

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

AMIkids Tampa
AMIkids Inc.
(Contract Provider)
1730 Maritime Boulevard
Tampa, Florida 33605

Review Date(s): March 12-13, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

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

Paul Sheffer, Office of Program of Accountability, Lead Reviewer (Standard 1 & 4)
Marvin Bliss, Office of Program Accountability, Regional Monitor (Standard 3)
Kim Myers, DJJ Probation Circuit 6, Senior Juvenile Probation Officer (Standard 2)
Jonathan Thompson, Office of Program Accountability, Regional Monitor (Standard 1)
Sherri Wilson, Office of Program Accountability, Technical Assistance Specialist (SPEP)

Program Name: AMIkids Tampa
 Provider Name: AMIkids Inc.
 Location: Hillsborough County / Circuit 13
 Review Date(s): March 12-13, 2019

MQI Program Code: 4972
 Contract Number: P2118
 Number of Beds: 19
 Lead Reviewer Code: 119

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 type="checkbox"/> DMHCA or designee
<input checked="" type="checkbox"/> 2 # Case Managers | <input checked="" type="checkbox"/> 1 # Clinical Staff
<input type="checkbox"/> # Food Service Personnel
<input type="checkbox"/> # Healthcare Staff
<input type="checkbox"/> # Maintenance Personnel
<input type="checkbox"/> # Program Supervisors | <input type="checkbox"/> # Direct Care Staff
<input checked="" type="checkbox"/> 5 # Youth
<input type="checkbox"/> # Other (listed by title): _____ |
|---|--|--|

Documents Reviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Accreditation Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character
<input type="checkbox"/> CCC Reports
<input type="checkbox"/> Confinement Reports
<input 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 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 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
<input checked="" type="checkbox"/> 5 # Health Records
<input checked="" type="checkbox"/> 5 # MH/SA Records
<input checked="" type="checkbox"/> 3 # Personnel Records
<input checked="" type="checkbox"/> 5 # Training Records/CORE
<input checked="" type="checkbox"/> 3 # Youth Records (Closed)
<input checked="" type="checkbox"/> 5 # Youth Records (Open)
<input type="checkbox"/> # 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 type="checkbox"/> Group
<input 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 checked="" 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 type="checkbox"/> Youth Movement and Counts |
|--|--|---|

Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Non-Applicable
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	Non-Applicable
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	Non-Applicable
2.13	Termination Release	Satisfactory
2.14	Career Education	Satisfactory
2.15	Educational Access	Non-Applicable

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

Indicator Ratings

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

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Standard 4: Medical Services Day Treatment Rating Profile

Indicator Ratings

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

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Program Overview

AMIkids Tampa is a day treatment program operated by AMIkids, Inc. through a contract with the Department in Tampa, Florida. The program provides day treatment services to probation, minimum-risk commitment, and conditional release youth. The program is contracted to serve nineteen male and female youth, who have successfully completed their commitment program and are in high school or working towards their General Equivalency Diploma (GED). The program fosters each youth by providing Aggression Replacement Training (ART) and The Council for Boys and Young Men curriculum. The program is comprised of an executive director, a primary therapist, a bus driver, a local care counselor, and a community safety specialist. Mental health and healthcare services are provided through a contract with a licensed mental health counselor, who serves as the Designated Mental Health Clinician Authority (DMHCA) for the program. The DMHCA is on-site once a week and provides supervision to the master's-level primary therapist at the program. The program provides mental health and substance abuse treatment utilizing ART and individual counseling. The program's services are designated to address criminogenic risk factors, according to the youth's needs and risks. The program provides facility-based delinquency programming and treatment to include case management services, strategic interventions, restorative justice, gender-specific services, substance abuse testing, and food services. The program provides medical services for the youth in the program by screening the youth for medical concerns and assisting the youth with medications if the youth take prescription medications during the time they are at the program. At the time of the annual compliance review, the program had one vacancy for their business manager position.

Strengths and Innovative Approaches

- The program has a career coordinator from their co-located program for boys prevention who works with the youth to prepare them for job interviews and job placement. They also provide haircuts and clothing for youth if needed for their interview, as well as transportation. The program will also help youth get any uniforms or equipment they may need to be successful at their job.
- The program partners with local banks to provide financial literacy to the youth.
- Aside from the normal drills, the program is conducting armed intruder drills. These are being conducted on a monthly basis.

Standard 1: Management Accountability

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

The program has a written policy and procedures addressing background screening. No staff have been hired since the last annual compliance review. The program did not have any volunteers or interns during this review period. The program has a pre-employment screening which will be used as part of the hiring process for new staff. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit (BSU) on January 10, 2019, meeting the annual requirement.

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

The program has a written policy and procedures addressing five-year background rescreening. There was one staff eligible for a five-year rescreening during the annual compliance review period. The staff's five-year rescreening was conducted prior to the anniversary of their hire date. The program did not have any volunteers or interns during this review period.

