STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Paxen Community Connections - Hillsborough

Eckerd Connects

(Contract Provider)
3014 North US HWY 301
Tampa, Florida 33619

Review Date(s): January 29-30, 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 and Standard 4)
Marvin Bliss, Office of Program Accountability, Regional Monitor (Standard 1 and 4)
Jennifer Cristiano, ACTS, Juvenile Assessment Center Program Director, (Standard 2)
Toni Del Regno, Office of Program Accountability, Regional Monitor (Standard 3)

Program Name: Paxen Community Connections -Hillsborough
Provider Name: Eckerd Connects
Location: Hillsborough County / Circuit 13
Review Date(s): January 29-30, 2019

MQI Program Code: 1257
Contract Number: P2120
Number of Beds: 26
Lead Reviewer Code: 118

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

☒ Program Director
☒ DJJ Monitor
☐ DHA or designee
☒ DMHCA or designee
1 # Case Managers

1 # Clinical Staff
_____ # Food Service Personnel
_____ # Healthcare Staff
_____ # Maintenance Personnel
_____ # Program Supervisors

2 # Direct Care Staff
5 # Youth
2 # Other (listed by title): **director of day treatment, regional manager**

Documents Reviewed

☐ Accreditation Reports
☒ Affidavit of Good Moral Character
☒ CCC Reports
☐ Confinement Reports
☐ Continuity of Operation Plan
☒ Contract Monitoring Reports
☒ Contract Scope of Services
☒ Egress Plans
☐ Escape Notification/Logs
☐ Exposure Control Plan
☒ Fire Drill Log
☒ Fire Inspection Report

☐ Fire Prevention Plan
☒ Grievance Process/Records
☐ Key Control Log
☒ Logbooks
☒ Medical and Mental Health Alerts
☒ PAR Reports
☒ Precautionary Observation Logs
☒ Program Schedules
☐ Sick Call Logs
☐ Supplemental Contracts
☒ Table of Organization
☐ Telephone Logs

☒ Vehicle Inspection Reports
☐ Visitation Logs
☒ Youth Handbook
5 # Health Records
6 # MH/SA Records
3 # Personnel Records
3 # Training Records/CORE
3 # Youth Records (Closed)
5 # Youth Records (Open)
_____ # Other: _____

Observations During Review

☒ Admissions
☐ Confinement
☒ Facility and Grounds
☒ First Aid Kit(s)
☐ Group
☒ Meals
☐ Medical Clinic
☐ Medication Administration

☒ Posting of Abuse Hotline
☒ Program Activities
☐ Recreation
☐ Searches
☐ Security Video Tapes
☐ Sick Call
☒ Social Skill Modeling by Staff
☒ Staff Interactions with Youth

☒ Staff Supervision of Youth
☐ Tool Inventory and Storage
☐ Toxic Item Inventory and Storage
☐ Transition/Exit Conferences
☐ Treatment Team Meetings
☐ Use of Mechanical Restraints
☐ 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)*	Satisfactory
1.13	Abuse-Free Enviorment*	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 Requreiment/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	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 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

* 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 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).

Program Overview

Paxen Community Connections - Hillsborough is a day treatment program operated by Eckerd Youth Alternatives 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 for twenty-six slots to serve male and female youth, ages fourteen to nineteen. There were fifteen youth enrolled in the program at the time of the annual compliance review. The program fosters each youth by providing Thinking for a Change. The program is comprised of a program coordinator, a case manager, a clinical coordinator, and three program support specialists. Mental health services are provided through their Clinical Coordinator, who is an employee of Paxen Community Connections. Mental health services are provided by one Licensed Clinical Social Worker, who is on-site one day a week. The program provides mental health and substance abuse treatment utilizing intervention groups which are targeted to meet the youth's needs. 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 no staff vacancies.

Strengths and Innovative Approaches

- Paxen continues to work with Hillsborough County School Board and Chamberlain Adult Education to provide General Equivalency Diploma (GED) education for the youth they serve. The school board staff conduct TABE Testing and Pre-GED Testing on-site. Paxen will schedule, pay for, and transport youth to GED Testing, once they are deemed to be GED ready. They continue to celebrate the successes of all their youth and not only does the program purchase their cap and gown, but all of the program staff attend the graduation to let the youth know how proud they are. For those youth who do not finish their GED while in the program, the program has partnered with Tampa Bay Academy of Hope who will provide the youth with the opportunity to continue pursuing their GED following successful completion of Paxen programming. This organization provides transportation, as needed, and offers GED preparation, as well as trades and pre-apprenticeship training.

- Paxen also exposes the youth to other potential career paths through agreements with CareerSource and Job Corp, in addition to other community partners. Representatives from both organizations come to the Community Connections site to discuss available programs and eligibility criteria, as well as training youth on employability skills. Additionally, the youth are able to take tours of local colleges and trade schools such as Brewster College, Hillsborough Community College, and the Art Institute. Paxen also partners with Block Strong who offers paid apprenticeships to youth eighteen years of age and older despite of their criminal history, work experience, and diploma status with the only criteria being the completion of six consecutive Saturday classes.

