs documented in the alert log which all program staff review and sign during each admission process. A review of the program's alert log validated the program's practice. Staff are also informed during weekly staff meetings held on Tuesday and Thursday of program specific issues.

Program Name: AMIkids Miami-Dade South
Provider Name: AMIkids, Inc.
Location: Miami-Dade County / Circuit 11
Review Date(s): November 13-15, 2018

MQI Program Code: 1250
Contract Number: P2119/P2121
Number of Beds: 50
Lead Reviewer Code: 50

Overall Rating Summary

Overall Rating Summary

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