

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**AMIkids Volusia**  
*AMIkids, Inc.*  
(Contract Provider)  
1420 Mason Avenue  
Daytona Beach, Florida 32117

*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:

<b>Satisfactory Compliance</b>	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.
<b>Limited Compliance</b>	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.
<b>Failed Compliance</b>	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:

Jillian Lewandowski, Office of Program of Accountability, Lead Reviewer (Standards 1 & 4)  
Lisa Cooper, DJJ Probation, Circuit 5, Senior Juvenile Probation Officer (Standard 2)  
Cindy Jones, DJJ Education, Deputy Director of Education (Standards 1 & 2)  
Mike Marino, Office of Program of Accountability, Regional Monitor (Standard 3)

Program Name: AMIkids Volusia  
 Provider Name: AMIkids, Inc.  
 Location: Volusia County / Circuit 7  
 Review Date(s): December 11-13, 2018

MQI Program Code: 1239  
 Contract Number: P2107  
 Number of Beds: 36  
 Lead Reviewer Code: 167

### 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<br><input type="checkbox"/> DJJ Monitor<br><input type="checkbox"/> DHA or designee<br><input checked="" type="checkbox"/> DMHCA or designee<br>_____ # Case Managers | <b>1</b> # Clinical Staff<br>_____ # Food Service Personnel<br>_____ # Healthcare Staff<br>_____ # Maintenance Personnel<br>_____ # Program Supervisors | <b>3</b> # Staff<br><b>5</b> # Youth<br><b>1</b> # Other (listed by title): <b>Director of Education</b> |
|--|---|--|

#### Documents Reviewed

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input checked="" type="checkbox"/> Continuity of Operation Plan<br><input type="checkbox"/> Contract Monitoring Reports<br><input type="checkbox"/> Contract Scope of Services<br><input checked="" type="checkbox"/> Egress Plans<br><input type="checkbox"/> Escape Notification/Logs<br><input type="checkbox"/> Exposure Control Plan<br><input checked="" type="checkbox"/> Fire Drill Log<br><input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan<br><input checked="" type="checkbox"/> Grievance Process/Records<br><input type="checkbox"/> Key Control Log<br><input checked="" type="checkbox"/> Logbooks<br><input checked="" type="checkbox"/> Medical and Mental Health Alerts<br><input type="checkbox"/> PAR Reports<br><input checked="" type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input type="checkbox"/> Sick Call Logs<br><input checked="" type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports<br><input type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br><b>5</b> # Health Records<br><b>5</b> # MH/SA Records<br><b>3</b> # Personnel Records<br><b>4</b> # Training Records/CORE<br><b>4</b> # Youth Records (Closed)<br><b>5</b> # Youth Records (Open)<br>_____ # Other: _____ |
|--|---|---|

#### Interviewed

- |           |                       |                      |
|-----------|-----------------------|----------------------|
| 5 # Youth | 3 # Direct Care Staff | _____ # Other: _____ |
|-----------|-----------------------|----------------------|

#### Observations During Review

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Admissions<br><input type="checkbox"/> Confinement<br><input checked="" type="checkbox"/> Facility and Grounds<br><input checked="" type="checkbox"/> First Aid Kit(s)<br><input type="checkbox"/> Group<br><input checked="" type="checkbox"/> Meals<br><input type="checkbox"/> Medical Clinic<br><input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline<br><input checked="" type="checkbox"/> Program Activities<br><input type="checkbox"/> Recreation<br><input type="checkbox"/> Searches<br><input type="checkbox"/> Security Video Tapes<br><input type="checkbox"/> Sick Call<br><input type="checkbox"/> Social Skill Modeling by Staff<br><input checked="" type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth<br><input type="checkbox"/> Tool Inventory and Storage<br><input type="checkbox"/> Toxic Item Inventory and Storage<br><input type="checkbox"/> Transition/Exit Conferences<br><input type="checkbox"/> Treatment Team Meetings<br><input type="checkbox"/> Use of Mechanical Restraints<br><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	Satisfactory
1.09	Food Services	Satisfactory
1.10	Transportation	Satisfactory
1.11	Administration	Satisfactory
1.12	Incident Reporting (CCC)*	Satisfactory
1.13	Abuse-Free Enviornment*	Satisfactory
1.14	Behavior Management System	Satisfactory
1.15	Youth Record	Satisfactory

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

## Standard 2: Assessment and Intervention Services Day Treatment Rating Profile

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

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

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

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## Standard 4: Medical Services Day Treatment Rating Profile

### Indicator Ratings

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

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

## Strengths and Innovative Approaches

- The program offers the SafeStaff food handling certification to all youth who are over the age of sixteen.
- The program provides transportation services for youth to and from court ordered classes, sanctions, and/or events, as needed, during the school day. The program has arranged for transportation services in collaboration with the Department of Juvenile Justice for youth residing in the west part of the county.
- The youth at the program are given the opportunity to participate in two education trips per year. These trips include White Water Rafting, Summer Challenge and Winter Challenge, and SCUBA diving. The youth participate in an Experiential Science curriculum throughout the year.



# Standard 1: Management Accountability

## Overview

The Department contracts with AMIkids, Inc., to operate a day treatment program in Volusia County. AMIkids Volusia is located in Daytona Beach, Florida and has thirty-six slots for youth on probation or post-commitment probation. There were eighteen youth on the program census at the time of the annual compliance review. The youth are referred to the program by Circuit 7 juvenile probation officers (JPOs). Education services are funded through the Volusia County School District and education services are provided at the program. Department of Juvenile Justice funded staff positions at the program, at the time of the review, include an executive director, a business manager, a certified mental health professional (CMHP), and two local care counselors. Educational staffing includes a lead teacher, three teachers, and a part-time exceptional student education (ESE) specialist. Additional staff include a behavior interventionist, an assistant behavior interventionist, a part-time data entry clerk, and a recently hired career coordinator who assists youth in locating and obtaining employment. The program does not currently have any staff vacancies.