- Paxen also provides the youth education on other important life skills. A representative from Metro Wellness routinely meets with program youth to offer health and sex education, including sexually transmitted infection testing available on-site. They also partner with Wells Fargo, who has a representative teach the youth about budgeting, balancing a checkbook, and money management. In order to help youth develop an awareness of the issues within their community and increase their empathy for others, Paxen also works closely with Feeding Tampa Bay so their youth can experience the sense of fulfillment which comes with helping others.

- While many of the activities Paxen participates in are of an educational purpose, they always ensure they make time for fun. The youth have attended a Tampa Bay Rays game and enjoyed box seats and a full lunch spread. They also continue to tour the Raymond James stadium yearly and watch the Buccaneers practice. Finally, their partnership with the Inspire School of Music has given their youth the opportunity to test their skills with time in a recording studio.

Standard 1: Management Accountability

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

The program has a written policy and procedures addressing background screening. No staff were hired since the last annual compliance review. The program has also not had any volunteers or interns assisting at the program. The program indicated they utilize the Diana Screening as their pre-employment screening tool. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to the Department's Background Screening Unit (BSU) on January 3, 2019, meeting the annual requirement.

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

The program has a written policy and procedures addressing five-year background rescreenings for staff, volunteers, mentors, and interns. There were no staff eligible for a five-year rescreening during the annual compliance review period. The policy includes all requirements found in FDJJ-1800, which is the Department's Background Screening Policy and Procedures.

1.03 Protective Action Response (PAR)	Non-Applicable
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.	

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

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.

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.

Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.

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. The program records all trainings in the Department's Learning Management System (SkillPro). The program has a pre-service training plan, which was recently approved by the Department's Office of Staff Development and Training on February 21, 2018. The program maintains an individual training and personnel record for each staff, which includes a training plan of all trainings documented as completed by each of the staff.

1.05 In-Service Training	Satisfactory Compliance

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.

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.

The program has a written policy and procedures in place regarding annual in-service training. The records for three staff were reviewed to confirm the completion of annual in-service training. Each of the three staff exceeded the required twenty-four hours of in-service training. 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. The required six hours of suicide prevention training were also completed by each staff. A review of the Program Coordinator's training record reflected they completed the required eight hours of supervisory training, which included courses on management, leadership, and communication skills. The program has an in-service training plan, which was recently approved by the Department's Office of Staff Development and Training on February 21, 2018. The program maintains an individual training and personnel record for each staff, which includes a training plan of all trainings noted as completed by each of the 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 policy and procedures in place to address cleanliness and sanitation. The program has a weekly facility maintenance process which monitors the cleanliness. This is

completed by staff and reviewed by the Program Coordinator. A review of the weekly facility maintenance checklists revealed the form was completed each week and signed off by the Program Coordinator. The checklist covered all the required elements and was completed weekly for the past six months. The program has two separate restroom facilities, marked for men and women. Each restroom contained one toilet and one sink with hot and cold running water, with soap and paper towels available. In addition, the program has a separate kitchenette area with an open sink adjacent to a microwave oven which has soap and paper towels for handwashing. The Program Coordinator, Clinical Coordinator, Case Manager and Administrative Assistant all have their own office space, as well as the teacher. The private group room is adjacent to the main group area where they hold general equivalency diploma (GED) study sessions.

Interviews with two staff revealed staff clean the bathrooms daily and youth assist with floor sweeping, moping, and vacuuming and carrying out the trash. During the tour, the annual compliance review team observed the cleanliness and condition of the facility to be in good working order. Furniture was in good repair, with no holes in the walls. The floors and walls of the facility were clean, with no trash lying around. There was no graffiti observed on walls, doors, or windows.

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 in place to address fire prevention. Procedures include monthly fire drills, maintaining a fire safety log containing documentation of fire drills, fire equipment maintenance receipts, and fire safety inspections. A review of the fire safety log indicated fire safety inspections were completed weekly and monthly. These inspections were reviewed by the Program Coordinator. Documentation in the drill binder included the date and time each fire drill began and ended with the duration calculated. Also included was space for the names of the youth and staff participating. There was space on the documentation for evaluation comments and logbook verification. Six monthly fire drills were reviewed, one for each month of the annual compliance review period. Youth consistently signed in and staff names were documented. All six fire drills were found documented in the logbook. These fire drills were reviewed by the Program Coordinator after completion of the drill. The form also included a place to document youth count before the drill and after.

The program-maintained documentation of a fire marshal inspection dated May 24, 2018 and a fire sprinkler inspection and maintenance completed February 2, 2018. The two fire extinguishers maintained at the facility were inspected March 2018. These were located at the front door of the main lobby and kitchenette area. The weekly and monthly facility maintenance checklist includes a review of the fire extinguisher. Egress plans were found in the offices, main group room, and bathrooms.

Four staff interviews revealed fire drills are conducted monthly. All five youth interviews indicated they were instructed in what to do in case of fire.

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

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

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

The program has a policy and procedures in place to address food service. The program has a two-week cycle menu approved by a licensed dietitian which was posted in the kitchen area. The program provides full meals for the youth in-house. These are provided before they leave the site if they are doing an outing after their GED prep in the morning. The policy indicated food could not be withheld for disciplinary measures, youth and staff eat the same menu items, and youth with special diets are accommodated.

