

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

**AMIkids Southwest Florida
AMIkids Inc.
(Contract Provider)
1190 Main Street
Fort Myers Beach, Florida 33931**

Review Date(s): December 11-13, 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:

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|--------------------------------|--|
| 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:

Marie Lockwood, Office of Program of Accountability, Lead Reviewer (Standard 1)
Nicos Antonakos, Office of Program Accountability, Technical Assistance Specialist (SPEP)
Tonya Gittens, Office of Program Accountability, Regional Monitor (Invoices, Interviews)
Patrick Morse, Office of Program Accountability, Regional Supervisor (Standards 3 and 4)
Joey Nice, Office of Education, Education Coordinator (Standard 2)
Samuel Sainval, Collier Regional Juvenile Detention Center, Assistant Superintendent (Standard 2)
Marissa Stress, Office of Program Accountability, Regional Monitor (Standard 2)

Program Name: AMIkids Southwest Florida
 Provider Name: AMIkids Inc.
 Location: Lee County / Circuit 20
 Review Date(s): December 11-16, 2018

MQI Program Code: 1252
 Contract Number: P2121/19
 Number of Beds: 34
 Lead Reviewer Code: 165

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 type="checkbox"/> DJJ Monitor <input type="checkbox"/> DHA or designee <input checked="" type="checkbox"/> DMHCA or designee 1 # Case Managers | 1 # Clinical Staff _____ # Food Service Personnel _____ # Healthcare Staff _____ # Maintenance Personnel 2 # Program Supervisors | 5 # Staff 5 # Youth 1 # Other (listed by title): <u>Executive Director</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 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 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 type="checkbox"/> Visitation Logs <input checked="" type="checkbox"/> Youth Handbook 5 # Health Records 5 # MH/SA Records 5 # Personnel Records 5 # Training Records/CORE 6 # Youth Records (Closed) _____ # Youth Records (Open) _____ # Other: _____ |
|--|--|--|

Interviewed

- | | | |
|-----------|-----------------------|----------------------|
| 5 # Youth | 5 # 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 type="checkbox"/> Recreation <input type="checkbox"/> Searches <input type="checkbox"/> Security Video Tapes <input type="checkbox"/> Sick Call <input checked="" type="checkbox"/> Social Skill Modeling by Staff <input type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth <input type="checkbox"/> Tool Inventory and Storage <input type="checkbox"/> Toxic Item Inventory and Storage <input type="checkbox"/> Transition/Exit Conferences <input type="checkbox"/> Treatment Team Meetings <input type="checkbox"/> Use of Mechanical Restraints <input checked="" type="checkbox"/> Youth Movement and Counts |
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Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings

| Standard 1 - Management Accountability | | |
|--|---|----------------|
| 1.01 | Initial Background Screening* | Satisfactory |
| 1.02 | Five-Year Rescreening | Satisfactory |
| 1.03 | Protective Action Response (PAR) | Satisfactory |
| 1.04 | Pre-Service/Certification Training | Satisfactory |
| 1.05 | In-Service Training | Satisfactory |
| 1.06 | Cleanliness and Sanatation | Satisfactory |
| 1.07 | Fire Prevention and Evacuation Procedures | Satisfactory |
| 1.08 | Water Activities | Satisfactory |
| 1.09 | Food Services | Satisfactory |
| 1.10 | Transportation | Satisfactory |
| 1.11 | Administration | Satisfactory |
| 1.12 | Incident Reporting (CCC)* | Non-Applicable |
| 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).

Standard 1: Management Accountability

Overview

AMIkids Southwest Florida is a non-residential day treatment program operated by AMIkids, Inc. under two contracts with the Department. The program is contracted for thirty-four slots and serves male and female youth residing in Circuit 20, Lee County. At the time of the annual compliance review, the program was staffed by an executive director, business manager, director of education, a certified instructor, two non-certified instructors, a licensed mental health counselor, two local care counselors, lead behavior interventionist, behavior interventionist, career coordinator, job recruiter, vocational instructor, and two bus drivers. There was one certified teacher vacancy reported during the annual compliance review. The program utilizes a restorative approach for rehabilitating youth. Staff assist youth to develop competencies in education, life skills, and personal responsibility. Youth are provided opportunities to attain certification in scuba diving, Safe Serve food handling, National Center for Construction Education and Research Certification (NCCR), first aid, and cardiopulmonary resuscitation (CPR). Youth engage in a variety of instruction including aquatic skills such as scuba diving, boating, seamanship, marine mechanics, marine sciences, biodiversity, and maintenance. The program has a contract with the Lee County School Board for the provision of meals for youth. Youth are provided with breakfast, lunch, and snacks daily. The program and the selected vendor communicate regarding necessary adjustments to the menu based upon youth health related needs and religious practices. The program does not have licensed medical staff on-site; however, three staff are trained in medication administration supervision, if needed. A tour of the facility the found the program and grounds were well maintained and in good repair.

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 a written policy and procedures to ensure a background screening is conducted for each newly hired staff. A review of the staff roster indicated five new employees were hired since the last annual compliance review. A review of staff records verified all applicable staff had a Level 2 background screening completed prior to their date of hire. Each of the five staff were found eligible for hire. The program currently has five volunteers. A review of volunteer records found each of the volunteers had a background screening prior to their start date and were deemed eligible for hire. An Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit (BSU)/Clearinghouse on November 13, 2018, meeting the annual requirement. A waiver exemption was not required for any of the staff reviewed. The program utilizes the Diana Screening as their pre-employment assessment tool. Every new hire received a passing score prior to hire. The program also reviewed the Central Communications Center person

involvement report, Staff Verification System, and the Florida Department of Law Enforcement ATMS results for each new staff and volunteer prior to their hire date.