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 policy and procedures addressing background screenings for all employees, volunteers, and interns to include the educational staff, as well as, the completion of an Annual Affidavit of Compliance with Level II Screening Standards on an annual basis. Since the last annual compliance review, the program has hired seven staff to include one local care counselor, a lead behavioral interventionist, director of education, three teachers, and a career coordinator. The program has had seven new volunteers/interns since the last annual compliance review. A background screening was completed prior to each employee's hire or volunteer's start date. One of the seven staff hired was a current employee of the provider who transferred to the program in November 2018 and documentation provided by the program reflected there was no break in service; therefore, not requiring the submission of a new background screening. A background screening was on file for this staff member. A check of the Clearinghouse found six of the seven staff and all seven volunteers were included on the clearinghouse employment roster. The staff member who transferred to the program in November 2018 has a pending background screening in the clearinghouse. An interview with the executive director confirmed this staff member will be added to the clearinghouse employment roster once the background screening is completed. The Annual Affidavit of Compliance with Level II Screening Standards was completed and sent to the Background Screening Unit (BSU) on December 27, 2018 for Department of Juvenile Justice funded staff, and on December 6, 2018 for Department of Education staff.

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

The program has a policy and procedures addressing five-year rescreening for all employees, volunteers, and interns. One staff member was applicable for requiring a five-year rescreening based on their date of hire. The rescreening was completed prior to the staff's anniversary date and was submitted at least ten business days prior to the five-year anniversary date. The rescreening was completed no more than twelve months prior to the anniversary date.

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

There have been no Protective Action Response (PAR) incidents during this 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 policy and procedures addressing the guidelines and pre-service training requirements for staff. Since the last annual compliance review, the program has hired one Department of Juvenile Justice funded staff. The staff member completed a total of 176 hours of pre-service training within 180 days of hire. The staff member completed Protective Action Response (PAR) training within ninety calendar days of hire, as well as, cardiopulmonary resuscitation (CPR) and first aid training, ethics training, and suicide prevention training within 180 calendar days of hire. Additional training included topics of mental health and substance abuse, legal, supervision, sexual harassment, professional interaction with the public, child abuse recognition and reporting, an on-site orientation, personnel policies, behavior management, case management, staff development and training, and emergency, safety and security plans. All pre-service training was documented in the Department's Learning Management System (SkillPro) and a new employee orientation packet. The program submitted

a list of pre-service training to the Office of Staff Development and Training on January 18, 2017 and again on December 27, 2017.

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

The program has a policy and procedures addressing the guidelines and in-service training requirements for staff. The program submitted a list of in-service training to the Office of Staff Development and Training, which was signed on January 18, 2017. The program maintains an annual training calendar, which is updated as changes occur. Three applicable staff records for in-service training were reviewed. Each staff member completed more than the required twenty-four hours of in-service training with staff completing eight-nine, ninety-one, and 114.5 hours for the 2017 calendar year. Each staff completed a Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR) training, first aid, ethics, and at least ten hours of suicide prevention training to include two hours of training in the Department's Learning Management System (SkillPro). One staff member was applicable for requiring eight hours of supervisory training. The supervisor completed seventeen hours of training in management, leadership, personal accountability, employee relations, communication skills, and fiscal training. All training was documented in Department's Learning Management System (SkillPro).

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

A tour of the facility and additional observations revealed the program was clean and well maintained. Weekly and daily sanitation checklists were reviewed, and a copy of each checklist is maintained in the log books. The daily checklists were revised in October 2018 and include all housekeeping duties which are required to keep and maintain the cleanliness of the facility. Bathrooms are provided for both males and females, as well as, separate facilities for staff. All were in working order, including one which can be used for the handicapped. Staff members, including the executive director, individual case managers, office manager, and the director of education, all have individual offices, as well as, an additional office which can be used for any community-based agency which may be working with the youth. There are three classrooms being used for their intended purposes. The facility is decorated with age appropriate materials, as well as, many posters depicting the values of the AMIkids program, with no visible graffiti. The program does not operate during the evening hours.

**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 policy and procedures which addresses a fire prevention plan. The program maintains five fire extinguishers strategically located throughout the interior of the facility, with an additional fire extinguisher located in each of the two vehicles, for a total of seven fire extinguishers. The fire extinguishers located inside the building are situated by the program's front door, side exit, treatment/case management area, and two placed on opposite ends of the large group area. Each fire extinguisher documented an inspection by West Volusia Fire Equipment in October 2018. The program's Continuity of Operations Plan (COOP) Plan, signed by the program manager and circuit's chief probation officer in January 2018, outlines the fire procedures and is posted in the conference room. The program's logbooks were reviewed for documentation of fire drills being conducted monthly. The fire drill forms are located in each month's logbook and document the date the drill was conducted, the actual time "drill 9-1-1" was called, the time the drill concluded, the type of emergency, the type of fire (grease, electrical, or general), the location of the emergency, details of the drill, deficiencies and plans for rectification, and the participants involved to include youth and staff. Documentation for the past six months reflects a fire drill was conducted on a monthly basis with drills being conducted at varying times during the day. The program has the evacuation/egress plans posted throughout the facility. The egress plans specify the primary and secondary evacuation routes, as well as, identify the locations of the pull alarms, fire extinguishers, doors, exits, and the first aid kit. A Fire Alarm Inspection and Testing Report completed by Johnson Controls indicates the last fire inspection was conducted on July 23, 2018. The previous inspection was conducted on July 5, 2017. Five youth were interviewed, and each reported they have been instructed on what to do in the event of a fire. The program is a non-smoking facility and there is no designated smoking area.

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

The program has a water safety plan which is followed according to the program's Water Activities Standards (AMI). The plan includes all procedures for water activities and notification of any emergencies. Currently there is no certified lifeguard on staff at the program. If the program is involved in any water activities, youth are transported to the Jacksonville AMIkids program for all of their certifications and water safety training provided by the certified lifeguard on staff. Five youth were interviewed, and each youth reported they have not participated in the water activities program. One youth reported they may participate in water activities in the future.

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

The program contracts with an outside vendor for their food service and the meals are picked up daily by AMIkids staff at a local middle school. Posted menus were reviewed, along with the alert list of youth being provided alternatives due to food allergies. Of the five youth and three

staff interviewed, all indicated there was only one menu offered for all youth and staff. Each youth interviewed indicated the program provides youth with special diets when prescribed for health reasons or to accommodate religious beliefs. The dining room (group room) is clean and well maintained. Food is not withheld for any discipline reasons.