Five youth and four staff interviews indicated staff and youth are consistently served the same menu. One youth had an allergy to avocados, as indicated by the program alert and alert in the Department's Juvenile Justice Information System (JJIS) and a replacement menu item was identified, if needed. Five youth interviews also confirmed if youth had an allergy or dietary restrictions, each youth felt the staff would make accommodations.

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

The program has a written policy and procedures addressing transportation of youth and vehicle maintenance to ensure the program provides safe transportation to and from the program, school, and community-based events. The program maintains two vehicles to provide daily transportation. Both vehicles are fifteen passenger vans, which were observed to be locked and secure when not in use. Both vehicles were found clean, operable, and in good working order. Current vehicle registration and proof of current insurance were reviewed for each van. Annual inspections for each vehicle, as well as other inspections, maintenance, and/or repairs were conducted, as required, and kept in the vehicle binders. Inspection of the vans during the annual compliance review determined each van had working seat belts for every passenger. There is a backpack for each van which includes a first aid kit, a window punch, and a seat belt cutter. The transporting staff will take this with them whenever one of the vehicles is used for transport. Each van also had a fire extinguisher. The program was also able to provide documentation reflecting all staff have their driver's licenses checked monthly to ensure they are valid, with no concerns. Interviews with four staff and five youth confirmed seat belts are always worn in the van. Two youth indicated the driver will pull over if a youth takes their seatbelt off and will wait until it is put back on before continuing.

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

The program has a written policy and procedures to ensure administrative and operational oversight of program services and pertinent information is effectively communicated to the Department in a timely and comprehensive manner. The program submitted all contract required data and reports to the Department's contract manager during the annual compliance review period. A review of the program's current youth roster matched the census report in the Department's Juvenile Justice Information System (JJIS). The program maintains a daily facility logbook, which records significant program activities, events, and incidents. During the annual compliance review, the facility logbooks for the previous six months were reviewed. The reviewed entries included dates and times of events and significant incidents, name of staff and youth involved in the events, alerts regarding youth, and other information needing to be conveyed to staff. Each entry was dated and included the initials of the staff making the entry. All of the logbook entries were made in ink and were legible. There was no correction of errors observed with whiteout or being erased. Entries were found to be made every thirty minutes, at a minimum, to document the activities which were taking place. There was documentation indicating the Program Coordinator completed biweekly reviews of the logbooks and occasionally commented on the information presented. Upon arrival to the program each day, the staff are required to review the logbook and sign the book to confirm their review. The program consistently highlighted any entries regarding safety and security issues.

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

The program has a policy and procedures in place to address incident reporting to include notification to the Department's Central Communications Center (CCC). The program policy includes a two-hour time frame to report all incidents. A review of the incident report binder found one incident reported to the Department within the required two-hour time frame. This report was classified as media attention and referred for closure with no further requirements. A review of the logbook indicated the indicant was documented, as required. The annual compliance review team conducted a review of the internal report binder and the grievances. None of the reports or grievances included an incident which should have been, but was not reported to the Department.

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

The program has a policy and procedures in place to address an abuse-free environment. The program policy includes a staff code of conduct prohibiting the use of physical abuse, profanity, threats, or intimidation; youth are not to be deprived of basic needs, such as food, clothing, shelter, medical care, security, and are to have unimpeded access to self-report alleged abuse.

The policy includes reporting procedures, clarification of staff as mandatory reporters, management oversight, rights of youth in care and custody or supervision, and procedures for making the call to the Florida Abuse Hotline. The telephone number to the Florida Abuse Hotline and the Central Communications Center (CCC) was posted in the lobby of the program. There was one grievance reviewed which indicated a staff made a threat towards a youth. A telephone call was made to the Florida Abuse Hotline reporting the incident, but it was not excepted. The staff received disciplinary action.

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

The program has a policy and procedures regarding the behavior management system which includes providing privileges and consequences to encourage youth to fulfill programmatic expectations. The program's mission statement includes the Department's mission. The BMS requires consequences to be fair and identify with the behavior problem. The program uses the effective response matrix, written assignments, and redirection. The program does not practice restriction or time outs. There are processes in place if a privilege suspension is put in effect, for the youth to be allowed to explain behavior leading to the suspension; however, privilege suspension does not include loss of regular meals, healthcare services, or contact with parent/guardian or legal assistance. Youth are not allowed to discipline other youth. The program rules and expectations and daily activity schedule was posted in the common area. The program uses a four-to-one ratio of positive reinforcers to negative consequences.
In the past six months, the program has not had any incidents of critical behavior requiring time-out or restriction or a referral to law enforcement or the Juvenile Probation Officer (JPO). A review of the logbook did not reveal any incidents in which youth were given consequences or received privilege restrictions.

A review of the point card system for five youth revealed the program maintains a binder with a section for each youth in which the weekly point card is filed. Youth are made aware of the points earned daily and weekly by signing the card. Youth earn points daily and weekly (up to 365 points) with the feature of carrying over points not spent from previous weeks. The program has a bid store in which youth are allowed to redeem points for material items, such as snacks, candy, food items, and hygiene and personal care items. Four staff were interviewed; all four staff reported the youth have unimpeded access to report abuse, as there are telephones available in multiple offices. None of the staff reported ever hearing a co-worker use profanity, threats, intimidation, or humiliation when interacting with the youth. Five youth were interviewed; all youth reported feeling safe in the program. All five youth further reported never hearing staff use profanity, threats, intimidation, or humiliation. All five youth reported staff are respectful; none of the youth reported having a staff ask to meet them on a social basis.