| 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 to ensure the completion of a five-year background rescreening for all applicable staff and volunteers. A review of five staff records found three were eligible for a five-year rescreening. Each applicable record indicated staff were rescreened prior to the staff member's anniversary date. One staff was rescreened through Department's Background Screening Unit (BSU). Two staff were rescreened prior to the establishment of Clearinghouse and each received a rescreen through the BSU. Each staff was rescreened at least ten days prior to their five-year anniversary date.

| 1.03 Protective Action Response (PAR) | Satisfactory Compliance |
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| <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 a written policy and procedures for Protective Action Response (PAR). A review of PAR incidents identified one instance of PAR since the last annual compliance review. The incident was documented on the PAR report which was completed by the end of the day, in accordance with Florida Administrative Code 63H-1. Statements were completed by staff, witnesses, and participants. The PAR report was reviewed by a supervisor and PAR certified instructor, who determined techniques used were approved by the Department, within the required time frame. The report and statements were reviewed by the executive director. A post-PAR interview was conducted with the youth by the designee within thirty minutes after the incident. The youth denied the need for medical attention; notification was made to the parent/guardian. The program has a PAR plan which was approved by the Department's Office of Staff Development and Training on January 11, 2018.

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

The program has a policy and procedures to ensure pre-service/certification training. A review of staff records found five staff were applicable for pre-service training since the date of the last annual compliance review. A review of five staff training records indicated four staff completed requisite training and satisfied or exceeded the 120 training hours required within the first 180 days of employment. Training was inclusive of Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, suicide prevention, understanding youth, supervision, mental health and substance abuse, risk and needs assessment, and human diversity. One staff is currently within their first 180 days of hire and must complete training to include understanding youth, risk and needs assessment, and one hour of suicide prevention training. All completed training was documented in the Department's Learning Management System (SkillPro). Copies of completed training were maintained in each staff's training record. The program submitted, in writing, a master training schedule and list of pre-service trainings to the Department's Office of Staff Development and Training including course names, descriptions, objectives, and training hours for any instructor-led training on December 20, 2017.

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

The program has a policy and procedures to ensure staff complete in-service training in accordance with Florida Administrative Code. A review of five staff training records indicated each staff completed in-service training to include Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, and suicide prevention. Each staff participated in mock drills in response to suicide attempts or self-inflicted injury. Each staff also received training for operation of the fire alarm system, fire protection equipment, and emergency response. Three staff were trained on medication administration. One applicable staff record verified lifeguard certification. During this annual compliance review, four supervisors were identified. A review of each supervisory training record indicated each supervisor received training in management, leadership, personal accountability, employee relations, and communications. All training was documented in the Department's Learning Management System (SkillPro). The program submitted, in writing, a master training schedule and list of in-service trainings to the Department's Office of Staff Development and Training

including course names, descriptions, objectives, and training hours for any instructor-led training on December 20, 2017.

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| 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 a written policy and procedures addressing the maintenance of a safe and appropriate treatment environment. The program maintains weekly sanitation and safety inspections of all internal and external areas of the facility to ensure equipment and the facility is clean and in good repair. Program staff complete a weekly safety, sanitation, and maintenance inspection checklist, which addresses inspections of fire extinguishers, first aid kits, knife for life and wire cutters, lighting, exits, flooring, furniture, waste cans, air conditioning vents, electrical outlets, smoke detectors, windows, cell phones, and radios. Any items requiring attention are documented on the Facility Housekeeping and Security Checklist for immediate attention. A review of inspection reports for the past six months found weekly inspections were conducted, with no findings requiring attention noted. A tour of the program found common rooms, classrooms, and bathroom facilities for males and females were in good repair. Hot and cold water was available in the bathrooms, and all sinks and toilets were functioning. Lighting was functioning within the program and outside. The perimeter was well maintained with clear and unobstructed access to the program. No signs of insect infestation or graffiti was noted. Adequate space was available for private individual counseling and group meetings.

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

The program has a written policy and procedures for fire prevention and evacuation procedures. A review of fire evacuation and emergency procedures found a comprehensive plan, which is updated at least annually. A new plan had recently been updated to reflect compliance with current corporate practice of annual inspections. The former practice required quarterly inspections of fire protection equipment. A review of documentation verified the fire panel was last inspected July 31, 2018. The fire prevention plan includes building evacuation procedures and fire drills. Evacuation plans are posted throughout the program. All exits are clearly marked. A review of the daily logbooks for the past six months verified monthly unannounced fire drills were conducted under varying conditions. Review of fire drills found unannounced drills were conducted on June 29, 2018, July 24, 2018, August 29, 2018, September 27, 2018, October 17, 2018, and November 28, 2018. Fire extinguishers were tagged, inspected, and fully charged. Fire extinguishers were located throughout the program including hallways, main entrance, common room, patio, maintenance area and transportation. Interviews with five youth found each youth received instruction on how to respond to a fire. Interviews with five staff indicated each was trained in the proper operation of available equipment to include the fire alarm system.

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

The program has a written policy and procedures regarding water-related activities. The program has an established water safety plan to ensure youth participating in water related activities pass a swim test prior to participation in water-related recreational activities. A review of the aquatic skills verification form reflected twelve youth passed the swim test. Reviewed documentation verified the program notified the parents/guardians in advance of the swim test or water-related activities. The program has one staff who is a certified lifeguard through the American Red Cross. According to executive director, the certified lifeguard provides oversight to a maximum of four youth. There have been no reported illnesses, injuries, or deaths from water-related activities since the last annual compliance review. Interviews with five youth indicated three youth participated in water-related activities and each youth passed a swim test.

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

The program provides a safe and appropriate treatment environment including food services. The program has a contract with Cypress Lake High School for the provision of food services. Youth are provided with breakfast, lunch, and snacks throughout the day. Menus are established in concert with the program to ensure youth with health issues or religious beliefs are provided with food options respective to their individual situation. The program communicates changes, as necessary, to allow for adjustment of the menu. The program maintains an outside patio dining area, as well as an indoor common area for dining. The food service and dining areas were observed to be clean and well maintained. Interviews with five staff and five youth verified a single menu is offered for program staff and youth. Interviews with five youth confirmed food is not withheld as a disciplinary measure.