### 1.10 Transportation

Satisfactory Compliance

*The program provides a safe and appropriate treatment environment including transportation.*

The program has a policy and procedures in place to ensure the provision of a safe and appropriate environment to include transportation. The program currently operates two passenger vans for transportation needs. Each van is utilized to provide transportation for youth residing in West Volusia who attend the program. Department of Juvenile Justice (DJJ) staff assist with transporting youth to and from the DJJ Probation office in Deland, Florida. The program provides bus passes through the local Volusia County public bus system for youth who reside in East Volusia. The program also provides additional transportation for court, appointments, and off-site program activities. The vehicles are also used by staff to pick up school lunches for the youth at a local middle school in Daytona Beach, FL.

The program maintains current insurance for both vehicles. The insurance cards reflect an effective date of September 1, 2018 and remain valid for one year from the effective date. Each vehicle logbook contains the current Florida Vehicle Registration and are valid until December 31, 2018. Each vehicle had an annual vehicle safety inspection with one being conducted on November 14, and the other being conducted on November 16, 2018. The keychain for the vehicles contains a window punch and a seat belt cutter. Maintenance records document routine maintenance, oil changes, tire replacements, and other identified maintenance needs. Each vehicle contained a fire extinguisher with an inspection date of October 2018 and a stocked first aid kit. An interview with the executive director indicated all staff who transport youth have current, valid driver's licenses and the business manager is responsible for conducting the driver's license checks. A check of driver's licenses was conducted in April 2018 and again on November 8, 2018 for all staff. Documentation reflected all staff who transport youth have valid driver's licenses. A check of the vehicles found one side door was unlocked; however, the door was promptly locked by the executive director. The other remaining doors to the vehicles were locked upon inspection. The youth are not penalized or denied service based on a lack of transportation.

Four of five youth interviewed reported staff and youth wear their seatbelts when the vehicle is in operation. One youth reported he chooses not to wear a seatbelt. Three staff were interviewed, and each staff reported youth and staff wear seat belts when the vehicle is in operation.

### 1.11 Administration

Satisfactory Compliance

*The program provides a safe and appropriate treatment environment including administrative and operational oversight.*

The program has a policy and procedures addressing administrative and operational oversight. The executive director is responsible for maintaining information and reporting information as requested to the Department. The executive director provided documentation of monthly statistical reports which were submitted to the Department detailing incidents and population



data. A review of the Juvenile Justice Information System (JJIS) roster and youth census reflected matching admission and release dates. A review of logbooks from March 2018 to April 2018 and from June 2018 to November 2018 reflected the logbooks document daily facility activities to include when the building is unlocked, when the perimeter is secure, meals, youth classroom transitions, groups being conducted, and any incidents which occur at the program. Each day has a designated page to include the date, day of the week (Monday through Friday), and the staff on-site. The logbooks include the date and time of the entry, as well as, a brief entry regarding the event or activity being documented. The entries include the name of the youth and staff involved. Entries were written in ink, and initialed by the staff making the entry. Significant events were highlighted. The executive director documented daily reviews of the logbook, which exceeds the bi-weekly requirement. There were some instances in the logbook of white out being used and errors being written over rather than being marked through with a single line, with "void" being written by the error and the correction being initialed by the program staff.

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

The program has a policy and procedures addressing incident reporting. The program had one reportable incident since the last annual compliance review. The incident was reported to the Central Communication Center (CCC) within two hours of the program becoming aware of the incident. The CCC reportable incident was documented in the facility logbook. A review of internal incidents did not reflect any reportable instances which would require a call to the Central Communication Center (CCC).

<b>1.13 Abuse-Free Environment (Critical)</b>	<b>Satisfactory Compliance</b>
<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 regarding an abuse-free environment in the program. The code of conduct, which is part of the AMIkids Team Member Reference Guide, was reviewed and no violations were noted. Each staff is required to sign and abide by the code of conduct, which is compliant with statute, and found in the five reviewed staff handbooks. This code of conduct includes the allowance of all youth to have free access to the Florida Abuse Hotline. There were two reports of abuse allegations made to the Florida Abuse Hotline after a youth confided in staff regarding the abuse/neglect. Five interviewed youth reported they have not had a need to make any abuse reports but are aware they have access to the reporting system, if needed. Each youth reported staff are respectful when speaking with youth. Each youth reported they have never heard a staff use profanity when speaking with youth and they have never heard a staff threaten any youth. There were no reports of abuse by staff during the annual compliance review period. Further, there were no indications in youth records, Central Communications Center (CCC) reports, or internal incidents of any abuse allegations or allegations substantiated against staff. The phone number to the Florida Abuse Hotline and CCC are posted throughout the program. Three staff were interviewed, and each staff reported youth have unobstructed, unimpeded access to contact the Florida Abuse Hotline or CCC to report any suspected abuse. Two of the staff members reported the youth and

parent/guardian are notified during intake of the unimpeded access to report any abuse allegations. All three staff reported they have never seen a co-worker tell a youth they could not contact the Florida Abuse Hotline, and have not observed a co-worker make threats or use profanity when speaking with youth.

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

The program utilizes a Behavior Management System (BMS) which emphasizes positive reinforcement over negative consequences. The BMS is used universally for all AMIkids programs with the mission statement and the thirteen values posted throughout the facility. The system focuses on positive reinforcement, modeling, successive approximation, shaping, generalization, maintenance, and includes a token economy. The positive reinforcement to consequences ratio is seven to one. The system incorporates a daily point system and a rank system. The point cards can be redeemed in the program bid store for items such as food, candy, and toiletries for youth to purchase with their points. The BMS does not allow students to discipline other students, and does not allow group punishment, or restrictions related to their basic human rights. Five youth were interviewed, and each reported youth are never allowed to exercise control over or discipline another youth. Further, four of the youth confirmed they have never been placed in time-out or restricted from program activities. One youth indicated they had been removed from class and allowed to calm down and speak to staff prior to returning to class. All five youth interviewed reported feeling safe at this program.