1.15 Youth Records (Healthcare and Management)	Satisfactory Compliance
The program maintains an official case record, labeled "Confidential," for each youth, which consists of two separate files: ▪ *An individual healthcare record* ▪ *An individual management record.*	

The program maintains separate case management, mental health, and medical records for each youth in the program. The case management records include all required elements including separate sections for legal information, demographic and chronological information, correspondence, case management, and miscellaneous. Each of the five reviewed case management records had all required tabs and were marked "confidential." Additionally, all five medical and five mental health records were marked "confidential." Each of the reviewed records were maintained in a locked filing cabinet or drawer in a locked office.

Standard 2: Assessment and Intervention Services

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

The program has a written policy and procedures which define how they will conduct admission and orientation for youth who are referred to the program. A review of five youth case management records found each youth had their orientation completed on the day of admission. The reviewed case notes in the Department's Juvenile Justice Information System (JJIS) documented the date and time of the youth's orientation, which was completed as part of their intake process. Reviewed documentation in each youth record confirmed the following topics were addressed during the orientation: introduction to program staff and a tour of the facility grounds, a review of facility expectations, rules and the behavior management system, a review of the daily activity schedule governing day-to-day operations, a review of the emergency medical and mental health services, emergency safety, and the evacuations procedures for the facility, a list of contraband items and materials, and the consequences for introducing contraband into the program, a review of the performance planning process, a review of the Effective Response Plan, the average anticipated length of stay to successfully complete the program, and the dress code, which prohibits pictures, logos, emblems, and writing which depict illegal activity, violence, profanity, gang logos, or nudity. In addition to this information, the youth and parent/guardian are each provided with a handbook which includes all program policies which the youth needs to understand. At the conclusion of the intake meeting, the youth and parent/guardian signed a form acknowledging the information was reviewed with them.

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

The program has a written policy and procedures in place identifying the documentation of medical, mental health, and suicide risk alerts. Five youth records were reviewed to determine their compliance with alerts. Two of the five reviewed youth case management records were applicable for an alert relating to a medical condition. Each youth had an alert noted in the program's alert log. Two of the five reviewed records required a suicide risk alert, and each was appropriately documented in the Department's Juvenile Justice Information System (JJIS) and on the program's alert log. Both were updated, as needed, in conjunction with the completion of an Assessment of Suicide Risk (ASR). Additionally, two of the five reviewed youth records had concerns relating to their mental health. Mental health alerts were entered in JJIS, as applicable, and the internal alert log was updated. One of the five reviewed youth records did not require any alerts. All alerts were entered in a timely manner and updated appropriately. The alerts were closed in the program logbook and in JJIS without exception. The alert logbook is reviewed whenever there is a new admission to the program. New youth are discussed with the team, and all staff sign the youth's alert sheet to acknowledge they are aware of them. The program logbook is reviewed by all program staff daily. This review is reflected by the staff's signature on the bottom of each page in the log when they are present. Staff review all pertinent alert information in their weekly meetings, in which all youth in the program are discussed. An

interview with four 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**
The PACT Full Assessment is completed by program staff for all youth, regardless of risk to reoffend, within seven calendar days of admission.	

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 Assessment. 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)	**Non-Applicable**
Program staff actively participates in the transitional planning process for youth who are being released from a residential program on conditional release (CR) or post-commitment probation (PCP). For conditional release and post-commitment probation youth, the YES Plan must address recommendations from the residential program during transition.	

The program does not receive referrals for youth while they are in a residential program; therefore, the indicator rates as non-applicable.

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

The program has a written policy and procedures 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 note documentation reflected the youth and parent/guardian participated in the development of the YES Plan. Four of the five youth had their YES Plan completed within the fourteen-day requirement. The remaining youth's YES Plan was completed fourteen days late. The program reported this was an error on their part. 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 three of the youth indicated they participated in the development of their YES Plans. The other two youth were new and have not had the YES Plan completed as of yet. Two of the three applicable youth also confirmed they were provided with a copy of the YES Plan during their interview. The third youth could not recall being given a copy of his YES Plan.

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

The program has a written policy and procedures 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 was responsible, what action was to be taken, and how often the action should have been taken. All five YES Plans contained a Change Goal addressing one of the youth's top three criminogenic needs, as identified by the PACT assessment. Each of the five interviewed youth were able to explain the current goals they were focusing on currently.

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

The program has a 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. Three 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 Case Manager documented all contacts with the youth while at the program, in addition to curfew checks and other needed contacts. The records also reflected regular contact with each parent/guardian to keep them apprised of the youth's progress, and to follow-up in any other areas. 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.

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. All five reviewed records required ninety-day YES Plan updates. Reviewed documentation supported the Case Manager updated each youth requirement, when needed, 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 five records clearly documented the input of the youth and the parent/guardian in the JJIS case notes, when applicable.