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

The program provides safe and appropriate transportation for youth. The program has two school busses and one van utilized to transport youth to and from the program. An inspection of the busses and van found each to be in safe and sound condition. Each vehicle had working seatbelts and emergency doors and windows were operational. Each vehicle has up-to-date insurance and registrations. Vehicles were locked and secured when not in use. Each vehicle was noted to have a complete first aid/emergency kit, seatbelt cutter, and window punch, as well as a current, fully charged, and inspected fire extinguisher. A review of staff records found sixteen staff are currently licensed and allowed to transport youth. The business manager verifies drivers licenses annually. Interviews with five staff indicated staff and youth wear seatbelts during transportation. Interviews with five youth indicated youth and staff wear seatbelts while the vehicle is in operation. Interviews of youth and staff confirmed youth are not penalized or denied service based upon lack of transportation.

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

The program has a written policy and procedures to ensure a safe and appropriate treatment environment, including administrative and operational oversight. A review of documentation indicated the program submits monthly reports to the Department detailing incidents and population data. Additional reports submitted consist of staff vacancy reports, organizational chart updates, billing, and staff hire reports. A review of submitted documentation for the past six months verified the program submitted documentation, as required. A review of three closed youth records verified admission and termination dates each correlated with the Department's Juvenile Justice Information System (JJIS). The program maintains a facility logbook to record program activities, events, and incidents. A review of logbooks for the past six months indicated the executive director reviewed and signed the logbook on a bi-weekly basis. Logbook notations documented the date, time, specific entry, and initials of the staff member documenting the notation.

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| 1.12 Incident Reporting (CCC) (Critical) | Non-Applicable |
| <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> | |

There have not been any reports to the Central Communications Center (CCC) during this review period; therefore, this indicator rates as non-applicable.

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| 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 a written policy and procedures to ensure an abuse free environment. Contact numbers for the Florida Abuse Hotline and the Department's Central Communications Center (CCC) were observed posted throughout the program. Upon admission, youth are provided a student handbook informing them of their rights, program services, grievance process, and telephone numbers for the Florida Abuse Hotline and the CCC. Upon hire, staff receive an employee handbook specifying employee expectations and code of conduct. Each staff reads and signs the code of conduct which forbids staff from using physical abuse, profanity, threats, or intimidation toward youth. A review of five staff personnel records found each signed a code of conduct form documenting their understanding of program policy and procedures. An interview with the executive director indicated youth are afforded unobstructed access to place a telephone call in the event they feel they have encountered any form of abuse. A review of incidents, logbooks, and grievances since the last annual compliance review found there were no incidents reportable to the Florida Abuse Hotline or CCC. Interviews with five youth indicated four youth had never made an abuse call. One youth reported they were not prevented from making an abuse call. Each youth reported feeling safe at the program. Interviews with five staff indicated youth notify operations when they want to place an abuse call and staff would ensure they were able to do so. Staff verified youth would not be prevented from placing an abuse call.

1.14 Behavior Management System**Satisfactory Compliance**

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

The program has a written policy and procedures regarding the behavior management system (BMS). Positive reinforcement, modeling, and shaping are used to assist youth in developing positive pro-social behavior and eliminate undesired behavior. The program addresses youth behavior through counseling and redirection. Upon admission, the BMS is explained to youth to include benefits and consequences. The BMS and program rules are posted throughout the program and staff utilize opportunities to ensure youth are reminded of the benefits of pro-social behavior. A copy of the BMS is provided to youth as part of the student handbook. Daily schedules and activities are posted throughout the program. Interviews with the executive director and lead behavior interventionist indicated the program does not utilize time out or restriction nor denial of meals. Consequences for undesired behavior is restricted to assignment of work detail and on-going counseling to address the behavior. Youth are offered the opportunity to explain their behavior. The program documents behaviors on the behavior card. Five youth interviews found three youth claimed to have been placed in time-out. Further conversation indicated the youth were removed from a setting where they were being disruptive or acting against program rules. Youth were allowed to return once they were not disruptive. Each youth confirmed they were not denied regular meals, health care, religious needs, contact with parents/guardians, legal assistance, or staff assistance. Each youth stated a youth or group of youth could not discipline other youth.

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

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

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

The program has a written policy and procedures to ensure the maintenance of youth records. The program maintains youth records electronically in the Lauris on-line database. Access to the database is limited to case management, clinical staff, and the executive director. Permissions to access specific information is restricted based upon position. The program does not maintain paper copies of youth records. Electronic records are separated into three classifications to include case management, clinical, and medical records. Each youth record documents the youth's name, Department identification number, date of birth, county of residence, and committing offense.

Standard 2: Assessment and Intervention Services

Overview

The program maintains a student handbook which is given to each youth upon admission to the program. The handbook informs youth about program services, items designated as contraband, dress code, and the behavior management system. Each youth receives a copy of the handbook and documents their signature as acknowledgement. Youth meet with the mental health counselor or local care counselors as part of the admission process. Each youth receives an orientation, screening, assessment, individualized service planning, individualized treatment planning, and an assignment to delinquency and promising practice interventions based on the youths' individualized needs. A healthcare admission screening form and the Department's Facility Entry Physical Health Screening form are completed to identify potential medical issues or allergies warranting an alert in the Department's Juvenile Justice Information System (JJIS). Local care counselors and the mental health counselors are responsible for completing each youth's Positive Achievement Change Tool (PACT) Screening Report, referral for mental health and substance abuse assessment, and a Department Mental Health/Substance Abuse Referral Summary form. Progress reports are generated and submitted to the courts, parents/guardians, and juvenile probation officers.

