

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIKids Pensacola
AMIKids, Inc.
Contract Provider()
3685 Muldoon Road
Pensacola, Florida 32526

Review Date(s): January 8-10, 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:

Patrick M McKinstry, Office of Program Accountability, Lead Reviewer (Standard 3 & 4)

Jill Foy, Office of Program Accountability, Regional Monitor (Standard 2)

Sarah Hollar, Office of Programming & Technical Assistance, Technical Assistance Specialist (SPEP)

Ken Phillips, Office of Program Accountability, Regional Monitor (Standard 1)

Sabrina Wallace-Jordan, DJJ Probation, Circuit 1, Juvenile Probation Officer Supervisor (Youth & Staff Interviews)

Program Name: AMIKids Pensacola
Provider Name: AMIKids, Inc.
P2107
Location: Escambia County / Circuit 1
Review Date(s): January 8-10, 2019

MQI Program Code: 1235
Contract Number: P2106 &
Number of Beds: 37
Lead Reviewer Code: 144

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

Documents Reviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input 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 type="checkbox"/> PAR Reports | 4 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 6 # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 7 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 1 # Other: JJIS |
| <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 type="checkbox"/> Tool Inventory and Storage |
| <input checked="" type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage |
| <input checked="" type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input checked="" type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input 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 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)	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	Non-Applicable
1.09	Food Services	Non-Applicable
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

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Program Overview

AMIkids Pensacola is a day treatment program operated by Associated Marine Institute through two contracts with the Department, located in Pensacola, Florida. The program provides day treatment services to probation, minimum-risk commitment, and conditional release youth. The program is contracted to serve thirty-seven male and/or female youth, between the ages of fourteen and eighteen. The program fosters each youth by providing facility-based delinquency programming and treatment to include case management services, strategic interventions, restorative justice, gender-specific services, and substance abuse testing. In addition, the youth are required to complete program-identified and supervised community service activities which are developmentally and age appropriate and advance the balanced and restorative justice philosophy. The program is comprised of an executive director, a business manager, a licensed mental health counselor (LMHC), a non-licensed mental health clinical staff, three local care counselors, two bus drivers, a vocational instructor, and two General Equivalency Diploma (GED) instructors. Mental health and healthcare services are provided through the contracted provider, Keep Progressing Counseling, LLC; contract signed between AMIkids and the contracted provider on August 1, 2018. Mental health and substance abuse services are provided by two staff; the LMHC, who serves as the designated mental health clinician authority (DMHCA) and the director of treatment, who is a non-licensed clinical staff, under supervision of the DMHCA. The program provides mental health and substance abuse treatment utilizing Aggression Replacement Training (ART), Cannabis Youth Treatment (CYT), and trauma-focused cognitive behavioral therapy (TF-CBT). The program's services are designed to address criminogenic risk factors, according to the youth's needs and risks. The program provides medical services for the youth in the program by screening the youth for medical concerns upon admission. At the time of the annual compliance review, the program did not have any vacancies.

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<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>	

The program's business manager is responsible for completing initial background screenings. Two staff were applicable for review of initial background screening. One of the two staff was a part-time employee who provided educational services for youth. A review of both personnel records revealed both staff received an initial background screening and criminal history report review prior to their hire dates. Both records also included evidence of completed Diana Screening Instruments, which is the program's pre-employment assessment tool utilized for newly hired staff. Both records included documentation of the passing score results for the screening tool. The program added the staff to the Clearinghouse employment roster. Staff records also included evidence indicating the program reviewed the Central Communications Center (CCC) and Florida Department of Law Enforcement (FDLE) results module. The program reported having had no volunteers, mentors, or interns who required background screening this annual compliance review period. The executive director reported the program does not have a contracted agreement with the local county school board. Educational services are provided by part-time staff through a grant from the United Way. The program provided the Annual Affidavit of Compliance with Level 2 Screening Standards, which was completed and sent the Department's Background Screening Unit (BSU) November 26, 2018, meeting the annual requirement.

1.02 Five-Year Rescreening	Satisfactory Compliance
<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>	

The program has a written policy and procedures addressing the process for completing a background rescreening, when required. A review of the program's staff roster found there were no staff during this annual compliance review period who required a five-year background rescreening. The program's business manager is responsible for ensuring all staff are background screened, as required.

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>	

There have been no Protective Action Response incidents during this annual compliance review period; therefore, this indicator rates as 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>	

A review of the program’s staffing roster and hire dates found one staff applicable for review of pre-service training requirements. The training record revealed the staff completed 133 hours of training within 180-days of hire. The staff completed Protective Action Response (PAR), cardiopulmonary resuscitation (CPR) and first aid, professionalism and ethics, and suicide prevention training prior to youth contact. Documentation of all required training was found in the training record with the exception of mental health and substance abuse training and human diversity training. All instructors were qualified to deliver the trainings provided, such as PAR and CPR. The program submitted a list of pre-service trainings including course names, descriptions, objectives, and training hours for all instructor-led training to the Department’s Office of Staff Development and Training on January 8, 2018. Documentation of training was observed within the Department’s Learning Management System (SkillPro), with the exception of CPR.