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

The program documents case activities in the Juvenile Justice Information System (JJIS) case notes, and the provider's electronic records system, "Laurus." Laurus is a secure password records system, which allows for all documents to be reviewed and signed electronically. Since the program utilizes electronic databases, the program no longer maintains paper case management records. The program maintains closed records in a file cabinet marked confidential.

## Standard 2: Assessment and Intervention Services

<b>Overview</b>
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The program has a lead local care counselor, and one additional local care counselors (LCC). The LCCs are responsible for completing initial screenings, intake admissions, and orientation with each youth. During the intake process, each youth is provided a handbook, which contains information about the services provided by the program, contraband items, dress code, and the behavior management system. The LCCs are responsible for completing the Positive Achievement Change Tool (PACT) and PACT Reassessments. The LCCs complete the Youth-Empowered Success (YES) Plan, progress reports, and monitor completion of the YES Plan sanctions. Education services at the program are provided through the Volusia County School District. The program currently employs one director of education, four teachers, and a career coordinator.

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

Five youth case management records were reviewed for admission and orientation. The program maintains admission and orientation documents on-line through the "Laurus" system. In addition to the documentation from Laurus, the Juvenile Justice Information System (JJIS) case notes were reviewed. Each record documented orientation was completed within twenty-four hours of the youth's admission. The admission card checklist reflected the date and time of orientation, a review of expectations, the rules and behavior management system, program dress code, a list of contraband items and materials, staff introductions and facility tour, the daily schedule, a review of emergency medical and mental health services, and emergency/evacuation procedures. The orientation handbook is provided to the youth, which includes a description of the program, identification of staff, case planning, the attendance policy, transportation policy, contraband policy, and the student/parent contract which outlines the rules and possible consequences for major rule violations. The handbook also details the emergency and evacuation procedures, available medical and mental health services, student rights, the grievance policy and procedure, abuse reporting and important phone numbers.

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

The program has a policy and procedures in place for medical, mental health, and suicide risk alerts in the Juvenile Justice Information System (JJIS). The internal program alert notebook and JJIS were reviewed for five youth. One youth had a prior, open suicide alert upon entering the program. Three of the youth reviewed were determined to be at risk for suicide during the intake screening upon entry into the program. All four of the applicable youth were assessed by the program's mental health professional and an Assessment of Suicide Risk (ASR) was completed in each case. The discontinuation of the suicide risk alerts were entered in a timely



manner after each completed ASR. In one youth record, the program did not notate whether a youth had a past history or current asthma upon entry into the program on the Facility Entry Physical Health Screening; therefore, no alert was entered. The youth was later placed into secure detention, and an alert for asthma was entered into JJIS by detention medical staff. Three staff interviews were conducted to determine how alerts are shared with staff. Each staff indicated alerts are shared through daily staff meetings, alert logs and JJIS alerts are updated daily.

<b>2.03 Positive Achievement Change Tool (PACT) Full Assessment</b>	<b>Satisfactory Compliance</b>
<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>	

Five youth case management records were reviewed for completion of a Positive Achievement Change Tool Assessment (PACT). Each record documented a PACT Full Assessment was completed within seven calendar days of the youth's admission. In four of the five cases, the PACT was completed on the day of admission.

<b>2.04 Transition Planning/Reintegration (Critical)</b>	<b>Non-Applicable</b>
<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 does not serve conditional release or post-commitment probation youth; therefore, this indicator rates as non-applicable.

<b>2.05 Youth-Empowered Success (YES) Plan Development</b>	<b>Satisfactory Compliance</b>
<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>	

Five youth case management records were reviewed for the development of the Youth-Empowered Success (YES). Each youth record documented a Positive Achievement Change Tool (PACT) was completed prior to the development of the initial YES Plan. Each record documented a YES Plan was developed within fourteen calendar days of the youth's admission and the juvenile probation officer was involved in the development of each plan. Case notes in each youth record indicated the youth and parent/guardian were involved in the negotiation and development of the YES Plan action steps, as well as, the projected end dates for all of the YES Plan sanctions and goals. Three of the five youth records reviewed documented the youth and parent/guardian were provided a copy of the initial YES Plan after it was reviewed and signed. Five interviewed youth reported they participated in the development of their YES Plan and were given a copy of the plan.

<b>2.06 Youth Requirement/PACT Goal Elements</b>	<b>Satisfactory Compliance</b>
<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 case management records were reviewed to ensure the Youth Empowered Success (YES) Plan provide appropriate and individualized target dates for the completion of each youth requirement, a change goal, and the required action step elements. Each youth record contained the required elements of who is responsible, what action was required, and how often the action step should be taken for the youth, parent/guardian, juvenile probation officer (JPO), and local care counselor (LCC) in each youth requirement and goal. Each youth record contained a change goal which addressed one of the youth’s top three criminogenic needs based on the results of the Positive Achievement Change Tool (PACT). Four of five records were applicable for youth requirements, including DNA and/or restitution. Three records contained a youth requirement for DNA and/or restitution on the YES Plan with reasonable projected completion dates. The remaining YES Plan did not contain the youth requirements. Five youth interviewed report they are aware of the YES plan goals and sanctions they are currently working on, as well as, the remainder of outstanding sanctions which need to be completed.

<b>2.07 YES Plan Implementation/Supervision</b>	<b>Satisfactory Compliance</b>
<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>	

Five youth case management records were reviewed to ensure youth are supervised in a manner ensuring compliance with the court order and Youth Empowered Success (YES) Plan. In each youth record, the case notes documented the youth, parent/guardian, and staff’s compliance with each action step and sanction listed in the YES Plan. Each youth record documented the staff’s review of written and verbal reports from collateral resources. A review of the case notes in the Department’s Juvenile Justice Information System (JJIS) reflected the staff monitored the youth’s compliance in the youth’s home to include frequent curfew checks, compliance at school, the workplace, if applicable, and in the community. In each youth record, the local care counselor (LCC) made contacts to ensure the youth’s compliance with the court order and the completion of the YES Plan sanctions and goals. The LCC maintained frequent contact with the youth and the parent/guardian. Case notes documented multiple attempts by the LCC to make contact with the parent/guardian during the months when contact could not be made.