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 a written policy and procedures outlining admission and orientation. Five youth records were reviewed. Each record included an orientation acknowledgement form signed by the youth, parent/guardian, and case manager. Orientation was conducted within twenty-four hours of admission and documented youth received a copy of the student handbook. Case notes documented each youth received an introduction to program staff and tour of the facility. The orientation included a review of program expectations and rules, behavior management system (BMS), emergency medical and mental health services, emergency safety and evacuation procedures, items considered contraband, consequences, a review of the performance planning process, and the facility dress code. Orientation also informed youth of the daily activity schedule and anticipated length of stay.

2.02 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS

Satisfactory Compliance

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.

The program has a written policy and procedures for identifying and documenting mental health and suicide risk issues. According to the program's policy, a medical alert shall be entered into the Department's Juvenile Justice Information System (JJIS) and internal program alert system if a youth is identified with a medical risk during the screening process. A review of five youth records found two youth were applicable for medical alerts. An additional record was selected and found applicable for medical alerts. Each of the three applicable alerts were entered into JJIS. Two youth records were applicable for mental health and suicide risk alerts during the annual compliance review period and each was entered into JJIS and program alert system.

Interviews with five staff indicated they receive youth alerts during the morning meeting prior to youth arriving at the program. In addition, staff are informed of environmental stressors which may render some programming unsafe for youth. Alternative activities are selected, as needed.

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| 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 outlining the purpose and scope of completing the Positive Achievement Change Tool (PACT) Full Assessment. A review of five youth records found each record contained a PACT Full Assessment completed by program staff within seven days of each youth's admission into the program.

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

The program has a written policy and procedures outlining transitional planning for youth who are being released from a residential program on conditional release (CR) or post-commitment probation (PCP). Five youth case records were reviewed; however, none of the youth were found applicable. An interview with the executive director found there were not any youth currently on CR or PCP and the program did not have any applicable closed youth records for youth being released from a commitment program since the last annual compliance review. When a youth is admitted to the program, they meet with the treatment team within the first thirty days of admission to develop a transition plan. Treatment teams are held monthly with the treatment team and include the youth, parent/guardian, and juvenile probation officer. Youth progress is discussed and input from all treatment team members is considered. An exit plan is developed within forty-five days of the youth's termination. As with the monthly treatment team, all relevant parties meet to discuss the youth's progress until their termination from the program.

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

The program has a written policy and procedures outlining the Youth-Empowered Success (YES) Plan development. Five youth records were reviewed for development of a YES Plan. A review of the case notes indicated the youth and parents/guardians were informed of the importance of complying with the sanctions and goals of the YES Plan. Case notes clearly reflect the youth, parents/guardians, and case managers were involved in the development of action steps and target dates for the completion of all sanctions and goals in the YES Plans. Reviewed case notes reflected the juvenile probation officer's involvement in the development of the YES Plan. Case notes confirmed each YES Plan was developed within fourteen days of admission and all parties involved signed. No youth were released from a commitment program; therefore, none of the YES Plans included recommendations from an exit conference or discharge summary. Four of five youth interviewed said they participated in the development of

their YES Plan. One youth indicated they did not participate in their YES Plan. Each of the five youth indicated they received a copy of their YES Plan. Four of five youth were aware of what goals they were working on. One youth did not respond to the question.

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

Five youth records were reviewed, and each record showed court-ordered sanctions were documented in the Department’s Juvenile Justice Information System (JJIS) youth requirements module. Each youth requirement documented the responsibility for at least one specific action step for the youth, parent/guardian, and juvenile probation officer (JPO). Each requirement specifies the specific action and frequency. Each youth requirement found, at minimum, one of the youth’s top three criminogenic needs was developed into a Change Goal in the JJIS. All youth requirements were observed in each YES Plan which was developed with the participation of the youth. Each YES Plan documented reasonable projected completion dates. Five youth were interviewed. Four of the five youth indicated they participated in development of their YES Plan and were aware of the goals they were working on. One youth did not respond to the question.

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

The program maintains a written policy and procedures outlining implementation and supervision of the Youth-Empowered Success (YES) Plan. Five youth records were reviewed and were applicable for YES Plan implementation and supervision. Each record contained case notes documenting attempted compliance with youth, parent/guardian, and staff action steps and sanctions contained in each YES Plan. Each record contained documentation of staff review of written and verbal reports from collateral sources. Case notes documented activities, including face-to-face interactions and telephone contact with youth, parent/guardian, and providers. Case notes documented ongoing contact with the youth and parent/guardian.

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| 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> | |

Five youth case management records were reviewed, of which three records were applicable for required ninety-day Youth-Empowered Success (YES) Plan updates. Two case management

records were not applicable due to the youth being enrolled less than ninety days. Each applicable record documented staff made necessary updates to youth requirements and Change Goals. Each applicable record contained documentation verifying a new YES Plan was generated in the Department's Juvenile Justice Information System (JJIS) prior to the ninety-day supervisory review. Each applicable record verified updates were made to the YES Plan, as needed. Documentation during monthly treatment team meetings verified the input and involvement of the youth and parent/guardian in the development of the YES Plan, as well as updates.

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| 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> | |

Five youth case management records were reviewed, of which three were applicable for a ninety-day supervisory review. Case notes indicated the supervisor ensured the case manager updated youth requirements and Change Goals in the Department's Juvenile Justice Information System (JJIS) prior to supervisory reviews. Each applicable youth case management record indicated the treatment director ensured the youth was receiving appropriate supervision and interventions.

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| 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 in place addressing Positive Achievement Change Tool (PACT) Reassessments. A review of five youth case management records indicated none were applicable for a Positive Achievement Change tool (PACT) Reassessment; therefore, three closed records were reviewed. Documentation supported PACT Reassessments were completed as required in each closed record. Two of the three records contained documentation the youth received a PACT Final Assessment prior to the program completion. The Exit PACT for each of the two youth was completed within fourteen days of the youth's release from the program. One was not completed due to there not being a case manager at the time of the youth release. According to the executive director, in the absence of a case manager, practice is for the treatment director or behavior specialist to complete the Exit PACT.