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>	

A review of the program’s staffing roster and hire dates found three staff applicable for a review of in-service training requirements. All three staff completed more than the required twenty-four hours of annual training. One staff received sixty-eight hours, one staff had seventy-six, and the remaining staff had fifty-eight and a half hours of total training for 2018. All three staff received the annual training for Protective Action Response (PAR), cardiopulmonary resuscitation (CPR)

and first aid, professionalism and ethics, and suicide prevention. Two of the three staff reviewed were supervisors. Both supervisory records had evidence of the additional supervisory training required in areas such as management, leadership, personal accountability, employee relations, communication skills, and fiscal responsibilities. One supervisor completed eight hours and the other had eighteen of supervisory training. All in-service training was documented in the Department's Learning Management System (SkillPro). The program submitted a list of in-service trainings including course names, descriptions, objectives, and training hours for instructor-led trainings to the Department's Office of Staff Development and Training on January 1, 2018. The program's business manager provided a copy of the program's annual in-service training calendar, which is updated as changes occur.

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>	

Observations made during the annual compliance review found all indoor and outdoor areas were clean, neat, and well maintained. The outside grounds were landscaped and maintained. There was no graffiti observed, and walls and furnishings appeared to be in good order. The program conducts daily clean-up, and documents this within the Daily Clean-up Checklist binder. A staff and a youth are assigned to complete the daily clean-up checks each day and sign the documentation. Checks are done both inside and outside the program. The binder was reviewed and found evidence the program completed checks consistently. An interview with the executive director revealed the daily cleaning schedule and facility operating procedure outlines the program's housekeeping plan. The program has two flood lights positioned in the front parking area of the program to light the outside perimeter. All bathrooms and shower areas were clean. Bathrooms are separated for gender.

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>	

Observations made throughout the annual compliance review found fire protection equipment, such as fire extinguishers, alarm systems, and postings of egress routes available throughout all program areas. The program has designated a local care counselor to conduct monthly workplace inspections for alarms and fire protection equipment. Documentation of these checks was observed, indicating the program's consistency in this practice. In addition, the program conducts fire drills on a monthly basis. Completed drill documentation was observed in a fire drill logbook. Based on a review of the logbook, five of the six required drills were completed during the annual compliance review period. The July 2018 drill was not included. Two of the five drills did not have a signature from the drill facilitator. The program has a written policy and procedures which prohibits smoking within the building or on program grounds. A review of the annual fire safety inspection was observed. The last annual inspection was performed January 31, 2018. Three staff training records were reviewed for in-service training. A review of the Department's Learning Management System (SkillPro) found one of three staff completed fire safety awareness training. Interviews with the remaining two staff found staff made attempts to complete the course but were unable to, as a result of the SkillPro system 'locking up' and not continuing through the training screens. Observations of the technical issues were conducted during the annual compliance review. The staff were instructed to input a work order for

technical support to resolve this issue. Seven interviewed youth all reported they have been instructed on what to do in the event of a fire.

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

The program does not participate in any water-related activities; therefore, this indicator rates as non-applicable.

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

The program does not provide food services; therefore, this indicator rates as non-applicable.

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

The program uses two vehicles to transport youth. Youth are not penalized or denied services based on a lack of transportation. The program employs two staff who are designated as bus drivers. A review of both staff personnel records found each of the staff have a valid Florida driver's license. The business manager reported all driver's licenses are checked electronically every month through the SAMBA Safety program, which alerts the program when a license is close to expiration. Observations of the two vehicles used to transport youth found both were secured when not in use. Both vehicles had daily inspection logs within them. Both were in good condition and had a current insurance and automobile registration. All seat belts were present in both vehicles. Interviews were conducted with seven staff and seven youth. All staff and youth reported seat belts were required to be worn when the vehicles were in operation.

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

An interview with the executive director revealed the program submits monthly reports to the corporate office, which is subsequently submitted to the Department. Monthly reports include statistical information such as youth vacancies. A review of the youth roster revealed the information matched the program's census report within the Department's Juvenile Justice Information System (JJIS). Dates of admission and termination documented within each youth's case management record correlated with JJIS. The program maintains a single unit logbook which records significant events, activities, and incidents. Significant incidents are highlighted within the logbook. A review of the unit logbook also found evidence indicating the executive director reviewed the information and signed the log daily. Log entries include the date and time of an event, the name of the youth and program staff involved, brief statements of pertinent information, and the initials of staff making entries.