**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.*

Five youth case management records were reviewed for ninety-day Youth Empowered Success (YES) Plan updates to ensure staff adjust the plan to reflect any new needs or progress made. In four out of five youth records, staff updated the youth requirements, and change goals prior to the development of a new YES Plan in the Juvenile Justice Information System (JJIS). In one youth record staff did not update one youth requirement for community service hours to reflect the number of hours the youth had previously completed. Case notes in each youth record documented the youth and parent/guardian’s input.

**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.*

Five youth case management records were reviewed for supervisory reviews being completed at least once every ninety-days. Each youth record documented a supervisory review was completed at least once in ninety calendar days. The local care counselor (LCC) updated the youth requirements and change goals in the Department’s Juvenile Justice Information System (JJIS) prior to the supervisory case review in each record. In each youth record, the supervisor instructed staff to document their review of the supervisor note within seventy-two hours. This was not documented by staff; however, this process is being addressed by the program. This process was identified by the program and an additional youth record was reviewed, which reflected the LCC documented the review of the supervisory note.

**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.*

Five youth case management records were reviewed for the completion of Positive Achievement Change Tool (PACT) Reassessments. Each youth record reflected a PACT Reassessment was completed every 180 days. In addition, three closed youth records were reviewed for a PACT Final Assessment. Each youth record documented a PACT Final Assessment was completed. Each youth record documented an Exit PACT was completed within fourteen days of the youth’s release from the program.

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

Five case management records were reviewed for progress reports outlining the youth's progress with the youth requirements and Positive Achievement Change Tool (PACT) goals as outlined in the Youth-Empowered Success (YES) Plan. Each youth record documented a progress report was completed within the required ninety days. In four of the five youth records, the youth signed and dated the progress report. In one youth record, the youth did not sign the report due to the youth being absent the day of the treatment team meeting. Three of the five youth records indicated the progress report was reviewed and signed by the executive director. Each youth record documented the staff's signature. None of the five youth records indicated the original progress reports were sent the juvenile probation officer (JPO); however, each record documented the LCC emailed the reports to the youth's JPO. The program utilizes an electronic records system where signatures are completed electronically. No records reviewed were for a youth on minimum risk commitment status.

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

The youth's education transition plans are initiated upon admission into the program based on their individual needs, services to be rendered during their time in the program, and post release services. Five youth case management records were reviewed, and each contained a transition plan developed at admission. The education transition plan is a working document and is reviewed, and completed, upon a youth's release with all necessary signatures being obtained, as well as, the information being shared with the parents/guardians. The post-release goals are included on the education transition plan and the district's transition coach, provided by a Title I grant provided through the Department of Education, assists the youth with transition to their next district school placement. Four of the five youth records reviewed contained an employability goal in the education transition plan. Three closed records were also reviewed, and all three records had an employability goal included in the plan. All three records included information about the local One Stop Career Center along with a résumé and cover letter, completed job application, a copy of their state identification card, and all were signed by the case manager and parent/guardian. The program has hired a career coordinator who has been instrumental in providing instruction about job readiness. The career coordinator has been able to assist two youth with obtaining employment within the community.

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

It is the practice in Circuit 7 for the assigned juvenile probation officer (JPO) to submit a request for termination to the court. The JPO is to conduct a check with local law enforcement to ensure the youth does not have any outstanding warrants or charges prior to requesting termination. Once terminated, the JPO updates the Juvenile Justice Information System (JJIS) and notifies the parent/guardian of a youth's termination. It is the responsibility of the AMIkids program to maintain contact with the JPO and notify of the youth's successful or unsuccessful completion of the program. Four closed case management records were reviewed to verify the program's responsibility in the termination process. One youth record reflected documentation of the coordination between the program and JPO, with the program recommending successful termination for the youth. One youth record documented an exit meeting was held with the youth, parent/guardian, JPO, education, mental health professional, behavior interventionist and local care counselor. One youth was withdrawn from the program by the parent/guardian as the youth was not court ordered to attend the program. The remaining youth record did not contain documentation of the coordination with the assigned JPO.

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

The career education program is provided by My Career Shines/Kuder and is considered a Type 2 program which provides interpersonal, communication, and decision-making skills. The youth complete résumés, job applications, and other documents essential to obtain employment. Volusia County School Board provides a transition coach who works with the youth and monitors them as they transition back to their zoned schools. AMIkids Volusia has hired a career coordinator who works with youth on employability skills and job placement. Three closed records were reviewed for employability/transition plans, including résumés and employment applications. All three youth records were signed by the required team members and included their next recommended educational placement, a résumé, sample job application, information about the local One Stop Career Center, and all records included a Florida identification card.

**2.15 Educational Access****Satisfactory Compliance**

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

The program has a 230-day school schedule, with additional days used for teacher training and/or planning. The school schedule includes 300 minutes a day, which equates to twenty-five hours a week of academic instruction. Both the daily school schedule and the yearly calendar were reviewed and obtained. The activity and logbook were reviewed for documentation of the school schedule, which also showed minimal interference during the school day. An interview was conducted with the director of education to determine the educational instructional schedule and provide information on the career courses provided. All youth have the opportunity to earn course credit for completion of academic and training experiences.



## Standard 3: Mental Health and Substance Abuse Services

### Overview

The program employs a mental health professional, who is primarily responsible for the delivery of mental health and substance abuse services. The mental health professional is responsible for the completion of Assessments of Suicide Risk (ASR), comprehensive assessments, and treatment planning. The mental health professional also provides individual and group counseling. The program contracts with a licensed marriage and family therapist (LMFT) to serve as the designated mental health clinician authority (DMHCA). The DMHCA provides weekly supervision for the mental health professional, reviewing work completed by the mental health professional and reviewing services provided for each youth. The DMHCA reviews and signs all Assessments of Suicide Risk (ASR), treatment plans, and treatment plan reviews. The DMHCA is available for consult at all times.