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| 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 regarding progress report preparation and distribution. A review of five case management records found three of five records contained a progress report documented every ninety days. A cover letter was included describing the overall performance of each youth. Each youth was given an opportunity to review the progress report and provide a comment. All progress reports were signed and dated by the youth, staff

preparing the report, and program director or designee. A review of information contained in the electronic Lauris System database verified each applicable youth progress report was sent to the court, with copies forwarded to the juvenile probation officer (JPO), state attorney (SA), youth's attorney, youth, and parents/guardians.

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

The program has a written policy and procedures outlining the education transition plan which was last revised on June 27, 2018. The program's instructional staff and youth complete an education transition plan upon entry, including provisions for continuation of education and/or employment. These plans are reviewed and updated monthly. The education staff, vocational staff, and Lee County school representatives work collaboratively to ensure youth are receiving on-going interventions. The program reported two youth were released within the past six months who had employability as a transition goal and the two closed youth records were reviewed. Documentation in each record confirmed the youth, parent/guardian, education representative, post-release staff, school district personnel responsible for providing guidance services, and a designee of the Districts' Management Information System were involved in the development of the plan. All reviewed transition plans contained services and interventions, recommended educational placement for post-release, specific monitoring responsibilities, a sample employment application, a résumé, documents essential for obtaining employment, and an appointment with the local Career Source Center. There was evidence in the reviewed records of the youth's case manager and parent/guardian were made aware of the plan.

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

The program has a written policy and procedures regarding terminations and releases. A review of three closed records of youth who successfully completed the program documented the assigned juvenile probation officer (JPO) contacted local law enforcement and checked the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) for any outstanding warrants prior to each youth's release. Two records contained documentation of program recommendations for youth termination to the Department, upon the youth's completion of sanctions and compliance with program goals. Two of the three reviewed youth records contained documentation of the program working with the assigned JPO to facilitate the release of the youth upon completion of the program. One of the three youth records documented a loss of jurisdiction and the court was notified within fifteen days. Each youth record documented updates in the Department's Juvenile Justice Information System (JJIS)

within five working days of receipt of termination orders. Each youth record contained documentation of the youth and parent/guardian being notified, in writing, the youth was no longer under supervision.

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| 2.14 Career Education | Satisfactory Compliance |
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| <i>Staff shall develop and implement a career education competency development program.</i> | |
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The program has a written policy and procedures outlining career education. The program is a Type 2 career education program. An interview with the lead educator confirmed career education programming provided which includes personal accountability skills and behaviors leading to appropriate work habits for employment and living standards. My Career Shines and a Multiple Intelligences Inventory is used to provide youth the opportunity to explore and gain knowledge of occupational opportunities. Youth in the program can gain vocational certification in ServSafe Food Handler and the Home Builder's Institute (HBI). A review of three closed youth records of youth who successfully completed the program found each contained a completed employment application, a résumé, an appointment with the Career Source Center, appropriate documents for obtaining employment, and documentation to support the youth's parent/guardian was made aware of the vocational plan for the youth. Post-release, the program engages in monthly documented follow-up with the youth to encourage and support the continuation of vocational goals.

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| 2.15 Educational Access | Satisfactory Compliance |
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| <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> | |
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The program has a written policy and procedures in place regarding educational access. An interview with the lead educator confirmed the program runs on a year-round schedule with students being required to participate in educational and career related programs for 250 days of instruction distributed over a twelve-month period, with a minimum of twenty-five hours of instruction weekly. To the extent possible, skills developed in the career training and education programs are supported by the academic courses. Youth receive credits for educational and training experience. A review of the daily schedule supports education was provided according to the program's policy.

Standard 3: Mental Health and Substance Abuse Services

Overview

The program has a full-time licensed mental health counselor (LMHC) identified to serve as the designated mental health clinician authority (DMHCA) responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services. All youth with current mental health and/or substance abuse needs are assessed by mental health staff. Referrals are based on services in the program or within the community dependent on the youth needs. The program has one master's-level and one bachelor's-level non-licensed local care counselors, and both are supervised by the DMHCA. All mental health and substance abuse information is documented in the youth's individual electronic mental health and substance abuse record utilizing the Lauris online System. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for children and adolescents in outpatient treatment. The program's current license expires on October 31, 2019. The program ensures the delivery of individual, group therapy, family therapy, behavioral therapy, and/or psychosocial skills training in accordance with each youth's master treatment plan and identified areas of need. Mental health treatment and substance abuse treatment is provided by the licensed mental health counselor or master's-level, non-licensed mental health therapist. Youth determined to have a mental disorder and/or substance abuse impairment and receiving mental health and/or substance abuse treatment have an initial treatment plan developed within seven days of referral and an individualized master treatment plan developed within thirty days of admission.

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator

Satisfactory Compliance

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.

The program has a full-time licensed mental health counselor (LMHC) identified to serve as the designated mental health clinician authority (DMHCA), responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services. The DMHCA is full-time and works Monday through Friday. The DMHCA's current license is clear and active in the State of Florida with an expiration date of March 31, 2019. An interview with the DMHCA indicated she supervises and partakes in all youth admissions. All youth with current mental health and/or substance abuse needs are assessed by the mental health staff. Referrals are based on services in the program or within the community dependent on the youth needs. Once a youth is referred to the program, they are added to the mental health provider spreadsheet and work with the assigned therapist and/or outside provider to ensure services are provided.

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| 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 one full-time licensed mental health counselor (LMHC) responsible for the coordination and implementation of mental health and substance abuse services in the program. The LMHC serves as the designated mental health clinician authority (DMHCA) and supervises one master’s-level and one bachelor’s level non-licensed therapist.