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

There were no Protective Action Response (PAR) incidents during the annual compliance review period; therefore, this indicator rates as non-applicable.

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 written policy and procedures in place regarding pre-service/certification training. The program did not hire any new staff during the annual compliance review period. A review of the program's pre-service training plan confirmed it contained all required topics. The pre-service training plan was submitted for review to the Department's Office of Staff Development and Training on December 17, 2017 for calendar year 2018. The program's most recent plan was submitted on February 9, 2019. An informal interview with the Executive Director revealed no changes were made to the training plan during the last year. The program maintains an individual training and personnel record for each staff.

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

The program has a written policy and procedures in place regarding annual in-service training. Five staff records were reviewed for the completion of annual in-service training. Each of the five staff exceeded the required twenty-four hours of in-service training, with each staff having completed over seventy-five hours of training during the year 2018. Each of the reviewed staff received training in Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, and professionalism and ethics, in addition to the other topics included in their training plans. All staff also completed at least seven hours of suicide prevention training. A review of the Executive Director's (EDs) training record reflected the ED exceeded the required eight hours of supervisory training, which included courses on management, leadership, and communication skills, in addition to training on fiscal responsibility. His training records indicated he attended two leadership conferences during 2018, which included over twenty hours of training on different management topics. The annual in-service training plan was submitted for review to the Department's Office of Staff Development and Training on December 17, 2017 for calendar year 2018. Their most recent plan was submitted on February 9, 2019. An informal interview with the ED revealed no changes were made to the training plan during the last year. The program maintains an individual training and personnel record for each staff.

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

The program has a written policy and procedures which defines how the program will provide a safe and appropriate treatment environment through maintenance and cleanliness of the facility. A tour of the program and observations made during the annual compliance review found the building to be clean, neat, and well maintained. No graffiti was observed in the program and all furnishings were in good repair. A review of the program’s records found the maintenance and housekeeping plan, which set forth their guidelines for the program to complete weekly inspections to “ensure the school grounds and facility maintenance is up to par.” A review of their “Weekly Sanitation & Safety Inspection” checklists found these have been completed every week for the previous six months. This review found no concerns noted requiring corrective action by the program. The program has separate bathroom facilities for males and females, with operable toilets and sinks. These areas were found to be clean, with no evidence of mold or mildew. There is also adequate space for individual and group counseling. They have multiple classrooms, a library, and the large group room which can all be used for groups.

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

The program has a written policy and procedures for fire prevention and evacuation procedures. A review of employees training records validated employees are trained on fire procedures annually and youth are informed of emergency procedures as it is included in the student handbook. Fire drills are conducted monthly; and are documented and filed in the facility fire drill binder. Program policy strictly prohibits smoking in the facility and “no smoking” signage is posted throughout the facility. Egress schematics are posted throughout the building which includes the location of the first aid kit, fire extinguisher, alarm pull boxes, and egress routes specific to the program. On January 11, 2019, the Fire Marshall conducted an inspection which revealed fire suppression equipment is adequate and in good working order. All detection devices, emergency lights, and extinguishers were serviced on February 20, 2019. An interview of five youth confirmed all understood the procedures to follow in the event of a fire.

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

The program did not participate in water activities during this review period; therefore, this indicator is rated as non-applicable. However, the program has a written policy addressing water activities, should circumstances change. Five youth were interviewed and each youth indicated they have not participated in any water activities.

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

The program has a written policy and procedures which defines how the program provides food services to the youth. The program has a kitchen which was observed to be clean and well maintained. The program is co-located with a boy's prevention program which is in session before them. This program has a contract to receive food from Hillsborough County Schools. This food is kept in a warmer in the kitchen area. There is usually food left, which is also provided to the youth in the aftercare portion of the program. If not, they will provide other food alternatives. The program policy requires appropriate meal substitutions are provided to youth with a special diet for either religious beliefs or health reasons. One interviewed youth indicated they sometimes will eat cereal if they do not want the provided food. No youth currently in the program required a special diet. An interview with five staff and five youth indicated the program offers the same menu to both staff and youth. None of the interviewed youth indicated food is withheld as a form of discipline.

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

The program has written policy and procedures which are employed while conducting transportation for the youth who are enrolled in the program. A fifteen-passenger van is utilized to transport the youth and has a dedicated fire extinguisher (serviced February of 2019), first aid kit, and vehicle binder containing registration, insurance, and the transport log. An inspection of the van by a review team member found seatbelts were in good working order. The program utilizes a web-based company, SambaSafety©, to obtain valid driving credentials for all staff bi-annually. Additionally, SambaSafety© provides instant updates to the program on any driving infractions for all staff. All five staff and five interviewed youth indicated seatbelts are used during trips. A member of the review team was able to check the van while not in use, and the doors were found secured.