1.12 Incident Reporting (CCC) (Critical)**Satisfactory Compliance**

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.

A review of the Central Communications Center (CCC) data within the Department's Juvenile Justice Information System (JJIS) found there were three incidents reported to the CCC during the scope of this annual compliance review. All three reports were concerning program closure due to inclement weather. All were reported within the appropriate timeframe. All three were also observed documented within the program's unit logbook, which included the time the incident was reported and the CCC report number. The program did not have any grievances or special incident reports during the annual compliance review period which should have been reported to the CCC. The number of CCC reports during this reporting period was an increase of one from the previous annual compliance review. This was due to the nature of the incidents, which concerned program closures.

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 written policy and procedures addressing an abuse-free environment. The policy indicates youth have unimpeded access to report allegations of abuse or neglect. The program reported there have not been any incidents reported to the Central Communications Center (CCC) or Florida Abuse Hotline during the annual compliance review period which dealt with abuse or neglect of youth in the program. Staff are required to adhere to a code of conduct. A review of three staff personnel records found evidence the staff signed indicating their receipt of the program's Standards of Conduct upon initial their initial hire. Observations of the telephone numbers to the Central Communications Center and Florida Abuse Hotline were observed posted in program areas. The policy of unimpeded access for reporting purposes is also documented the youth handbooks, received by youth upon their admission. An interview with the executive director revealed there were no violations to the program's code of conduct during the annual compliance review period. An inquiring of annual compliance review team members reviewing areas of case management, medical, and mental health, found there were no records to support allegations of abuse were failed to be reported as required. Seven staff were interviewed. All staff reported youth were able to call and report allegations of abuse if they chose to. All seven staff denied ever seeing or hearing a co-worker tell a youth they could not call the Florida Abuse Hotline. All staff denied every hearing a co-worker threatening, using profanity, or intimidating youth in the program. Seven youth were interviewed. One youth reported they have never been stooped from reporting abuse. Six of seven youth reported they have never had to make a report. All of the youth reported staff were respectful when speaking with them or other youth. All youth denied staff ever threatened or cursed at them. All youth denied staff ever asking them to meet with them on a social basis after school hours. All seven interviewed youth reported they felt safe in 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’s written policy and procedures includes the behavior management system (BMS). The BMS and written policy indicates the BMS relies upon positive reinforcement, modeling, successive approximations, shaping, generalization, and maintenance as tools for long-term behavioral change in youth. The program uses a token economy and point card system for youth. Youth are able to earn points for complying with program rules and expectations and can spend points on token items within the token store twice weekly. Observations of the token store system were made. Youth were observed turning in their cards to the staff and shopping for items such as personal hygiene items and snacks. The program’s BMS provides privileges and consequences to encourage youth to fulfill these programmatic expectations. Any consequences given are fair and directly correlate with the behavior problem. Prior to any privilege suspension, program staff explain to the youth the reason for the restriction and give youth an opportunity to explain the behavior leading to the suspension. The BMS indicated time-out is used only in accordance with Florida Administrative Code, and the use of time out does not exceed one-hour, locked time-out rooms are not permitted, and youth are not denied meals during periods of time-out. Each youth receives a student handbook upon admission. The handbook outlines program expectations and lists the five BMS levels, which are as follows: Seamen, Petty Officer Third Class, Petty Officer Second Class, Petty Officer First Class, and Chief. A rank board is posted within the youth common area. The board lists each youth and their current ranking within the BMS level system. The program also has daily activity schedules posted which include structured indoor and outdoor activities to teach values and sportsmanship. Program rules were observed posted in program areas. Seven interviewed youth they have never been placed in a time out. All seven youth denied a youth, or group of youth, are allowed to discipline or control 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> 	

All youth records are maintained electronically within the program’s Lauris System. Records are maintained confidentially and inaccessible to youth. All youth healthcare, case management, and mental health record information is kept secured within the system. The records contain information such as youth name, Department identification numbers, date of birth, county of residence, and committing offense. Observations of case management offices found cabinets marked with confidential postings.

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 regarding a youth's orientation to the program upon admission. Seven youth records were reviewed for orientation and admission. Case notes reflected each of the seven youth received an orientation on the day of admission to the program. For all seven youth, orientation was completed by the regional care coordinator (RCC) or local care coordinator (LCC). The program's orientation included an introduction to staff, tour of the facility, review of expectations, rules, behavior management system, daily activity schedule, emergency procedures, contraband items and consequences, dress code, performance planning, and length of stay. All seven youth records reflected documentation where youth signed indicating they participated in orientation to the program.