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

The program has one master’s-level and one bachelor’s-level non-licensed local care counselors. Each non-licensed local care counselor obtained their degree from an accredited university in the field of psychology. Clinical supervision of the non-licensed local care counselors support each received a minimum of one hour each week of on-site, face-to-face, direct supervision by the designated mental health clinician authority (DMHCA). Supervision occurred in a group format and was documented on the Department’s Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019). Reviewed training records documented the non-licensed clinician conducted Assessments of Suicide Risk (ASR) and Follow-Up ASRs and has received at least twenty hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services.

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

The program maintains a written policy and procedures establishing a screening process which reflects the requisite activities of the non-licensed and licensed mental health staff, completion of the Massachusetts Youth Screening Instrument (MAYSI-2) and the Positive Achievement Change Tool (PACT) Full Assessment, review of the referral packet, staff observations, and the referral process. Program policy requires each youth to be screened through the use of an intake screening for suicide risk, MAYSI-2, and the PACT. A review of five youth mental health and substance abuse records found a PACT Full Assessment and MAYSI-2 was completed upon each youth’s admission. All five reviewed records documented a review of all available information during the screening process. As a result of the screening, a referral was generated for additional services to include an Assessment of Suicide Risk for two youth and a comprehensive mental health and substance abuse evaluation for all five youth within the required time frame. Appropriate alerts for both youth were entered into the Department’s Juvenile Justice Information System (JJIS) and both were placed on precautionary observation

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

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

The program maintains a written policy and procedures requiring youth who are identified by screening, through staff observations, or through behavior subsequent to admission and who are in need of further evaluation shall be referred for a comprehensive mental health and substance abuse evaluation. A comprehensive mental health and substance abuse evaluation is completed for all youth appropriately referred. Youth who present indication of need based on the Massachusetts Youth Screening Instrument (MAYSI-2), the Positive Achievement Change Tool (PACT) Full Assessment, history of mental health issues, or behaviors reflecting mental health issues received a comprehensive assessment within thirty days of referral. All mental health and substance abuse information is documented in the youth's individual electronic mental health and substance abuse record utilizing the Lauris Online program system. A review of five youth mental health and substance abuse records found each youth was referred for services based on their intake assessments. Each reviewed record documented an initial evaluation was completed on the day of admission and a full evaluation was completed within thirty days of the referral. Each was completed by the licensed mental health counselor and included the identifying information, reason for evaluation, relevant background information, behavioral observations, and a mental status examination. In addition, the interview procedures administered were outlined, discussion of findings and the diagnostic impressions were clearly documented.

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

The program maintains a written policy and procedures which requires any youth who is in need of mental health and/or substance abuse treatment, shall have an individualized master mental health and substance abuse treatment plan. The program's policy indicates youth identified in need of mental health treatment must receive individual, group, or family counseling by a licensed mental health clinician. The designated mental health clinical authority (DMHCA) and the master's-level non-licensed therapist both completed Aggression Replacement Training (ART) and Cannabis Youth Treatment (CYT) training. Five reviewed youth mental health and substance abuse records validated each youth was assigned to a multidisciplinary treatment team upon admission into the program with representatives from mental health, local care counselors, administration, education, job recruiter, and the career coordinator. The

parent/guardian was provided an opportunity to participate and there was limited documented signatures on the master treatment plans. Four of five youth were diagnosed with substance abuse related disorders and one was diagnosed with a mental health disorder and each had a signed Youth Consent for Mental Health Treatment, Youth Consent for Substance Abuse Treatment, Youth Consent for Release of Substance Abuse Treatment Information/Records form, Authorization for Release and Receipt of Mental Health/Substance Abuse Treatment Information, and an Informed Consent for Urine Drug Screen. In addition, each youth had a signed Authority for Evaluation and Treatment form. Reviewed youth records indicated youth completed ART and/or CYT, substance abuse counseling, family therapy, and individual therapy. Reviewed group sign-in sheets validated group therapy for mental health treatment was limited to ten or fewer youth.

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

The program maintains a written policy and procedures to address the completion of treatment and discharge plans. The program ensures the delivery of individual, group therapy, family therapy, behavioral therapy, and/or psychosocial skills training in accordance with each youth master treatment plan and identified areas of need. Mental health treatment and substance abuse treatment is provided by the licensed mental health counselor or master's-level non-licensed mental health therapist. Youth determined to have a mental disorder and/or substance abuse impairment and receiving mental health and/or substance abuse treatment have an initial treatment plan developed within seven days of referral and an individualized master treatment plan developed within thirty days of admission. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for children and adolescents in outpatient treatment. The program's current license expires on October 31, 2019. An interview with the program designated mental health clinician authority indicated the program offers specialized, evidenced-based groups to include Aggression Replacement Training (AR) and Cannabis Youth Treatment (CYT) which is tracked through monthly fidelity reports. A review of five youth mental health and substance abuse records found each youth had an initial treatment plan, which was completed on the day of admission. All reviewed plans were signed by all treatment team members. Reviewed youth records supported each youth had a completed individualized master mental health and substance abuse treatment plan. All were completed within the required thirty days of the youth's admission into the program. All required signatures were documented on each plan. All five reviewed youth records documented the required thirty-day treatment team reviews of the master treatment plan. Three applicable for mental health and substance abuse treatment discharge summaries were reviewed and each documented relevant mental health and/or substance abuse history, the reason for mental health and/or substance abuse treatment, why treatment was terminated, as well as problems which were the focus of the mental health and substance abuse treatment. The summary included the youth's progress in treatment and

whether the youth was released with an alert status. Each reviewed summary included services recommended for the youth to receive upon discharge, and each summary included the youth's beginning and ending mental health and substance abuse diagnosis. Reviewed documentation validated a copy of each was mailed to the youth and parent/guardian, and a copy was e-mailed to the assigned juvenile probation officer.

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

The program maintains a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director as well as the program's designated mental health clinician authority (DMHCA) on July 3, 2018. The program's plan outlined procedures for the program's response to youth demonstrating acute emotional, behavioral, or psychological distress. The program's plan detailed notification and alert procedures, means of referral, including youth self-referral, communication, supervision, documentation, and the post-event review process.