1.11 Administration**Satisfactory Compliance***The program provides a safe and appropriate treatment environment including administrative and operational oversight.*

The Executive Director (ED) is ultimately responsible for administration and oversight at the program, which includes maintaining and reporting information to the Department. The ED consolidates all statistical information with their corporate office to assist in submitting the monthly contract-required reports to the contract manager. Three closed youth records were reviewed and revealed admission and discharge dates maintained by the program matched the information pulled from the Department's Juvenile Justice Information System (JJIS). The program maintains a hard-back log book which serves as main tracking mechanism for daily events at the program. The annual compliance review team reviewed six months of logbook entries. Entries included date, time, initials of person logging the entry, youth and staff involved, and other pertinent information. Additionally, special circumstances which effect safety and security matters, such as emergency drills and youth on suicide precautions, were found to be highlighted. The review of the program logbook confirmed reviews by the ED at least once a week, but more often in most occasions.

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>	

The program did not have any Central Communications Center (CCC) reports during this annual compliance review period; therefore, this indicator is rated as non-applicable.

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 in place to ensure youth are in a safe environment where there is no abuse or harassment. The program has a code of conduct in which staff adhere to and are provided during orientation. A review of the personnel records for three staff found each signed for the "Team Members Reference Guide," which includes the staff code of conduct. All staff and youth have unimpeded access to report abuse or harassment, without the fear of threat or repercussion. There was no evidence in the reviewed documentation to reflect any alleged abuse. The Florida Abuse Hotline and Central Communications Center (CCC) numbers were found posted throughout the program. All five interviewed youth indicated they felt safe in the program and none of the youth reported feeling a need to make a report to the Florida Abuse Hotline. None of the youth reported hearing a staff member use profanity, use threats, or use of intimidation towards the youth or any other youth. Additionally, all five interviewed youth reported the staff has never asked to meet with them on a social basis outside the program. Each of the interviewed staff reported they would give youth access to a phone in a private area immediately if the youth wanted to make a report to the Florida Abuse Hotline. The program's policy indicates youth shall have unimpeded access to place a call to the Florida Abuse Hotline. None of the five interviewed staff indicated ever seeing a co-worker deny a youth a call to the Florida Abuse Hotline. Each of the staff also reported never hearing another staff member use profanity, make threats, or use intimidation towards any youth during this annual compliance review period.

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

The program has written policy and procedures outlining the behavior management system (BMS), which precludes the denial of youth participation in recreation, meals, health services, contact with parent/guardian, or legal assistance as punishment. Instead, the BMS focuses on positive reinforcement. The program utilizes point cards to track youth's behavior during the week, and performance is reviewed with the youth at the end of the week. The point card

program is a level (white, silver, & gold card) system tied to point accumulation throughout the week. Behavior and performance is tracked in three categories (services, large group, & dismissal). Due to the youth's limited time at the program, the aftercare program primarily utilizes a "token" rewards system for positive behavior which can be cashed in at the store on-site. Their BMS guidelines are included in the student handbook, which is explained in detail at the youth orientation. Youth status boards are visible in the facility and reflect rankings and progression through the program, thus, encouraging good behavior and program participation. The five interviewed youth indicated they have never been placed in time-out, and they are not allowed to decide discipline for other youth.

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

The program maintains all youth records in an online database which is called Lauris Online. The majority of the forms which they fill out are completed within this system. They use an electronic signature pad for youth. When forms are completed by hand, these are uploaded into the electronic system once they are completed. This system is password protected and is only accessible by program staff.

Standard 2: Assessment and Intervention Services

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

The program has a written policy and procedures which establish how the program will conduct their admission process to include an orientation for each youth. Five youth case management records were reviewed for documentation of the orientation process. There was case note documentation of each intake meeting in the Department's Juvenile Justice Information System (JJIS) for each of the reviewed records. All five records documented completion of orientation within twenty-four hours, the date and time of orientation, the orientation process, a tour of the program, and an introduction to the staff on the date of the youth's admission into the program. Each of the reviewed records contained documentation reflecting each youth received a copy of the youth handbook. There was documentation in each of the five records which included details regarding program services and the behavior management system used by the program. The program uses an orientation checklist where the youth and staff will initial after each topic is discussed. The youth, the parent/guardian, and the local care counselor signed and dated the checklist once completed. Each of the five reviewed records included a completed orientation checklist indicating a discussion of all required topics took place during the intake process. The topics included the program's expectations and rules, contraband items and consequences, daily schedules, medical and mental health services, evacuation and emergency procedures, the performance planning process, average length of stay, and dress code. Youth access to the program's telephone to report abuse is also discussed in the handbook. Upon admission, each youth is added to the program's census in the Department's Juvenile Justice Information System.