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 addressing notifications to staff regarding medical, mental health, and suicide risk issues which may affect the security and safety of the youth in the program. Two of the seven youth records reviewed were applicable for medical alerts. In both cases, youth were placed on the program's internal alert roster upon admission to the program. Three of the seven youth records reviewed were applicable for suicide alerts. In all three records, alerts were entered in JJIS and on the internal alert roster upon being identified for suicide risk. For each of the three youth, discontinuation of suicide alerts was based upon an Assessment of Suicide Risk (ASR). The internal alert roster is maintained by the regional care counselor (RCC). The roster is reviewed and signed by all staff weekly and when updates or changes are made. Seven of seven staff interviewed reported alerts are communicated through an internal alert roster. Further, staff reported alerts are reviewed during the weekly staff meeting.

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 establishing protocols by which the program completes a Positive Achievement Change Tool (PACT) Full Assessment for youth, within seven calendar days of admission. Seven youth records were reviewed for PACT Full Assessments. Documentation reflected each of the seven youth had a PACT Full Assessment completed by a local care counselor (LCC) on the day of admission.

2.04 Transition Planning/Reintegration (Critical)**Satisfactory Compliance**

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.

The program has a written policy and procedures addressing transition planning for youth who are being released from a residential program on conditional release (CR) or post-commitment probation (PCP). None of the seven youth records reviewed were applicable for transition planning. The program has only had one youth placed on PCP since the last annual compliance review. This youth was referred to the program by the juvenile probation officer (JPO) almost three weeks after the youth was released from the residential program; therefore, the program was unable to participate in the youth's transition. There were no examples of youth being referred for services prior to their release from a residential program available for review.

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 written policy and procedures describing the Youth-Empowered Success (YES) Plan development for youth placed on probation, conditional release (CR), and post-commitment probation (PCP). Seven of seven reviewed youth records reflected a Positive Achievement Change Tool (PACT) Full Assessment was completed on each youth prior to the development of the YES plan. All of the youth records reflected the YES Plan was developed on the day of admission to the program. Case notes reflected participation of the required parties in the development of the YES Plan. Additionally, documentation reflected all seven YES Plans were signed by all parties and the youth and parent/guardian received a copy of the YES Plan upon their review and signature. Each of the seven interviewed youth reported they participated in the development of their YES Plan, received a copy of their YES Plan, and were all able to articulate a YES Plan goal they were currently working on.

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 written policy and procedures describing the Youth-Empowered Success (YES) Plan will provide appropriate target dates for the completion of each youth requirement and Positive Achievement Change Tool (PACT) goal. The policy and procedures further state all youth requirements and PACT goal action steps will include the intervention plan elements (who, what, and how often). Court-ordered sanctions were documented in the Department's Juvenile Justice Information System (JJIS) youth requirements modules for each of the seven youth records reviewed. All youth requirements for all of the youth records contained one specific action step for the youth, parent/guardian, and juvenile probation office (JPO)/local care counselor (LCC). Each action step for all seven youth clearly defined who was responsible, what action should be taken, and how often the action should be taken. Two of the seven youth records reviewed were applicable for change goals. Documentation in both records reflected at

least one of each youth's top three criminogenic needs was created into a change goal in JJIS. The change goal for both applicable youth contained once specific action step for required parties and intervention plan elements. Seven of seven youth interviewed were able report a YES Plan goal they were currently working on.

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 has a written policy and procedures regarding supervising youth in a manner which ensures compliance with the court order and completion of the Youth-Empowered Success (YES) Plan. Case notes for all seven reviewed youth records demonstrated compliance (or attempted compliance) with youth, parent/guardian, staff action steps, and sanctions contained in the YES Plan. Documentation for all seven youth reflected staff reviewed and documented reports from collateral sources, face-to-face interventions, telephone contacts with youth and parent/guardian, and monitoring in the youth's home, school, workplace, or community.

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 has a written policy and procedures outlining the process by which the Youth-Empowered Success (YES) Plan is updated to reflect any new needs and progress made during supervision. Seven of seven reviewed youth records contained documentation reflecting staff made necessary updates to the youth requirements and Change Goals in the Department's Juvenile Justice Information System (JJIS). A new YES Plan was generated for each of the youth prior to the ninety-day supervisory review. Updates to the YES Plan contained input from the youth and parent/guardian, as reflected in case notes and documentation in the youth's monthly treatment team report.

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 has a written policy and procedures ensuring records for youth under supervision are reviewed by the supervisor at least once every ninety days and instructions given to staff during the review are followed in the subsequent review. All seven reviewed youth records

reflected ninety-day supervisory reviews were completed, as required. In each record, youth requirements and Change Goals were updated prior to the ninety-day supervisor review.