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

The program maintains a written policy and procedures to address crisis assessment and evaluation of youth demonstrating acute psychological distress. Pursuant to the program's policy, the assessments are to be conducted by a licensed mental health professional, or non-licensed mental health professional working under the direct supervision of a licensed mental health professional, to determine the severity of a youth's symptoms, and level of risk to self or others. An interview with the designated mental health clinical authority (DMHCA) revealed there was one youth requiring a crisis assessment since the last annual compliance review. The program's practice is to utilize an electronic form in the Lauris System which includes all elements of the Department's crisis assessment form (MHSA 023). The reviewed crisis assessment indicated the youth was referred to the licensed mental health counselor by the program manager due to staff observing the youth's self-abusive behaviors. The youth was not found to be in crisis and was placed on standard supervision and an appointment was made for

the youth to follow-up with their assigned therapist. The program was not required to place an alert in the Department's Juvenile Justice Information System (JJIS).

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| 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 maintained a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director and the designated mental health clinician authority (DMHCA) on July 3, 2018. The emergency care plan included procedures for immediate staff response, notifications and alert system, communication, supervision of youth, authorization to transport for emergency mental health or substance abuse services for Baker Act and/or Marchman Act proceedings, documentation, training including mock drills, and the post-event review process.

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| 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 Baker Act or Marchman Act procedures during this review period; therefore, this indicator rates non-applicable.

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

The program maintained a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the executive director and the designated mental health clinician authority (DMHCA) on July 3, 2018. The program utilizes suicide precautions for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors. Any youth exhibiting suicide risk behaviors must be placed on suicide precautionary observation, and a minimum of constant supervision. All youth identified as having suicide risk factors through the screening process, information obtained regarding the youth, or through staff observations, must be placed on suicide precautions and receive an Assessment of Suicide Risk (ASR). A review of five youth mental health and substance abuse records found each was screened for suicide

ideation utilizing the Massachusetts Youth Screening Instrument (MAYSI-2), Positive Achievement Change Tool (PACT) Full Assessment, and an intake screening for suicide risk. Four of five reviewed youth mental health and substance abuse records were applicable and validated each youth was placed on precautionary observations (PO) during the admission screening until the ASR was completed. Suicide Precautions Observation Logs were maintained for each youth while on PO and all included the signatures of the supervisor and licensed mental health clinician. Reviewed ASRs indicated each youth was returned to standard supervision. There was no documented practice of a youth maintained on PO requiring a Follow-Up ASR since the last annual compliance review. Each reviewed ASR was completed by the licensed mental health counselor and was reviewed by the program's executive director. There were no applicable ASRs completed by an off-site provider. According to the DMHCA, the program only allows the master's-level non-licensed local care counselor to serve as a back-up to complete the ASR. The bachelor's-level non-licensed local care counselor is not permitted to complete the ASRs. Reviewed training records indicated the master's-level non-licensed therapist received supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services by completing at least twenty hours of training and five ASRs on-site, in the physical presence of the licensed mental health counselor.

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| 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 review of five youth mental health and substance abuse records indicated four were applicable for placement on suicide precautions during the admission screening process prior to the completion of the Assessment of Suicide Risk (ASR). Each reviewed applicable record validated the Suicide Precautions Observation Logs were maintained for the duration each youth was on precautionary observation and each was documented in real time. All reviewed checks were conducted at intervals no great than thirty minutes. Each reviewed Suicide Precautions Observation Log included the signatures of the supervisor and licensed mental health clinician.

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| 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 maintains a written comprehensive plan detailing mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care. The comprehensive plan was last updated and reviewed by the program's executive director and the designated mental health clinician authority (DMHCA) on July 3, 2018. The suicide prevention plan addressed the identification and assessment of youth at risk of suicide, staff training, suicide precautions, three levels of supervision, as well as processes for referral, communication, notification, and documentation. Additionally, the plan detailed the required immediate staff response to youth who pose imminent danger to themselves and/or others and the program's review process.

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

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

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

Standard 4: Medical Services

Overview

All program youth are medically screened during the admission process. All medical, mental health, and substance abuse information is documented in each youth's individual healthcare record. All medical information is documented in the youth's individual electronic healthcare record utilizing the Lauris System. The program utilizes Department's Facility Entry Physical Health Screening (FEPHS) form to ensure youth are safely placed in the general population, and to determine if the youth is not in immediate need of medical attention. During the medical screening process, the youth and parent/guardian are interviewed about the youth's current medications. In the event a youth does take medication on-site, the program has trained seven staff to aid in medication administration and utilize a Medication Distribution Log to document when the medication is administered. The program utilizes Zee Medical to routinely monitor and stock the first aid kits on a monthly basis.

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 written policy and procedures outlining a process by which all youth are medically screened upon admission into the program. Intake screenings are performed by non-licensed staff during the admission process. All medical, mental health, and substance abuse information is documented in each youth's individual healthcare record. All medical information is documented in the youth's individual electronic healthcare record utilizing the Lauris System. Five youth healthcare records were reviewed, and each youth was screened at admission to determine if the youth had a condition requiring medical care while in the program. The program utilizes the Department's Facility Entry Physical Health Screening (FEPHS) form. The program documented contact with youth and parent/guardian addressing concerns or questions regarding youth medical conditions on page two of the FEPHS screening form. All reviewed healthcare records contained a signed Authorization for Evaluation and Treatment.