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 each was applicable for ninety-day supervisory reviews. Each record contained a ninety-day supervisory review within the required timeframe. Each review also provided guidance and instructions for the Case Manager to follow. 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 to be 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. Five case records were reviewed and all were applicable for ninety-day PACT Reassessments. All five reviewed records contained PACT Reassessments which were completed every ninety-days. Each of the three reviewed closed records had an Exit PACT assessment which was completed within fourteen days of release, meeting the requirement.

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

The program has a written policy and procedures outlining how progress reports are to be prepared and distributed. Program policy is to complete a progress report every thirty days, which exceeds the ninety-day requirement. Five applicable youth records were reviewed for the completion of progress reports. Each of the five youth had a progress report completed each month after the development of their Youth Empowered Success (YES) Plan. 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 found they contained information regarding the youth's overall performance in the program, and were signed by the youth, the Case Manager, and the Program Coordinator. All reviewed progress reports included a cover letter, which included a general summary of the youth's progress. The records also had

documentation indicating 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
Staff and youth complete an Education Transition Plan prior to release including provisions for continuation of education and/or employment.	

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

2.13 Termination/Release	Satisfactory Compliance
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. *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.* *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.*	

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 Case Manager contacted the Juvenile Probation Officer (JPO) to determine if there were outstanding warrants. This was documented in the Department's Juvenile Justice Information System (JJIS) case notebook module prior to the submission of the youth's termination. The final progress report included the program's recommendation for termination which was forwarded to the JPO. The JPO made the official termination request to the court. Each of the records displayed the correct discharge date in the JJIS. None of the youth were terminated due to a loss of jurisdiction; and none were minimum risk commitment, which would require the completion of a Pre-Release Notification. A review of JJIS confirmed each youth was released in JJIS within five days of the program receiving notification of the youth's discharge and/or termination. All three closed records also 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 provides Type 2 career education programming. The program offers the Pathways curriculum to all youth. A review of the table of contents of the curriculum handbook lists skills to be addressed include understanding workplace policies, learning your job, learning job-related lingo, workplace skills including communication skills, customer service skills, working effectively, conflict resolution, and managing stress. They also deliver a curriculum which focuses on independent living skills. The program also has general equivalency diploma (GED) component for all youth. The GED instruction is offered each day the program is open. This is

through the Hillsborough County School Board. The program takes the youth to the Career Source Center, job fairs, and other sites to expose them to different career opportunities. The review of three youth records found documentation reflecting the completion of Casey Life Skills Assessments, resumés and job applications. Additional documents required to help youth obtain employment were also found in the closed records.

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

The program has a designated Clinical Coordinator who is a licensed clinical social worker (LCSW). A review of the license of the Clinical Coordinator in this program indicates current expiration is March 31, 2019. According to a review of the position description and a personal interview, the Clinical Coordinator is solely responsible for coordinating the implementation of necessary and appropriate mental health and substance abuse services in the program. A review of sign-in logs for the past six months indicates the Clinical Coordinator, consistent with provider policy, has been on-site at the program at least once a week, typically twice a week, on Wednesdays and Fridays during the past six months.

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

The program provides an array of mental health and substance abuse services to youth in their care, ranging from screening for individual mental health and substance abuse needs through clinical assessment, intervention services implementing individual and group treatment approaches, as well as discharge planning and referral services. All mental health and substance abuse services provided by the program are conducted by the Licensed Clinical Social Worker who serves as the Clinical Coordinator. A review of program's policy and procedures state each site has a designated Clinical Coordinator who holds a Chapter 4GED68, 459, or 491 licenses. A review of the position description indicates the Clinical Coordinator is responsible for completing all assessments on youth admitted to the program, including Assessments of Suicide Risk, comprehensive mental health/substance abuse assessments, development of Individual Treatment Plans, and the provision of all individual and group counseling treatment modalities. The designated Clinical Coordinator has a master's degree in clinical social work and several years of experience working with adolescents with a history of delinquency. In addition to the designated Clinical Coordinator, the program has another LCSW to provide coverage if the Clinical Coordinator is not available. A review of the back-up clinician's license with the State of Florida Department of Health indicates the license is active and clear with a current expiration date of March 31, 2019.

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

The program policy stipulates the utilization of only licensed mental health clinical staff for delivery of all mental health and/or substance abuse treatment services. Accordingly, a review of all documentation of clinical services indicated services were provided by the licensed Clinical Coordinator.

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

A review of written policies and procedures verifies the articulation of specific, standardized admission/intake procedures, which includes the comprehensive screening of youth, and, when appropriate, referral for specific mental health and/or substance abuse services, including an Assessment of Suicide Risk (ASR). While the Positive Achievement Change Tool (PACT) is administered to each youth within seven days of admission, and can serve as a screening instrument, the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) is utilized as the primary mental health/substance abuse screening tool in the program. Program policy requires the MAYSI-2 be administered during intake in the Department's Juvenile Justice Information System (JJIS), by a trained staff. If the MAYSI-2 score suggests a youth requires further assessment, a mental health referral is documented, and the Clinical Coordinator conducts a comprehensive assessment of the youth. A review of five youth intake screening documents indicated the screener, either the Program Coordinator or a Case Manager reviewed all available youth information including legal documents and the Department's Face Sheet, which includes previous alert information. Each of the five reviewed records included a MAYSI-2 completed in JJIS on the admission date. Three of the five reviewed MAYSI-2 screenings resulted in a referral for assessment by the Clinical Coordinator and two of these screenings resulted in a youth being placed on precautionary status until the Clinical Coordinator was able to conduct an ASR. Both of the ASRs were conducted on the date of admission and resulted in the discontinuation of precautionary observations. Each reviewed ASR was completed and signed by the licensed Clinical Coordinator on the date of the youth's admission. Ultimately, four of the five reviewed records documented a referral for the completion of a comprehensive mental health and substance abuse evaluation to be within thirty days. Three of the youth were referred due the results of the MAYSI-2 screening and one was referred because the comprehensive assessment was ordered by the court.