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 ensuring the completion of Positive Achievement Change Tool (PACT) Reassessments for youth under supervision every ninety days, regardless of their risk to reoffend. Five of seven reviewed youth records reflected reassessments were completed within ninety days. Documentation reflected two reassessments were completed late; one reassessment was completed five days late and one was completed ten days late. Documentation in case notes for both youth reflected attendance issues around the time the PACT Reassessments were due. Three closed youth records were reviewed for Exit PACT. Two records reflected Exit PACTs were completed within fourteen days of release from the program. One closed record reflected the exit PACT was completed sixteen days prior to the youth's release.

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 which establishes protocol whereby progress reports are prepared and distributed, in accordance with Florida Administrative Code. The program completes monthly progress reports on each youth in the program. Documentation in each of the seven reviewed youth records contained monthly progress reports and receipt of the monthly progress reports by the juvenile probation officer (JPO). Each progress report reflected youth were given an opportunity to review the report and provide input. The progress reports were signed and dated by the youth, staff who prepared the report, and executive director. None of the seven youth reviewed required a cover letter.

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 does not have a contract with the Escambia County School System. The program offers a General Equivalency Diploma (GED) program which provides youth with an opportunity to obtain their GEDs. Due to youth not participating in a traditional classroom setting, education transition plans are not completed for youth in the program. The program also offers vocational classes and a career planning course. Youth have the opportunity to obtain a carpentry certificate, as well as a Safe Serve certificate. Youth participating in the career readiness course complete resumes, participate in mock interviews, and complete sample employment applications.

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 written policy and procedures addressing releasing youth from the program. According to the written policy and procedures, the program will work with the juvenile probation officer (JPO) to ensure there are no outstanding warrants or charges for the youth prior to recommending termination from supervision. Staff will also ensure the JPO has all documentation of completed sanctions, treatment, payments, and Youth-Empowered Success (YES) Plan goals prior to recommending termination of supervision or release from the program. Three closed records were reviewed for termination or release. None of the three records reviewed were applicable for termination of supervision. In each record, the youth was released from the program and returned to probation supervision. Documentation for all three youth reflected the program worked with the JPO to facilitate the release of the youth from the program. None of the youth reviewed were applicable for minimum risk commitment. None of the youth reviewed were applicable for loss of jurisdiction.

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

The program does not have a contract with the Escambia County School System. The program offers a General Equivalency Diploma (GED) program, vocational training, and a career readiness course. The program is a Type 3 vocational program and the career education is Type 2. Vocational training at the program offers youth the opportunity to obtain a carpentry certificate, as well as a Safe Serve certificate. The career readiness course teaches youth how to complete resumes, dress for success, complete job applications, and participate in mock interviews. The program's business partnership recruiter serves as a job placement coordinator to assist youth in obtaining employment in the community. Three applicable youth records were reviewed for career education. Each youth had a career readiness portfolio which included a resume, a sample job application, and essential documents to obtain employment.

2.15 Educational Access	Satisfactory Compliance
<p><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></p>	

The program does not have a contract with the Escambia County School System. The program offers a General Equivalency Diploma (GED) program which provides youth with an opportunity to obtain their GEDs. Additionally, youth participate in vocational training and career readiness.

Youth participate in educational and career-related programs year around. Youth have the opportunity to earn course credit for completion of vocational training. The activity schedule and logbook reflected minimal interference in GED instruction and vocational training.

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 designated mental health clinician authority (DMHCA), who is a licensed mental health counselor (LMHC), under Chapter 491, Florida Statute. The LMHC's license expires March 31, 2019. The LMHC's license is clear and active; which was verified through the Florida Department of Health. The DMHCA is contracted with the program and is on-site weekly, for a minimum of one hour. The contract was signed by both the DMHCA and program on August 1, 2018. There were no noted dates where the DMHCA wasn't on-site during the annual compliance review period. An interview was conducted with the DMHCA. The DMHCA when asked to describe her role in the coordination and implementation of mental health and substance abuse services at the facility replied; oversee treatment department, provide mental health services to assure youth needs are being met. The DMHCA was asked does the program offer any specialized services, she replied; services offered are Aggression Replacement Training (ART) and Cannabis Youth Training (CYT). Groups are delivered with fidelity according to contract requirements. The DMHCA was asked to describe the level of communication with clinical staff; weekly face-to-face direct supervision for at least one hour a week and by telephone, when needed.

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 mental health and substance abuse clinical staffing at the program is in accordance with the program's contract with the Department. The program has a subcontract with licensed mental health professional, who is a licensed mental health counselor (LMHC), under Chapter 491. The LMHC's license expires March 31, 2019.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory Compliance
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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.