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 written policy and procedures in place addressing the process of medication management and verification of medication upon entry into the program. The parent/guardian is required to sign indicating they provided the medications after verification of the quantity and description of each medication is documented. When a parent/guardian cannot provide the required information, the program will assist the parent/guardian and youth in obtaining the required information. The program has trained seven staff to assist in medication distribution. These staff will make every attempt to verify the authenticity of the medication by contacting the pharmacy or prescribing physician to determine if the prescription is current and obtain any

additional information regarding side effects and precautions for the safe and secure delivery of the medication to the youth. Five youth healthcare records were reviewed, and each youth was screened at admission to determine if the youth has a condition requiring medical care while in the program. During the screening process, youth and parent/guardian were interviewed by the program staff to determine if the youth was prescribed medications. Three of the five reviewed youth healthcare records documented the youth were prescribed psychotropic medications; however, each youth took the medications prior to coming on-site and when they returned home. The program's designated mental health clinician authority (DMHCA) indicated the program currently has five youth prescribed psychotropic medications and none of the youth, at the time of the annual compliance review, were taking medication on-site during school hours. Interviews with staff indicated the program has not had any youth who took medication on-site since the last annual compliance review. In the event a youth does take medication on-site, the trained program staff utilize a Medication Distribution Log which documents when the medication is distributed. The program's executive director, program manager, DMHCA, lead behavioral interventionist, local care counselor, vocational/construction instructor, and business manager were identified and trained to supervise youth in the self-administration of medications while on-site. The program maintains an active internal alert system which is updated daily by the DMHCA and discussed with each staff during the morning management meeting. Staff sign off on the daily alert and the printed alerts are then maintained in a binder.

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| 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 written facility operating procedures in place addressing the process of medication management and assist youth with self-administration of medications. All youth who require the ingestion of oral medication must be able to consume the medication on their own under the direct supervision of a trained program staff member. In the event the youth cannot consume medication on their own, special arrangements will be made to have medically qualified individuals available to administer the medication at the required intervals or the youth's parent/guardian will be notified to come on-site to assist in medication distribution. A review of five youth healthcare records indicated there were three youth prescribed medications; however, each took their medications at home. There were no youth taking medication on-site during school hours. In the event a youth does require on-site medication, the youth taking prescription medication and the trained non-medical staff initialed the Medication Distribution Log indicating the dosage was provided. Each reviewed healthcare record had a signed medical treatment authorization signed by the parent/guardian authorizing any physician, hospital, or dentist to provide minor emergency and necessary medical, vision, and dental examinations and treatment and to be financially responsible for the care of any pre-existing medical condition and/or self-inflicted injuries while in the care of the program. Each reviewed record had a signed Authorization for Evaluation and Treatment (AET) with one youth having a signed AET for youth over eighteen years of age. The program's executive director, program manager, designated mental health clinician authority (DMHCA), lead behavioral interventionist, local care counselor, vocational/construction instructor, and business manager were identified and trained to supervise youth in the self-administration of medications while on-site. There were no youth taking prescribed medications during on-site hours and there were no youth requiring the use of an EpiPen Auto Injector. The program has identified a secured storage cabinet in the program managers main office for any medications brought on-site. The program utilizes a Medication Distribution Log to document when medication is administered on-site. The log contained the Five Rights of Medication Administration. The program has an identified a secured refrigerator

for medications and locked medical containers located in the conference. Five interviewed youth indicated none took medication on-site while participating in the program. Five interviewed staff indicated they are informed of medication side effects through the internal alert system and during the morning management meeting.

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

The program has written policy and procedures ensuring the storage of prescription, over-the-counter, and topical medications shall be maintained in a clean environment. The programs procedures outline medications shall be separated from different medications and refrigerated medications shall be securely stored in the medication refrigerator located in the conference room. The program has identified a secured storage cabinet in the main program manager’s office for any medications brought on-site. The area was observed clean and free from moisture and extreme temperatures. Only the identified seven trained staff have access to the medications. Controlled medications are stored behind two separate locks in the medication cabinet. Five reviewed youth healthcare records indicated three youth were prescribed medications; however, each youth takes the medication prior to come on-site. The program utilizes the Medication Distribution Log to document the distributed medication and the program will maintain a perpetual inventory of the medication.

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| 4.05 Episodic/Emergency Services | Satisfactory Compliance |
| <i>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.</i> | |

The program maintains a written policy and procedures outlining episodic and emergency services. All instances of first aid and emergency care are documented in accordance with the Department and in the program’s episodic log. All emergency equipment, such as first aid kits and suicide response kit, are monitored monthly by the lead behavior interventionist and replenished as needed. The program utilizes Zee Medical to routinely monitor and stock the program’s first aid kits on a monthly basis. The program has a total of one master first aid kit mounted to the wall in the staff break room, three first aid kits stored in the program administration office, one in the vocational/construction instructor’s workshop, and one for each of the two school buses and one van. The program maintains one suicide response kit and one emergency infection control kit located in the program administration office. The suicide response kit contains wire cutters, needle-nose pliers, and a knife-for-life. The program maintains an episodic and emergency care log to document episodic care incidents. In addition, episodic care is documented in each youth’s individualized healthcare record. A review of the episodic and emergency care log found the last entry was dated May 8, 2017. Reviewed Protective Action Response (PAR) reports and logbook entries found the program administered first aid to a youth February 28, 2018; however, the episode was not documented in the log. The program conducts emergency first aid drills and suicide drills on a quarterly basis. The program does not have an automated external defibrillator (AED) on-site. The program has a process in place to inform all staff on a routine basis of potential emergency situations which may arise, usually through the morning management meeting. Youth medical, mental health, and dietary needs are discussed during the meetings and the program’s internal alert system is updated by the designated mental health clinician authority and discussed daily with all program staff. Staff

document their signatures on each alert form signifying their understanding of the applicable alert. All staff were trained on the program's Continuity of Operations Plan (COOP) and participated on mock emergency drill training with demonstrated cardiopulmonary resuscitation (CPR) during in-service quarterly meetings held March, June, September, and December 2018.

Program Name: AMIkids Southwest Florida
Provider Name: AMIkids Inc.
Location: Lee County / Circuit 20
Review Date(s): December 11-13, 2018

MQI Program Code: 1252
Contract Number: P2121/19
Number of Beds: 34
Lead Reviewer Code: 165

Overall Rating Summary

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