3.05 Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory Compliance
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.	

The program has a written policy which articulates procedures for youth identified during the initial screening process as requiring further evaluation of mental health and/or substance abuse treatment needs. When a need is identified during the screening process, the staff immediately document a referral to the Clinical Coordinator and request the completion of a comprehensive mental health and substance abuse evaluation. Notably, all youth in the program who are evaluated by the Clinical Coordinator undergo an evaluation of their mental health status and substance abuse behaviors, rather than separate evaluations for the different treatment needs. A total of five youth records were reviewed and four were applicable for the completion of a comprehensive mental health/substance abuse assessment. All four reviewed comprehensive evaluations were new evaluations, rather than updated assessments. Each comprehensive assessment was observed to have been completed within thirty calendar days of admission by the licensed Clinical Coordinator. All four evaluations contained all the required elements including identifying information, reasons for evaluation, relevant background information, behavioral observations, procedures used during the assessment including youth interview, a description of the youth reported patterns of alcohol and other drug abuse, an assessed risk for continued alcohol/drug abuse, a discussion of all clinical findings, diagnostic impressions, and clinical recommendations. Two of the completed comprehensive evaluations yielded mental health intervention and substance abuse treatment recommendations and two of the assessments indicated the youth were not in need of mental health or substance abuse interventions services at the time.

3.06 Mental Health and Substance Abuse Treatment	Satisfactory Compliance
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.*	

The Clinical Coordinator provides individual and/or group mental health and/or substance abuse treatment services to youth determined to be in need to ameliorate any symptoms or impairments and to enhance his or her ability to maximally benefit from program services. Two of five reviewed youth records documented comprehensive assessments which offered clinical recommendations for youth involvement in mental health and/or substance abuse treatment services. The program was able to provide an applicable youth record for review. Upon admission to the program, all youth admitted to the program are assigned to a treatment team consisting of the youth, the Program Coordinator, the program Case Manager, and the Program Support Specialist. Subsequent to mental health and substance abuse screening at intake, and if needed, the completion of a comprehensive mental health and substance abuse assessment resulting in treatment recommendations and deemed in need of specific mental health and/or substance abuse treatment, the Clinical Coordinator becomes the primary member of the youth’s treatment team. Each of the three reviewed records contained the required Authorization for Evaluation and Treatment (AET) signed by the parent/guardian. Clinical

practice of providing mental health treatment services utilizing individual sessions was observed in the reviewed sample. One of the three reviewed records deemed the youth in need of both mental health and substance abuse treatment services. One record documented a youth in need of monthly mental health “supportive counseling” sessions, as well as, substance abuse treatment, and the third reviewed record documented recommendations for monthly mental health treatment sessions. Two of two of the applicable records contained the substance abuse consent (MHSA 012), and release (MHSA 013) forms signed by the youth, prior to the initiation of treatment services. Additionally, each of the three reviewed records contained progress notes by the Licensed Mental Health Clinician providing the treatment services completed on the required form (MHSA 018). The progress notes indicated the provision of monthly mental health treatment sessions to the two youth designated to access these services. However, one youth whose comprehensive assessment recommended access to monthly support sessions regarding his mental health diagnosis was not provided the service from October 20, 2018 through November 20, 2018 and was not seen by the Clinical Coordinator until December 12, 2018 according to the clinical notes.

A review of the substance abuse sign in logs verified substance abuse treatment groups were conducted by the licensed Clinical Coordinator once weekly. However, one group sign in sheet was not dated and two sheets were not signed by the Clinical Coordinator. The Clinical Coordinator signed and dated these sheets during the annual compliance review once informed of the missing elements. The reviewed sign in logs also indicated no group treatment sessions exceeding the participation of more than four youth had occurred during the past six months.

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.	

Three mental health and substance abuse treatment records for youth actively accessing mental health and/or substance abuse treatment services were reviewed for compliance with the completion of treatment plans. Two of the three reviewed records were applicable for the completion of an Initial Treatment Plan. Both of these records contained an Initial Treatment Plan developed on the date of admission and each of the plans were signed by the licensed Clinical Coordinator, the youth and the youth’s parent/guardian, as well as, other members of the treatment team. One of the Initial Treatment Plans indicated the youth was actively accessing psychiatric care outside of the program and the frequency of psychiatric monitoring was appropriately documented on the plan.