The program has one non-licensed mental health clinical staff, who holds a master’s degree from an accredited university in counseling and psychology. Twenty-six weeks of supervision records were reviewed. The non-licensed mental health clinical staff received weekly face-to-face direct supervision for at least one hour a week for each of the twenty-six weeks reviewed. The licensed mental health professional (LMHP) providing face-to-face supervision utilizes Department form MHSA 019, to document clinical supervision. Clinical supervision documentation supports the review of the non-licensed mental health clinical staff’s case load was reviewed and critiqued by the LMHP. There is evidence the non-licensed staff are only providing services based upon their education, training, and experience. The program had documentation to support the non-licensed mental health clinical staff received twenty hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The program’s primary substance abuse treatment service delivery is Cannabis Youth Treatment (CYT). There is documentation which indicates non-licensed substance abuse clinical staff providing substance abuse services received training in accordance with Florida Administrative Rule 63N-1.0031.

3.04 Mental Health and Substance Abuse Admission Screening (Critical)	Satisfactory Compliance
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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.

Seven youth records were reviewed for mental health and substance abuse admission screening. All seven youth records reviewed had a mental health and substance abuse screening upon admission. The program administers the Massachusetts Youth Screening Instrument, Second Edition (MAYSI-2) and Positive Achievement Change Tool (PACT) upon admission. Each of the mental health and substance abuse screenings were completed by qualified staff on the date of the youth’s admission to the program. Each of the screenings included a review of available information and completed within the Departments Juvenile Justice Information System (JJIS). The program ensures youth within the program have access to treatment needs, when necessary. Each of the seven reviewed youth records required or were identified with the following type treatment needs: mental health and substance abuse screening, comprehensive mental health and substance abuse evaluation, individualized mental health and substance abuse treatment planning, treatment plan review, and discharge planning, as well as mental health and/or substance abuse individual, group, and family therapy. Treatment also included behavioral therapy, psychosocial skills training, psychiatric services, suicide prevention services, crisis intervention, emergency mental health and substance abuse services, and developmental disability services, as needed. One of the seven youth records reviewed was identified by the MAYSI-2 screening as needing a referral for a comprehensive substance abuse evaluation. Only one of the seven youth records reviewed was identified by the MAYSI-2 screening for a referral of an Assessment of Suicide Risk (ASR). The youth had an ASR completed within twenty-four hours, with a reason for the referral indicated. The youth’s ASR also documented the executive director was notified, the referral was made to the licensed

mental health professional, suicide alert entered into JJIS, and placement of youth on precautionary observation.

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>	

Seven youth records reviewed for mental health and substance abuse assessment/evaluation upon admission, of which only one was applicable; therefore, two additional youth records were reviewed. Each of the three applicable youth records reviewed for mental health/substance abuse assessment/evaluation had a date of referral. Each of the three evaluations completed were new and completed within thirty days of the initial referral. The three evaluations were completed by a non-licensed clinical staff and were subsequently approved by the program's license mental health counselor. Each of the new evaluations included identifying information (demographics), reason for evaluation, relevant background information, behavioral observations, mental status exam, interview or procedures administered, discussion of findings, diagnostic impressions, and findings/recommendations. Each of the three youth had appropriate service delivery intervention diagnosis documented. None of the reviewed youth records required an updated evaluation. Each of the three applicable youth records required a substance abuse assessment, as indicated from the referral. A consent was obtained from each of the three youth; a copy of the consent form signed by the youth was found in each of the records. Each of the three substance abuse assessments were completed within thirty days of the initial referral and included identifying information (demographics), reason for assessment, relevant background information, behavioral observations, methods of assessment, patterns of alcohol and other drug abuse, impact of alcohol and other drug abuse on major life areas, risk factors for continued use, clinical impression including diagnosis, and findings/recommendations. Each of the three substance abuse assessments addressed the original referral reason.

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>	

Seven youth records were reviewed for mental health and substance abuse treatment, of which only one record was applicable; therefore, two additional youth records were reviewed. Each youth reviewed was assigned to a multidisciplinary treatment team upon admission to the program. The multidisciplinary treatment teams were comprised of representatives from direct care staffing, mental health and substance abuse clinical staff, administration, education, and vocational staff. The program does not, nor is contractually required to, have medial staff on-site. Each of the youth reviewed were in receipt of substance abuse treatment services and had appropriate signed substance abuse consent and release forms, which were documented on Department forms MHSA 013 and MHSA 012. None of the youth reviewed required any specific mental health treatment services. All substance abuse treatment notes were documented on

forms which contained all of the elements required from the Department's form MHSA 018. Each of the applicable youth reviewed in receipt of substance abuse treatment were provided services by a qualified professional licensed under Florida Statutes 491. The program's primary substance abuse treatment service delivery is Cannabis Youth Treatment (CYT). Based on a review of sign-in sheets, mental health groups were limited to ten youth and substance abuse groups were limited to fifteen youth. Groups were held as required.