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

The program has a written policy and procedures in place identifying the documentation of medical, mental health, and suicide risk alerts. Five youth records were reviewed to determine compliance of alerts. Two of the records had an alert for a health condition. All five reviewed records required a suicide risk alert, and each were appropriately documented in the Department's Juvenile Justice Information System (JJIS). Each of the alerts were updated as needed, in conjunction with the completion of an Assessment of Suicide Risk (ASR). None of the youth required a crisis assessment while in the program. All alerts were entered correctly in a timely manner and updated appropriately. The alerts were closed in the program logbook and in JJIS without exception. The program logbook is reviewed by all program staff daily. The program logbook review is reflected by the staff's signature on the bottom of each page in the log when they are present. Staff also review all pertinent alert information in their weekly meetings, in which all youth in the program are discussed. An interview with five staff reported the internal alert system and process for sharing of information is very good.

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 in place which defines how staff are to complete Positive Achievement Change Tool (PACT) Full Assessments. Five case management records were reviewed for the completion of the PACT Full Assessments. Each of the PACT Full Assessments were completed within seven calendar days of the youth's admission into the program and documented in the Department's Juvenile Justice Information System (JJIS).

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

The program has a policy and procedures regarding transition planning and reintegration. A review of five applicable youth case management records revealed each record had documentation in the case notes validating the local care counselor contacted each youth, parent/guardian, and residential program staff monthly while the youth was in their residential program, with one exception. The local care counselor was unable to participate in a transitional staffing at the juvenile probation office due to it being moved from its original time, as they had another staffing scheduled at the same time. The review of records did not find documentation indicating the program and youth were contacted during this month. A review of the five applicable youth records contained documentation reflecting the local care counselor participated in each of the exit conferences, as required. A review of each applicable Youth-Empowered Success (YES) Plan found treatment and intervention recommendations identified during the exit conference and/or in the discharge summary from the residential program were included in the YES Plan.

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 how the program will develop each youth's Youth Empowered Success (YES) Plan. Each of the five reviewed records confirmed a Positive Achievement Change Tool (PACT) assessment was completed prior to the development of the initial Youth Empowered Success (YES) Plan. The reviewed case notes documentation reflected the youth and a parent/guardian participated in the development of the YES plan, and each were completed within fourteen days of the youth's admission into the program. All five records contained documentation in the case notes of collaboration between the youth, the parent/guardian, the juvenile probation officer (JPO), and case manager during the development of the YES Plan. There was a signed acknowledgment form in each of the records indicating the youth and the parent/guardian were informed of the importance of compliance with the YES Plan. All five records contained documentation the youth and the parent/guardian received a copy of the approved YES Plan. Five youth were interviewed and

each of them indicated they participated in the development of their YES Plans. One of the youth was disinterested in the interview but did remember being in a meeting to discuss it. Four of the youth also confirmed during an interview, they were provided with a copy of the YES Plan. The other youth could not remember if she got a copy of her YES Plan.

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

The program has a written policy and procedures outlining the development of each youth's Youth Empowered Success (YES) Plan. Five youth case management records were reviewed for appropriate and individualized target dates, and for the completion of all youth requirements and Positive Achievement Change Tool (PACT) Change Goal elements. Each reviewed YES Plan had youth requirements which contained at least one specific action step for the youth, the parent/guardian, and the case manager. The action steps clearly defined who is responsible, what action to be taken, and how often the action should be taken. All five YES Plans contained a Change Goal addressing one of the youth's top three criminogenic needs, as identified by the PACT. Each of the five interviewed youth were able to explain the current goals they were focusing on. Additionally, all five plans were found to include recommendations made by their commitment program, as reflected through a review of the transition and exit conference documentation.

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

The program has a written policy and procedures stating staff are to document case activities including contact with the youth, the parent/guardian, the juvenile probation officer (JPO), and other collateral sources. Five youth records were reviewed for Youth Empowered Success (YES) Plan implementation and supervision. The Department's Juvenile Justice Information System (JJIS) case notebook module for all five reviewed records reflected compliance with the YES Plan action steps for the youth, the parent/guardian, the staff, and collateral contacts. The program staff documented case activities including face-to-face interactions with the youth, the parent/guardian, and collateral sources in the JJIS case notes. JJIS case notes reflected the program staff maintained contact with all necessary individuals to ensure the youth's compliance with their YES Plan, while also maintaining contact with each youth's assigned JPO.

2.08 Ninety-Day YES Plan Updates**Satisfactory Compliance**

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.

The program has a written policy and procedures which outlines how the program will complete ninety-day Youth Empowered Success (YES) Plan updates. None of the five reviewed records required ninety-day YES Plan updates. Three additional closed records were selected for review. Documentation supported the case manager updated each youth requirement and generated a new YES Plan in the Department’s Juvenile Justice Information System (JJIS), prior to the supervisory review of the YES Plan. Each of the records clearly documented the input of the youth and the parent/guardian in the case notes.