All three reviewed records contained an Individualized Treatment Plan completed within thirty days of admission. Each of the three reviewed Individual Treatment Plans were completed on the required form and were signed by the licensed Clinical Coordinator, the youth and the youth’s parent/guardian, as well as, other members of the treatment team. Additionally, each of the three reviewed records contained treatment plan reviews every thirty days, after the

development of the treatment plan. All treatment plan reviews were completed on the required form. There was documentation, when applicable, of interventions for psychiatric needs on the Individualized Mental Health Plan. All treatment plan reviews were signed by the Licensed Mental Health Professional, the program Case Manager, and the youth, though in two instances, due to youth absences on the date the treatment plan reviews were completed, the dates next to the youth signatures were different than the dates of completion next to other staff signatures.

Three additional closed records of youth who had accessed mental health and/or substance abuse treatment while in the program were reviewed for compliance with completion of a Discharge Summary. All three reviewed closed records contained a Discharge Summary, completed by the licensed Clinical Coordinator, and documented on the Mental Health/Substance Abuse Treatment Discharge Summary form, detailing the clinical services provided to the youth in the program. Each Discharge Summary documented recommendations for daily maintenance of the positive improvement in behavioral, emotional, and social skills made by the youth during treatment. There was documentation in the youth case notes indicating the Discharge Plan was discussed with the youth, the parent/guardian, and the Juvenile Probation Officer prior to discharge. Each reviewed Discharge Plan was signed by the licensed Clinical Coordinator, the youth, and the youth's parent/guardian, as well as, other members of the treatment team. Reviewed case notes also documented the youth and the parent/guardian received a copy of the Discharge Plan.

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 Mental Health Crisis Intervention Plan in place to respond to youth in crisis, in the least restrictive way possible, to ensure the safety of the youth and others. The plan includes all required elements, specifically, a notification and alert system, a means of referral including self-referral, communication, supervision needs, documentation, and an administrative review of the situation/process after it occurred to assess the effectiveness of the staff response. The plan requires immediate notification of the Clinical Coordinator regarding any youth who exhibits signs of serious psychological distress and details care to be provided until a Crisis Assessment can be completed to determine the immediate supervision and treatment needs of the youth. A review of the "How to" binder which documents program policy regarding the Mental Health Crisis Intervention Plan includes a signature page signed by all current program staff indicating the staff each reviewed the policy in 2018.

3.09 Crisis Assessments (Critical)	Satisfactory Compliance
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.	

The program has a written policy and procedure regarding mental health intervention services and Crisis Assessment completed by a licensed mental health clinician. In the event of a youth presenting in crisis when the Clinical Coordinator, a Licensed Clinical Social Worker, is on-site, a Crisis Assessment is completed with the youth. Program policy stipulates a Crisis Assessment will be conducted by the Clinical Coordinator during an interview with the youth and documented on the crisis intervention form (MHSA 023) approved by the Department, if there is no indication of suicide risk. The reviewed form (MHSA 023) includes all of the required components of the Crisis Assessment including the reason for the assessment, a mental status examination, and assessment of risk to the youth or others, clinical impressions, and clinical recommendations. If the Clinical Coordinator is not on-site at the time of the crisis, the staff are to make contact and apprise the Clinical Coordinator of the situation. Additionally, if a youth presents in crisis and the Clinical Coordinator is not on-site to assess and/or intervene, the program's plan requires the staff to staff to ensure the safety of the youth in crisis and the other youth by contacting law enforcement. A review of the "How to" binder which documents program emergency procedure, including crisis intervention was observed to have a signature page signed by all current program staff during the past year, (2018) verifying all staff had reviewed the policy and are aware of how to access the "How to" binder in the event of a youth presenting in crisis. The program reported during this annual compliance review there were no youth who demonstrated signs of acute psychological distress indicating the need for a Crisis Assessment to be completed in the past year.

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

The program has a written Emergency Mental Health and Substance Abuse Services Plan to address situations in which a youth presents as an imminent danger to themselves or others due to acute mental health or substance abuse emergencies. The plan includes all the required elements including immediate staff response, notifications, communication, supervision, authorization to transport for emergency mental health or substance abuse services, transport for emergency mental health evaluation treatment under the Baker Act, transport for emergency substance abuse assessment and treatment under the Marchman Act, documentation, and training. The plan further includes a multidisciplinary review process related to any serious self-inflicted injury or suicide attempt, as required in Department Rule 63-N-1.011. A review of the

"How to" binder which documents program policy regarding the mental health/substance abuse emergencies plan includes a signature page signed by all current program staff indicating the staff each reviewed the policy in 2018. Program staff report there were no youth incidents during this review period requiring implementation of the Emergency Mental Health and Substance Abuse Services plan.

3.11 Baker and Marchman Acts (Critical)	**Non-Applicable**
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 did not utilize a Baker Act or Marchman Act procedure during this annual compliance review period; therefore, this indicator rates as non-applicable.