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>	

Three youth records were applicable for treatment and discharge planning. Each of the three youth had an initial treatment plan developed within seven days of treatment initiation. None of the youth were applicable for psychiatric treatment services. The initial treatment plans were completed on the Department form MHSA 015. Each of the initial treatment plans were signed and dated by treatment team members who participated in the development of the plan. Treatment team members consisted of a mental health professional, the youth, and parents/guardians. The initial treatment plan was signed by the licensed mental health professional within ten days of development of the plan. The three youth records reviewed had an individualized mental health/substance abuse treatment plan completed within thirty days of admission to the program. The individualized mental health/substance abuse treatment plans were developed on a form which contained all elements of the Departments form MHSA 016. None of the three reviewed youth records reviewed required interventions for psychiatric needs or pharmacological interventions.

Each of the three applicable youths individualized mental health/substance abuse treatment plans were signed and dated by the youth, mental health/substance abuse professional, treatment team members, and parents/guardians. A qualified licensed mental health supervisor reviewed and signed each plan within ten days of completion of the individualized mental health/substance abuse treatment plan. The three -youth records reviewed had documentation supporting thirty day individualized mental health/substance abuse treatment plan reviews were completed. Each of the individualized mental health/substance abuse treatment plan reviews were completed on a form containing all information contained within the Department form MHSA 017. Each review, at a minimum, contained a mental health/substance abuse clinical staff, youth, and licensed mental health professional signatures and date of review.

Three youth records were reviewed for discharge planning. The three youth each had a completed transition/discharge summary completed which considered services necessary for daily maintenance of positive improvement in behavioral, emotional, and social skills made by the youth during treatment. In each of the three youth discharge summaries reviewed, the summary was discussed with the youth, parent/guardian, and juvenile probation officer (JPO) during the exit conference. There were no youth identified as being on suicide risk alert or

precautions during discharge from the program. A copy of the mental health and substance abuse treatment discharge summary was provided to youth, parents/guardians, and JPO.

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 has a written mental health crisis intervention services plan. The plan contains the following elements: notification and alert system, referral (including youth self-referral), assessment, communication, supervision, documentation, and review.

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 has a written facility operating procedure (FOP) pertaining to crisis assessments. The FOP addresses the completion of the crisis assessment, which includes the reason for assessment, mental status examination and interview, danger to self and/or others, initial clinical impressions, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notification to parents/guardians of follow up treatment. The program will document crisis assessments using Department form (MHSA 023). Mental health and substance abuse clinical staff at the program are trained to administer crisis assessments, if necessary. The program has not had any youth requiring a crisis assessment to be completed during the annual compliance 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 has a written emergency mental health and substance abuse services plan. The emergency mental health and substance abuse services plan contains procedures for immediate staff response, notifications, communication, supervision of youth, authorization to transport for emergency services, transport for emergency mental health and/or substance abuse evaluation and treatment to include location, documentation, training (including mock

drills), and review process. The emergency mental health and substance abuse services plan was last reviewed and signed on June 27, 2018 by the executive director and designated mental health clinical authority.

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 has not had any Baker or Marchman acts since the last annual compliance review; 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>	

Seven youth records reviewed, of which only one was applicable for suicide prevention services; therefore, two additional records were reviewed. requested and subsequently reviewed. Each of the three -applicable youth were determined to be at- risk for suicide upon the completion of the programs admission screening. The three youth were placed on precautionary observation for the duration of time the youth was on suicide precautions. The placement of the youth on precautionary observation was authorized. The three youth had an Assessment of Suicide Risk (ASR) referral completed. Each of the ASRs conducted were completed on the Departments required form MHSA 004, as required. Upon completion of the ASR, each of the three youth were subsequently placed on standard supervision. During the duration of time the youth was on precautionary observation, the youth were provided with mental health supportive services. Each of the three -completed youth's ASRs were administered by clinical staff under the supervision of a licensed mental health professional. Each of the ASRs were subsequently reviewed by the licensed mental health professional. The results of the ASR were recorded accordingly and completed within twenty-four hours of screening. There were no youth identified as having been in crisis. Each of the youth's precautionary observations logs were completed in their entirety, with one exception; each of the three precautionary observation logs had supervisory signatures; , however, signatures were located in the wrong area on the form. There were no youth requiring an off-site ASR. There was documentation of the non-licensed clinical staff completing the ASR of having completed twenty hours of training by a licensed mental health professional, which included five co-assessments. There was evidence contained within the program's logbook and on the ASR, indicating an administrative/supervisory staff provided instructions related to the assessment findings and suicide precaution decisions.