The provider, AMIkids, has developed a “2018-2019 Comprehensive Plan for Mental Health and Substance Abuse Services, Suicide Prevention, Crisis Intervention, and Emergency Care in Florida Department of Juvenile Justice Day Treatment Programs.” The comprehensive plan includes a written policy and procedures for mental health and substance abuse services at the program. The program is licensed through the Department of Children and Families (DCF), Chapter 397, F.S. to provide outpatient substance abuse services for adolescents. The program has an office designated for Stewart Marchman Act (SMA) so youth attending the program can receive individual substance abuse services from SMA counselors on-site.

#### 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 contracts with a licensed marriage and family therapist (LMFT) to serve as the designated mental health clinician authority (DMHCA). The DMHCA has a clear and active license in the State of Florida, which is effective through March 31, 2019. Documentation showed the DMHCA has been on-site every week for the past six months with one exception, which was the week of Thanksgiving. The DMHCA was able to clearly explain her responsibilities and role in the coordination of mental health and substance abuse services at the program. The DMHCA reported being responsible for the review of youth at risk for suicide or on suicide precautions, the review of treatment planning, providing weekly clinical supervision for the non-licensed clinician, and providing training for staff. Documentation showed the DMHCA is regularly consulted regarding mental health and substance abuse services and provides direction regarding the implementation of services.

<b>3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical)</b>	<b>Satisfactory Compliance</b>
<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 licensed clinical staff, a licensed marriage and family therapist (LMFT). The LMFT is contracted to serve as the designated mental health clinician authority (DMHCA), and provides supervision for the one non-licensed mental health professional at the program. The LMFT has a clear and active license in the State of Florida, which expires March 31, 2019, and documentation showed work completed by the LMFT was within the scope of her licensure. Clinical staffing at the program is in accordance with the contract.

<b>3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff</b>	<b>Satisfactory Compliance</b>
<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 non-licensed clinical staff, who has a master's-level degree in mental health counseling. Documentation for the past six months showed the non-licensed staff received one hour of weekly face-to-face supervision from the designated mental health clinical authority (DMHCA). The supervision covered Assessments of Suicide Risk (ASR), comprehensive assessments, treatment planning, and the overall treatment progress for each youth in the program. The supervision was documented on the Department's Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log form (MHSA 019). The non-licensed professional completed over twenty hours of training in the completion of ASRs, which included the completion of five ASRs under the supervision of the DMHCA. The non-licensed staff completed training in other required areas, to include, but not limited to crisis intervention, documentation requirements, basic counseling skills, and the treatment model and program philosophy. Documentation showed the non-licensed staff regularly consults with the DMHCA regarding clinical services provided at the program. A review of documentation found the work completed by the non-licensed clinical staff was within the scope of the staff's education and experience.

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

The program has a policy and procedures in place regarding mental health and substance abuse admission screening. Five youth records were reviewed for initial mental health and substance abuse admission screenings. A Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) was completed on the day of admission in each record. The MAYSI-2's were entered in the Department's Juvenile Justice Information System (JJIS) in four of the five youth records. In the remaining youth record, a paper version of the MAYSI-2 was completed. A Positive Achievement Change Tool (PACT) Screening Report and Referral was completed in



JJIS, on the date of admission, in three of the five youth records. The screenings were completed by staff who had received training on how to conduct the screenings. Referrals were made, as appropriate, in each record based on information obtained from the screenings or youth history. Four youth were referred for an Assessment of Suicide Risk (ASR) based on the results of the screenings or a past suicide risk history. An ASR was completed during the admission process in each record. Each youth was placed and maintained on precautionary observation until the completion of an ASR. Each youth was considered not to be at risk for suicide and were reduced to standard supervision following consultation with and approval from the executive director and designated mental health clinician authority (DMHCA). A suicide risk alert was entered in JJIS for each youth and once all parties agreed the youth could transition to standard supervision the alert was closed.

<b>3.05 Mental Health and Substance Abuse Assessment/Evaluation</b>	<b>Satisfactory Compliance</b>
<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>	

Five youth records were reviewed for comprehensive mental health and substance abuse assessments. In one youth record, the Positive Achievement Change Tool (PACT) Mental Health and Substance Abuse Screening Report and Referral form documented a need for further mental health evaluation; however, an assessment was not completed. The mental health professional reported an Assessment of Suicide Risk (ASR) was completed for the youth, which was documented, and determined the youth was not in need of a comprehensive assessment based on observations and findings during the completion of the ASR. Four youth records contained a new comprehensive mental health and substance abuse assessment completed by the mental health professional. Each of the four assessments were completed within thirty days of admission and reviewed and signed by the designated mental health clinician authority (DMHCA) within ten days of completion. Three of the four youth assessments reflected all required elements, to include identifying information, the reason for the assessment, background information, mental status exam, patterns of alcohol and other drug abuse, impact of substance abuse on major life areas, risk for continued substance abuse, clinical impressions and diagnosis, and recommendations. One youth assessment did not have the reason for the assessment section completed; however, the reason for the assessment was evident in other sections. All other required elements were addressed in this assessment.

<b>3.06 Mental Health and Substance Abuse Treatment</b>	<b>Satisfactory Compliance</b>
<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 review of five youth records found four were applicable and reviewed for mental health and substance abuse treatment. Each record documented the youth were assigned to a treatment team upon admission. The treatment team included representatives from case management (local care counselor), education, clinical, and direct care. Treatment team reviews were documented at least monthly in each youth record. All members of the treatment team

participated in the review each month. Youth, parents/guardians, and juvenile probation officers (JPO) participated in the treatment teams as well. All four youth records contained a signed Authority for Evaluation and Treatment (AET) form, consent for substance abuse treatment, and release of information. A review of treatment case notes documented youth received individual counseling for mental health and substance abuse needs. The form utilized for the treatment notes contained all elements of the Department's Counseling/Therapy Progress Notes form (MHSA 018). The youth were referred to community providers for mental health and substance abuse services as well, and progress with the community providers was reflected in monthly treatment team reviews. A review of the documentation of treatment groups conducted at the program confirmed no more than ten youth participated in any group.