2.09 Ninety-Day Supervisory Reviews**Satisfactory Compliance**

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.

The program has a written policy and procedures requiring supervisory staff to complete ninety-day supervisory reviews. Five youth case management records were reviewed, and none were applicable for ninety-day supervisory reviews. Three additional closed youth records were selected for review. Each record contained a ninety-day review within the required timeframe. Each review also provided guidance and instructions for the case manager to follow for each record. Updates to the youth requirements and change goals were updated in the Department’s Juvenile Justice Information System (JJIS) prior to the supervisory reviews.

2.10 PACT Reassessment**Satisfactory Compliance**

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.

The program has a written policy and procedures which require the completion of a Positive Achievement Change Tool (PACT) Reassessment every ninety-days, regardless of the youth’s risk to reoffend. The policy directs the reassessment is completed every ninety-days to ensure the PACT results are reflective of the youth’s status to include changes in behavior and progress with their Youth Empowered Success (YES) Plan goals. This exceeds the Department’s requirement, which indicates the PACT shall be updated every 180 days. None of the five reviewed records required ninety-day YES Plan updates. Three additional closed records were selected for review. All three reviewed records contained a PACT Reassessment which was completed every ninety-days. Each of the reviewed three closed records also had an Exit PACT Assessment which was completed within fourteen days of release, as required.

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 outlining how progress reports are to be prepared and distributed. Five applicable youth records were reviewed for the completion of progress reports. It is the program's policy to complete a progress report every thirty days, which exceeds the ninety-day requirement. All progress reports contained a specific section for the youth to provide comments about how the youth felt they were progressing in the program. A review of each progress report contained information regarding the youth's overall performance in the program, and were signed by the youth, the local care counselor, and the Executive Director. All reviewed progress reports included a cover letter, a general summary of the youth's progress and documentation when the original report was sent to the juvenile probation officer (JPO), with a copy maintained in the youth case management record.

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

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

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 outlining how the program will request the discharge of youth from the program. Three closed case management records were reviewed for termination and/or program release documentation. All three records reflected the local care counselor contacted the Juvenile Probation Officer (JPO) to coordinate the youth's release. No warrant checks needed to be completed for the discharged youth since they were not being terminated from the Department upon release from the program. If youth are successful in the program, they are released from the placement after ninety days. They are maintained on supervision by the JPO until official termination is requested from the courts. Each of the youth records displayed the correct discharge date from the program in the Department's Juvenile Justice Information System (JJIS). All three closed records contained documentation indicating the youth and the parent/guardian were notified in writing the youth was no longer under supervision.

2.14 Career Education**Satisfactory Compliance***Staff shall develop and implement a career education competency development program.*

The program has a written policy and procedures in place which addresses career education. A review of the documentation found the program provides Type 1 career education for each youth in the program. The program presents groups each week focusing on career education. During these groups, the program provides education on financial budgeting, how to open a bank account, life skills, how to dress for success, calling the employer, interviewing skills, working with mentors, how to tie a tie, and elevator speech. Elevator speech teaches the youth to share the following: who they are and why an employer should hire them. The program teaches personal accountability skills and behaviors to help the youth develop or learn about work habits which will assist the youth in maintaining employment. In addition to completing a résumé, each youth applies at various places of employment either on a paper application or online. The program also utilizes O*Net Online to help determine the youth's interests in potential careers. A review of youth records confirmed the completion of these documents. In addition, the program helps youth obtain the documents essential to obtaining employment. The program also offers ServSafe certification for youth who did not receive it while in a commitment program. The program has partnerships with two restaurants to assist youth in obtaining employment. The program currently has three youth in job placement and another youth scheduled to begin employment in the coming week.

2.15 Educational Access**Non-Applicable***The program shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.*

The program does not provide educational services to youth; therefore, the indicator rates as non-applicable.

Standard 3: Mental Health and Substance Abuse Services

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

The program has a written policy and procedures to provide for a designated mental health clinician authority (DMHCA) or clinical coordinator. The DMHCA is contracted to be on-site weekly up to three hours. The DMHCA is responsible for coordinating and verifying implementation of mental health and substance abuse services. The DMHCA also provides direct supervision at least one hour a week of on-site face-to-face supervision with non-licensed mental health clinical staff. The DMHCA is licensed according to Chapter 458 and 459, meeting the requirement of a licensed clinical social worker. A copy of the current valid license was reviewed and expires March 31, 2019. An interview with the clinical coordinator of the program revealed they provide oversight to the non-licensed clinician at the program. Weekly supervision is provided, and they are available for consultation twenty-four hours a day, seven days a week. They also indicated they will review and sign any documents requiring their review.