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>	

A total of three youth records were applicable and subsequently reviewed for suicide precaution observation logs. Each of the three precautionary observation logs were reviewed and signed by each supervisor; however, the supervisor signed in the wrong area on the Assessment of Suicide Risk (ASR) form. Each of the precautionary observation logs were reviewed and signed by the mental health clinical staff. The precautionary observation logs accurately documented supervision of the youth, in intervals not exceeding thirty minutes. The precautionary observation logs contained necessary level of supervision, supervisory review, response to warning signs, and safe housing requirements. The three suicide precaution observation logs were maintained for the duration the youth was on suicide precautions.

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 written suicide prevention plan. The program follows the suicide prevention plan, which safely assesses and protects each youth identified with an elevated risk of suicide in the least restrictive means possible and in accordance with Florida Administrative Code 63N-1. The plan included the following elements: identification and assessment of youth at risk of suicide, staff training (six hours annually), suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and a review process.

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 written suicide prevention plan, emergency mental health and substance abuse services plan, and mental health crisis intervention services plan which assists staff in recognizing verbal and behavioral cues indicating suicide risk and suicide prevention and implementation of suicide precautions. The program completed three separate mock drills (suicide related) during the annual compliance review period, as required. A total of four staff training records were reviewed for both pre-service and in-service training covering suicide prevention. All four staff had at least six hours of training annually on suicide prevention and implementation of suicide precautions. Seven staff were interviewed, each was asked what staff responsible for if a youth expresses suicidal thoughts; all seven staff replied: notify supervisor or program director, maintain constant sight and sound supervision, call parent/guardian, search youth for sharp objects, and document supervision. Each staff was also asked to identify where the program's suicide response kit is kept, each staff was able to identify the program has two kits and where to find them.

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>	

All medical, mental health, and substance abuse information is documented in each youth's individual health care record. Seven youth healthcare records were reviewed for medical screenings. Each youth had documentation indicating the youth received a medical screening at the time of admission. None of the youth required medication. Documentation was present in all seven records where staff made and documented all attempts to contact the youth's parent/guardian regarding concerns and questions for any medical conditions.

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 has a written policy and procedures which clearly articulates the process for medication verification upon a youth's admission to the program. The program does not administer or maintain any medication on-site. Seven youth healthcare records were reviewed for medication management and verification of medications. A review of these records found evidence each youth and parent/guardian were interviewed concerning any current medication regimen. Based on this information, it was determined none of the youth were taking medication upon admission to the program.

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 which clearly articulates the process for medication verification and medication delivery upon a youth's admission to the program. The policy also includes staff training regarding the delivery of medication. The program does not administer or maintain any medication on-site. Seven interviewed staff all denied giving any medication to youth. Seven of seven youth interviewed reported they do not take medication at the program. The staff reported they are notified of any medication side effects for youth through alert logs, staff trainings, meetings, and discussions with parent/guardians.

4.04 Medication Management – Medication Storage**Satisfactory Compliance**

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.

The program has a written policy and procedures in place which articulates the procedures for storing and delivering of youth medications; however, according to an interview with the executive director, the program does not administer or maintain any medications on-site.

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 in place concerning program facilitation and response to an emergency medical situation. There have been no reported episodic or medical emergencies or events, which have occurred during the annual compliance review period. All emergency equipment, first aid kits, wire cutters, and suicide response kits were observed located in designated areas. The program does not have an Automated External Defibrillator (AED) on-site. The program conducts mock emergency medical drills at least quarterly. Documentation of these drills were found for the following dates: May 29, 2018, August 9, 2018, August 23, 2018, November 14, 2018, and November 24, 2018. There was no indication of cardiopulmonary resuscitation (CPR) being incorporated into any of the mock emergency medical drills; however, there was demonstration and practice of CPR contained within the programs mock suicide drills. Mock suicide drills were conducted at quarterly. Evidence of these drills were documented on drill forms for the following dates: May 29, 2018, August 23, 2018, and November 14, 2018. The program posts a list of emergency numbers, including the poison information center in the first aid room. First aid kits were observed within designated program areas. The kits are monitored monthly by the regional care coordinator. The program reported there were no instances of youth requiring off-site emergency care since the previous annual compliance review. The program has a process for informing all staff on a routine basis of potential emergency situations which may arise. A review of the Episodic Log, internal incident reports, or unit logbooks found no evidence episodic emergency care, or first aid administered.

Program Name: AMIKids Pensacola
Provider Name: AMIKids, Inc.
P2107
Location: Escambia County / Circuit 1
Review Date(s): January 8-10, 2019

MQI Program Code: 1235
Contract Number: P2106 &
Number of Beds: 37
Lead Reviewer Code: 144

Overall Rating Summary

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