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

A review of five youth records found four were applicable and reviewed for treatment and discharge planning. An initial treatment plan was completed by the mental health professional in each youth record on the date of admission. Each initial treatment plan included all the required elements, including psychiatric services. Each initial treatment plan was signed and dated by the mental health professional, the youth, the parent/guardian, and treatment team members. The initial treatment plans were also reviewed and signed by the designated mental health clinician authority (DMHCA) within ten days of completion. A master Individualized Treatment Plan was developed within thirty days of admission in all four applicable youth records. The Individualized Treatment Plans included goals and objectives related to each youth's psychiatric, pharmacological, mental health, and substance abuse needs, as applicable. The Individualized Treatment Plans were signed and dated by the mental health professional, the youth, the parent/guardian, and treatment team members. Each Individualized Treatment Plan was reviewed and signed by the DMHCA within ten days of completion. Documentation showed treatment plan reviews were conducted at or within every thirty days, which included a total of seventeen treatment plan reviews in the four youth records. The treatment plan reviews reflected youth progress and the form utilized for the reviews contained all required elements.

Three closed youth records were reviewed for discharge planning. A mental health and substance abuse treatment discharge summary was completed in each record. The discharge summaries were completed at the time of transition/discharge and identified services needed for maintenance of the positive improvement made by youth during treatment. Documentation showed the discharge plans were discussed with the youth, parent/guardian, and assigned juvenile probation officer (JPO) during the exit conference. Copies of the discharge plans were provided to each youth, parent/guardian, and assigned JPO.

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

The comprehensive plan for mental health and substance abuse services includes an “Integrated Crisis Intervention and Mental Health/Substance Abuse Services Emergency Plan.” The plan addresses all required elements, to include notification procedures, communication, the alert system, means of referral, including a youth self-referral, assessment, supervision, documentation requirements, and a review process. The plan was signed by the executive director and designated mental health clinician authority (DMHCA) on September 7, 2018.

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

The program has not completed any crisis assessments and there was no indication in youth records or documentation reviewed of a youth needing a crisis assessment during the annual compliance review period. Program policy and procedures address crisis assessments, outlining all required areas to be included in the assessments and stating only a mental health professional can complete crisis assessments. The program uses the Department's crisis assessment form; thus, all required areas are included on the form.

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

Procedures for emergency mental health and substance abuse services are included in the program's Integrated Crisis Intervention and Mental Health/Substance Abuse Services Emergency Plan. The plan includes procedures for immediate staff response, notification and communication, levels of youth supervision (one-to-one, constant, and close), transportation for emergency mental health and/or substance abuse evaluation and treatment, documentation requirements, staff training, mock drills, and post-event review process.

**3.11 Baker and Marchman Acts (Critical)****Satisfactory Compliance**

*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.*

The program has a policy and procedures addressing Baker and Marchman Acts. The program had one youth Baker Acted from the program during the annual compliance review period. The youth made threats of self-harm. Program staff remained with the youth and contacted law enforcement to initiate Baker Act procedures. Law enforcement did Baker Act the youth and transported the youth to a crisis stabilization unit. An alert was entered in the Juvenile Justice Information System (JJIS) and the youth was placed on precautionary observation upon return to the program after the Baker Act. The youth's level of supervision was not lowered until after the completion of an Assessment of Suicide Risk (ASR) by the mental health professional and consultation with the executive director and designated mental health clinician authority (DMHCA).

**3.12 Suicide Prevention Services (Critical)****Satisfactory Compliance**

*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.*

*Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation), and a minimum of constant supervision.*

*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.*

Five youth placed on precautionary observation were reviewed. Four youth were placed on Precautionary Observation (PO) upon admission or readmission to the program and the remaining youth was placed on PO after she reported the death of a friend. An Assessment of Suicide Risk (ASR) was completed by the mental health professional the day the suicide risk was identified in each record. The ASR for each youth indicated the youth could be reduced to standard supervision. The level of supervision was not lowered until after consultation with and agreement from the executive director and designated mental health clinician authority (DMHCA). No follow-up ASRs were necessary. The ASRs were signed by the DMHCA the next day she was on-site. The executive director signed each ASR as well. Each ASR documented notification of the youth's assigned juvenile probation officer (JPO) and parent/guardian. PO logs were maintained for each youth for the duration of their time on suicide precautions.

The program's comprehensive plan for mental health and substance abuse services, suicide prevention, crisis intervention, and emergency care includes a post event review process for every serious suicide attempt or serious self-inflicted injury (requiring hospitalization or medical attention) and a mortality review for a completed suicide. The process includes a review of the circumstances surrounding the event (who, what, when, where, and how), a review of the program procedures, relevant training by staff involved, a review of the medical and mental health services involving the victim, and a review of follow-up services to ensure all services needed are delivered. The process also includes a review of the possible precipitating factors leading up to the event, a summary with recommendations for changes if needed in policy,

training, the physical plant, medical or mental health services, or operational procedures. The review is to be signed by the team completing the review.

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

Precautionary observation logs were reviewed for five youth who were placed on suicide precautions. All logs were completely filled out, with safe housing areas identified and all blanks (i.e., youth name, date of birth, program name) filled in. Each log documented observations at thirty-minute intervals for the duration of the placement on suicide precautions. None of the logs indicated warning signs being displayed by youth. All logs were signed and dated by the mental health professional and supervisor.

<b>3.14 Suicide Prevention Plan (Critical)</b>	<b>Satisfactory Compliance</b>
<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 suicide prevention plan is included in the comprehensive plan for mental health and substance abuse services. The suicide prevention plan addresses all required elements, including procedures for the identification and assessment of youth at risk of suicide, immediate staff response, suicide precautions, levels of supervision, referral, communication, notification, documentation, staff training, and a review process.

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

Four staff training records were reviewed for suicide prevention training. The training records documented each staff received at least six hours of suicide prevention training. Suicide prevention training was completed through instructor-led trainings and online trainings in the Department's Learning Management System (Skill Pro). Logbook documentation indicated mock suicide drills were conducted quarterly during the annual compliance review period. Five staff members were interviewed, and each staff was able to identify the location of the suicide response kit and each stated they have access to it. Each staff member interviewed was able to identify the procedures when a youth expresses suicide thoughts, to include notifying the supervisor/program director, maintaining the youth on sight and sound supervision, searching the youth for sharp objects, documenting the supervision, and notifying the mental health professional. The mental health professional reported he also contacts the youth's parent/guardian.