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

The program has a written policy and procedures for ensuring mental health and substance abuse services are provided by individuals with appropriate licensure. Staffing shall be in accordance with contract and Rule 63N-1, Florida Administrative Code. The program does not have licensed clinical staff on-site each day of the week. The program has contracted with a licensed mental health counselor, who is licensed under Chapter 491, Florida Statutes. A review of the Department of Health, indicated the licensed mental health counselor is currently licensed; however, the license expires March 31, 2019 and is currently in the process of being renewed.

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 written policy and procedure specifying the utilization of a non-licensed mental health clinician for service delivery of all mental health and substance abuse treatment services at the program. The program is currently licensed under Chapter 397 to provide outpatient treatment services. This license expires in October 2019. During the annual review period, the program had one non-licensed mental health and substance abuse clinical staff providing services under the supervision of a licensed mental health and substance abuse counselor. The non-licensed primary therapist has a master's-level of science in human services specializing in social and community services degree. There was documentation for clinical supervision being provided to the non-licensed primary therapist by the licensed mental health counselor for an hour weekly for the past six months.

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>	

Five open mental health and substance abuse youth records were reviewed for documentation of a comprehensive screening process ensuring a referral is made when youth have an identified mental health and/or substance need. All five records indicated the Positive Achievement Change Tool (PACT) and the Massachusetts Youth Screening Instrument - Second Version (MAYSI-2) were completed by a trained staff the day of admission. All five records had a PACT Mental Health and Substance Abuse Report and Referral Summary completed automatically from the results of the PACT. All five youth were placed on precautionary observation and referred for an Assessment of Suicide Risk (ASR) based on intake screening documents. The Executive Director and Designated Mental Health Clinician Authority (DMHCA) were notified and precautionary placement was provided for each youth until the ASR was completed and reviewed. All five records contained an Assessment of Suicide Risk (ASR) which was completed the day of admission for each youth by a trained non-licensed clinical staff. All five youth were removed from precautionary observation by the primary therapist following the results of the ASR and notifications made to the Executive Director and DMHCA. Suicide risk alerts were entered into Juvenile Justice Information System as required. The Executive Director has ensured written operating procedures are in place for a mental health and substance abuse screening process which includes a review of the youth's referral, reports and records, including observations from staff. Also included is staff training to include mental health and substance abuse issues and completion of the PACT and MAYSI-2. Policy also included a referral process for youth identified as needing mental health or substance abuse services.

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

The program has a written policy and procedures indicating all youth will receive a Comprehensive Mental Health Evaluation and Comprehensive Substance Abuse Evaluation within thirty days of referral. No youth shall receive an updated assessment. A total of five mental health/substance abuse (MH/SA) youth records were reviewed. All five MH/SA youth comprehensive evaluations were completed within thirty days of the referral and by the primary therapist and approved by the licensed mental health counselor within thirty days of admission. No updates were noted during the review due to all youth receiving a new assessment.

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>	

A total of five mental health and substance abuse(MH/SA) youth records were reviewed for mental health and substance abuse treatment services. All five youth were assigned at admission to a multidisciplinary treatment team which included direct care staff, program administration, clinical staff, and case manager. A medical staff is not required by contract. One of the five youth records reviewed was not applicable for MH/SA services due to the results of the comprehensive evaluation results. Four of the five records included a signed Substance Abuse Consent and Release forms (MHSA 012 and MHSA 013). Four of the five records included MH/SA treatment notes for each youth and documented on form MHSA 018 and completed with all required information. A review of substance abuse group sign-in sheets indicated no more than fifteen youth attended and the sign-in sheets for the mental health group indicated no more than ten youth attended.

All five MH/SA youth records had a current Authority for Evaluation and Treatment form (AET) (HS 002). The program's contract states both Aggression Replacement Therapy (ART) and Cannabis Youth Treatment (CYT) can be conducted with youth identified for services. The program maintains trained staff to conduct these groups. Youth receive specific clinical interventions and treatment methods such as individual therapy, group, family therapy, behavioral therapy, psychoeducational training and medical/psychiatric services. All four applicable youth were receiving individual therapy, group, family therapy and behavioral therapy according to their treatment plans. No youth were receiving psychoeducational training and medical/psychiatric services as identified by the comprehensive assessment.

3.07 Treatment and Discharge Planning**Satisfactory Compliance**

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.

A total of five mental health and substance abuse (MH/SA) youth records were reviewed. The five applicable MH/SA records contained an initial treatment plan completed within the seven-day requirement. These plans were signed by the treatment team and licensed mental health counselor. These plans document mental health (MH) services are to begin immediately and include the initial course of treatment. The initial treatment identified in all five youth records reviewed including the following: Reason for referral, initial diagnoses or presenting symptoms, initial treatment methods, and initial treatment goals.