## Standard 4: Medical Services

### Overview

Local care counselors (LCC) complete the Facility Entry Physical Health Screening (FEPHS) form for each youth during the admission process. The program has policies and procedures in place for medications and two staff are trained to administer medication; however, the program has not had any youth take medication at the program during the annual compliance review period. Procedures are in place for episodic and emergency care. Staff are certified in cardiopulmonary resuscitation (CPR) and first aid. The program has a local provider, Cintas, who inspects and stocks 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 a written policy and procedures in place to establish a process for all youth to be medically screened upon admission. Five youth Individual Health Care Records were reviewed for medical screening. On each of the youth's date of admission, a Facility Entry Physical Health Screening (FEPHS) form was completed by the local care counselor or executive director. Each screening included a physical health disposition. Three of the five FEPHS forms were completed in their entirety, with one form not indicating where a youth's medications were located, and one not identifying whether the youth had any past history or current asthma. None of the youth were applicable for a Health Discharge Summary or Medication Receipt/Transfer Disposition, as none of the youth in the program take medications on-site. The medical screening forms identified any chronic health conditions and currently prescribed medications, when applicable. Documentation reflected the parents/guardians were present for the admission process to include the medical screening.

#### 4.02 Medication Management – Verification of Medications

#### Satisfactory Compliance

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

The program has a written policy and procedures addressing medication management and the verification of medications. The policy outlines the process for determining a youth's medication regimen upon admission into the program. Upon admission, medical screening is conducted with the youth and parent/guardian to confirm a youth's current medications. The policy indicates the program may only accept medication from a licensed pharmacy, with a current, patient-specific label intact on the original medication container. Any medication which cannot be verified will not be provided to the youth while attending the program. Only trained staff may accept prescription medications. The program currently has five youth enrolled who are taking medications; however, no youth take their medication on-site at the program. The program has not had any youth take medication on-site at the program during the annual compliance review period.

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

The program has a written policy and procedures addressing medication management and the delivery of medications. The policy outlines the procedures for staff to assist youth in the self-administration of medications. The executive director and mental health professional have completed training on medication management for non-licensed staff to include the use of the Epi-Pen auto injector. No medications were administered during the annual compliance review period. Five youth were interviewed, and each reported they do not take medications at the program. Three staff were interviewed and only one staff reported they may assist in the administration of medication, if needed. The program maintains a Medication Distribution Log in the event a youth needs to take medications while at the program. The Medication Distribution Log form lists the youth's name, physician's name, name of the medication, dates the medication is to be taken, directions, side effect monitoring, allergies, and the remaining count of medication after each dosage. The staff and youth are to initial the dosage was given. The program's policy cites staff are to maintain control of medication containers, the staff assisting the youth with medication delivery are not to supervise any program activities during this time, staff are to maintain the Five Rights of Medication Administration (right youth, right medication, right route, right dosage, and right time), and staff are to confirm the allergy status of the youth, as well as, any current or perceived side effects or adverse reactions to the medication.

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

The program has a written policy and procedures addressing medication storage and proper inventory control. The policy indicates in the event a youth is discharged, the parent/guardian is required to sign for the return of the medication to the parent/guardian custody to include the quantity and description of each medication. The program has a first aid kit maintained in a large cabinet, which is locked utilizing a number combination lock. The first aid cabinet contains multiple shelves for the storage of first aid products, as well as, an additional smaller combination lock box for the storage of psychotropic medications. A separate medication storage area is maintained in the lead local care counselor's office in a locked cabinet with a smaller combination lock box inside. The program maintains a separate refrigerator labeled for medications only. The medication storage areas appeared to be clean and free from moisture and extreme temperatures. According to the program's policy, a separate storage is to be kept for different medication forms according to pharmacy regulation. Injectable medications are not to be provided by direct care staff.

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

The program has a written policy and procedures addressing episodic and emergency care, which outlines how the program would respond to an urgent or emergency medical situation.

The policy details the procedures for first aid and emergency care, procedures for off-site emergency care, death or serious medical events, and communication of emergency events. The program is not located on state-owned property and does not have an Automated External Defibrillator (AED). The program maintains a first aid kit located in a locked cabinet which is kept outside the mental health professional and the local care counselor's offices. The first aid kit is checked monthly as restocked as needed by Cintas, a contracted medical company. Documentation on the cabinet reflected monthly checks for April, May, June, July, August, September, October, and November 2018. The last check of the first aid kit was conducted by Cintas on November 19, 2018. Upon inspection, all medical and first aid supplies were current with future expiration dates. Each of the two vans also contain a first aid kit, which is checked monthly and restocked, as needed, by Cintas. The program maintains the suicide prevention kit, which includes a knife-for-life, needle nose pliers, and wire cutters in the first aid cabinet. An interview with the executive director confirms checks of the suicide prevention kit are conducted monthly. Emergency phone numbers to include the phone number to poison control, and local law enforcement, are located next to the receptionist desk in the front lobby of the program. The phone numbers are not accessible to the youth.

Emergency medical drills were documented as being conducted at least quarterly with drills completed in April, September, and October 2018. According to the program's facility operating procedures, cardiopulmonary resuscitation (CPR) demonstrations shall be conducted once a quarter, on each shift. A mock emergency drill including a CPR demonstration was conducted in April 2018; however, documentation did not reflect a drill including the use of a CPR demonstration during the third quarter (July to September 2018). The program conducted a mock suicide drill in April and August 2018. An episodic care log is maintained, which documents any first aid treatment rendered. The log documented the date of the treatment rendered, name of the youth, the injury/emergency, the treatment provided, and the staff initials. A review of the program logbook reflected one entry documenting when the program contacted emergency medical services (EMS) for assistance.



Program Name: AMIkids Volusia  
Provider Name: AMIkids, Inc.  
Location: Volusia County / Circuit 7  
Review Date(s): December 11-13, 2018

MQI Program Code: 1239  
Contract Number: P2107  
Number of Beds: 36  
Lead Reviewer Code: 167

### **Overall Rating Summary**

#### **Overall Rating Summary**

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