There were four applicable youth records for the need of an individualized MH/SA treatment plan. There was one youth record found not to be applicable do to the results of the comprehensive assessment. All four applicable MH/SA record contained the individualized MH/SA treatment plan completed within thirty days of admission. All parties of the youth's treatment team signed and dated the plan and it contained all required elements, including the youth diagnosis, a description of specific symptoms, measurable and achievable goals, and a list of services. Each service had the amount, frequency and duration for each. All plans were approved by the licensed mental health counselor, three were within the thirty-day requirement and one was late by one day.

Three closed records were reviewed for the discharge summary and all records contained a discharge summary with documentation of the discharge plan being discussed during youth exit in the Department's Juvenile Justice Information System. No youth were released on suicide risk or precautions requiring a notification to the parent/guardian and juvenile probation officer (JPO). Documentation verification noted each youth, parent/guardian and JPO received a copy of the discharge summary.

3.08 Mental Health Crisis Intervention Services (Critical)**Satisfactory Compliance**

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.

The program has a written policy and procedures in place for mental health crisis intervention services. A review of the crisis intervention plan shows all required elements under F.A.C. 63N-1.010 is included such as; a notification and alert system, a referral system, a youth self-referral system, a communication system, supervision, documentation and review, staff response,

referral for services, including self-referral and assessments, mental health/substance services to include transport for Baker Act, transport for Marchman Act, documentation, training, review, general review process, and post-event review process. At the time of the annual compliance review, no crises intervention services were required.

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 primary therapist reported there were no youth in crisis since the last review; however, the program is prepared to conduct a crisis assessment, as staff are trained in crisis intervention and the use of the Department's Crisis Assessment form (MHSA 023). The program has a mental health crisis intervention and mental health and substance abuse services emergency care plan which contains all elements, as required by the Department and the program's contract.

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

The program has a written policy and procedures in place for implementing a care plan for emergency mental health (MH) and substance abuse (SA) services in accordance with Rule 63N-1. The emergency care plan contains all the required elements; such as, procedures, communications, supervision authorization to transport for emergency services, documentation, training, mock drills, and review process. The emergency MH/SA care plan services policy was signed by the Executive Director on September 17, 2018 and, licensed mental health therapist. There have been no emergency mental health and substance abuse incidents needing services during the review period.

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

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

3.12 Suicide Prevention Services (Critical)	Satisfactory Compliance
<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>	

Five open mental health youth records were reviewed. All five reviewed youth records were assessed for risk of suicide as the result of admission and were not placed on precautionary observation. The Assessment of Suicide Risk (ASR) was completed using the required Department form. As a result of the ASR all five youth were placed on standard supervision. There were no youth placed on precautionary observation since the last annual compliance review. The ASR was completed by the program's primary therapist and reviewed and signed by the Licensed Mental Health Counselor (LMHC). The ASR was completed the same day of admission. The suicide precaution observation log was completed in its entirety. There was no need for any off-site ASRs. The primary therapist received the required twenty hours of training by the LMHC and completed five co-assessments. The five-youth placed on precautionary observation during intake were entered into the logbook as being placed on precautionary observation until seen by the primary therapist.

3.13 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
<p><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></p>	

Observation logs for youth placed on precautionary observation during their admission and awaiting the completion of the Assessment of Suicide Risk (ASR) were completed and signed by the program's primary therapist during the intake assessment period. The supervision of the youth was accurately documented on the observation logs in intervals of thirty minutes or less by the primary therapist. The observations were documented in real time. Safe housing requirements were documented in writing. Suicide precaution observation logs were completed for the duration the youth was on suicide precautions. All five youth placed on precautionary observation during the admission process were documented in the facility logbook.

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

The program has a written plan detailing the suicide prevention procedures in accordance with Rule 63N-1, Florida Administrative Code. The plan includes the following: identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision,

referral and self-referrals, documentation, communication, notification, immediate staff response, review process, and safe housing. The levels of supervision being used are one to one supervision, constant supervision and close supervision. The plan was reviewed and signed by the Designated Mental Health Clinician Authority (DMHCA) and Executive Director on September 17, 2018.

3.15 Suicide Prevention Training (Critical)	Satisfactory Compliance
<i>All staff who work with youth must be trained to recognize verbal and behavioral cues indicating suicide risk and suicide prevention and implementation of suicide precautions.</i>	

The program has a written policy and procedures stating for 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 indicated all staff received the required six hours of suicide prevention training. This training included four hours of in-service and two hours completed on the Department's Learning Management System (SkillPro). A review of the mock suicide drills since the last review was completed. The drills were documented on 5/29/2018, 7/31/2018, 11/28/2018 and, 2/27/2019 meeting the quarterly drill requirement. The parties included the primary therapist, executive director, the driver, community safety specialist and, the local care counselor. Forms documented rolls played by staff in the drill, nature of incident, corrective action and narrative, which included life saving measures. Forms were signed by all staff involved in the drill under their designated role. Forms were reviewed by the primary therapist, executive director, and the licensed mental health counselor.

Standard 4: Medical Services

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

The program has a written policy and procedures in place to ensure the screening of all youth for health-related conditions at the time of admission. The policy requires each youth in the program to have an individual healthcare record (IHCR) initiated at the time of admission and continued until discharge. The program maintains their records within their online computer system (Lauris). Five IHCRs were reviewed for medical screening. Each reviewed record contained documentation verifying the youth was screened for medical conditions during their initial intake meeting. This process is completed using the Department's Facility Entry Physical Health Screening (FEPHS) form. The records validated each youth's parent/guardian was present during the interview to assist in providing pertinent healthcare information.

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

The program has a written policy and procedures in place for medication management and verification of medication including ordering, receipt, storage, inventory, administration, documentation, and disposal of medication. The program's policy indicates the program will not accept medications without a current patient-specific label intact on the original medication container. Five youth individual healthcare records (IHCR) were reviewed to determine the program's process for medication management. None of the reviewed records identified a youth with prescribed medication requiring distribution during program hours. The program indicated they did not have any youth who needed medications during program hours. A review of the logs and an interview with the community support specialist confirmed no youth requiring medications during this annual compliance review period.

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

The program has a written policy and procedures in place detailing their medication management system. This policy includes all aspects of ordering medications, receipt, and storage of youth medications, inventories, observations of self-administration of medications, documentation regarding medications, and disposal of unused medications. The program is not authorized to prescribe, dispense, or administer medications. If a youth is required to take medication during program time, trained non-healthcare program staff supervise the youth with self-administration of the medications implementing the Five Rights of Medication Administration. The program did not have youth in the program needing the provision of

prescribed medications since the last annual compliance review. The program maintains a Medication Distribution Log which is used to document the receipt of a youth's medication and to inventory medications brought to the program for youth. The log has sections to specify the medication prescribed to the youth and possible side effects, the dosage, and frequency of administration. This log is also used to document a perpetual inventory of each medication which was provided with documentation of self-administration. The reviewed training documentation found the community support specialist (CSS) was trained to assist youth in the self-administration of medications. An interview with the CSS confirmed they have not assisted youth in the self-administration of medications during the annual compliance review period. Interviews with five youth indicated they have not taken medications while in the program.

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

The program has a written policy and procedures in place addressing the storage of medications. The policy stipulates only medication dispensed to a youth during program hours shall be stored by the program. The policy requires the medication is inventoried, logged, and returned to the parent/guardian upon the youth's release from the program. The program stores all medications in a secured area inaccessible to the youth. Youth medications are kept in a locked box in the locked office of the primary therapist. The area is clean and free from moisture and extreme temperatures. The program has an available locking refrigerator within the same locked office ready for use, if the need arises. A review of the weekly safety, sanitation, and maintenance inspection checklists documented the medication box was locked and appropriately stored each week for the previous six months. The program did not have youth in the program requiring controlled medications on-site since the last annual compliance review.

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 has a written policy and procedures detailing the process for episodic and emergency care of youth in the program. The policy states all program staff must receive training in first aid and cardiopulmonary resuscitation (CPR), prior to having contact with youth. The policy also requires staff to be trained on how to use the knife-for-life and suicide response kit, as well as participation in mock emergency drills to enhance staff's ability to provide basic first aid and how to respond to an emergency medical situation. The program maintains a facility emergency first aid kit and a suicide response kit equipped with a knife-for-life, wire cutters, and needle nose pliers. These kits are maintained in the career education office and are easily accessible by staff in the event of an emergency. The program does not have an Automated External Defibrillator (AED) on-site. An interview with five staff indicated they were aware of the location of the kits and how to access them in case of an emergency. The program maintains a kit for the van which includes a first aid kit, window punch, and seat belt cutter. The kit is checked out by staff each time there is a transport with the program van. A review of the documentation for the past six months indicated first aid kits and emergency equipment are inspected and replenished, as needed. A review of the episodic log maintained by the program found basic episodic care was provided to youth during the annual compliance review period.

There was documentation to support the program conducted mock medical emergency drills on a quarterly basis, since the last annual compliance review. The reviewed documentation also found the program conducted a mock suicide drill each quarter during the annual compliance review period. Each of the mock drills included a demonstration of CPR. Each drill was documented on a drill form which provided the location of the program, the date of the drill, the type of drill, the names of staff, youth involved in the drill, the drill scenario, a description of the drill, a synopsis of the response, any deficiencies noted, and any required corrective action. Each staff also signed to indicate the role they played during the drill.

Program Name: AMIkids Tampa
Provider Name: AMIkids Inc.
Location: Hillsborough County / Circuit 13
Review Date(s): March 12-13, 2019

MQI Program Code: 4972
Contract Number: P2118
Number of Beds: 19
Lead Reviewer Code: 118

Overall Rating Summary

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