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.*	

The program has a written policy and procedures in place to establish procedures for suicide prevention services. A review of five youth records found two youth were applicable for suicide prevention services; therefore, an additional record was reviewed. Each of the three applicable records documented the provision of suicide prevention services during the admission screening process. All three youth were placed on precautionary observations, as soon as the case manager conducting the intake, became aware of factors which might indicate a possible elevation in suicide risk. Additionally, the record review indicated one of the youth was evaluated twice for suicide risk at other times during his admission to the program, increasing the reviewed sample of the implementation of suicide prevention services from three to five. In each instance, as soon as a youth was deemed to be at risk for suicide, the staff documented a precautionary observation log for each youth. Safe housing areas were identified, and the staff documented observations of the youth at thirty-minute intervals, as well as any warning signs suggested in youth behaviors/comments, until the youth had been evaluated by the Clinical Coordinator and was released from precautionary supervision by the Clinical Coordinator and the Program Director. Each of the reviewed records included the completion of an Assessment of Suicide Risk (ASR) completed by the licensed Clinical Coordinator within hours of the youth being identified as at risk of suicide and placed on precautionary observations. At no time were any youth released from the program at the end of the day without an ASR being conducted and the youth being determined to be appropriate for standard supervision. Furthermore, the program staff indicated there have been no instances when a youth was sent home from the program who was still in need of suicide prevention services during the annual compliance period. Five ASRs were reviewed for completeness and compliance with Department requirements. Each of the reviewed ASRs were completed in full by the licensed Clinical

Coordinator. Each of the ASRs documented the reason for the completion of the ASR and the clinical recommendation for level of supervision. Each ASR also documented the clinical recommendations were discussed in a conference between the clinical coordinator and the program director/designee. Consistently, the ASRs yielded the recommendation the youth be stepped down to standard supervision. None of the three reviewed records required an off-site ASR and the program staff stated they have not had a youth require an off-site ASR during the annual compliance review period.

3.13 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
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.	

Five Suicide Precautionary Observation Logs were reviewed for staff documentation of youth observations and adherence to the program's policy and procedures. All five logs were completed on the required form (MHSA 006). Each form was completed in their entirety documenting dates, times, safe housing requirements, and observations of the youth's behaviors in thirty-minute increments for the duration the youth was on precautions. None of the Suicide Precautionary Observation Logs documented any warning signs requiring notification of the program coordinator and clinical coordinator. All six logs were reviewed and signed by appropriate staff, including the licensed Clinical Coordinator.

3.14 Suicide Prevention Plan (Critical)	Satisfactory Compliance
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.	

The program has a written Suicide Prevention Plan designed to screen all admitted youth for suicide risk and to protect those who are assessed to be at elevated risk for self-harm/suicide. The plan clearly articulates the screening process at admission, facilitating identification of youth at risk for suicide, and referring these youth for clinical assessment. The program's suicide prevention plan includes all the required elements, the identification and assessment of youth at risk of suicide, staff training regarding suicide prevention and intervention, and the implementation of suicide precautions, levels of supervision, a referral process, communication, notification/alerts, documentation, and immediate staff response to situations when a youth may be in danger. The plan also includes the need to conduct a review of serious suicide attempts or incidents of self-injurious behavior, in accordance with Administrative Rule 63-N1.0091. A review of the contents of the "How to" binder which includes the written suicide prevention plan for staff review as needed, includes a signature page signed by all current program staff indicating the staff each reviewed the policy in 2018.

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

The program provides pre-service and annual training regarding suicide prevention. A review of three staff training files indicated all staff completed six hours of suicide prevention training as

part of their in-service training. The training included two hours on the Department's Learning Management System (SkillPro) and four hours presented by an instructor in a classroom situation. A review of the program mock suicide drills conducted since the last annual compliance review in June 2018, (September 26, 2018, and December 14, 2018) verified the program is complying with requirement of conducting at least one mock suicide drill each quarter. The drill forms included a detailed scenario and an appropriate staff response. The drills further documented participation of all staff on duty at the time of the drill to include the program coordinator, the case manager, the program support specialist, and the clinical coordinator.

Standard 4: Medical Services

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 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. This separate folder for the medical records is their IHCR. These records are kept separate from the case management record and the mental health/substance abuse record. Three 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
The program shall determine a youth's medication regimen upon admission to the program.	

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. Three 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 did not have any youth during this annual compliance review period who required the use of any medications during program hours.

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 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 Program Coordinator and two of the Program Support Specialists were trained to assist youth in the self-administration of medications. The training was provided by a medical doctor (MD). Interviews with four staff confirmed they have not assisted youth in the self-administration of medications during the annual compliance review period. An interview with five youth revealed none have any medications which need to be taken during program hours.

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

The program has a written policy and procedures in place 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 and in a locked file drawer in the program coordinator's office. The program has more than one lockbox available to allow for separate storage of the different forms of medication. The area is clean and free from moisture and extreme temperatures. The program also has a locking refrigerator available if the need arises. This is in still in the box but is ready for use when 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 any youth in the program requiring controlled medications on-site since the last annual compliance review.

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 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, a suicide response kit equipped with a knife-for-life, wire cutters, and needle nose pliers. These kits are maintained in a locked drawer in the program coordinator's office and are accessible by staff in the event of an emergency. The program does not have an automated external defibrillator (AED) on-site. An interview with four 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 backpack for each van which includes a first aid kit, window punch, and seat belt cutter. The backpacks are checked out by staff each time there is a transport with one of the

program's vehicles. 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. A review of the records found the program provided band-aids for with cuts, when needed. 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 medical emergency 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.

Program Name: Paxen Community Connections - Hillsborough
Provider Name: Eckerd Connects
Location: Hillsborough County / Circuit 13
Review Date(s): January 29-30, 2019

MQI Program Code: 1257
Contract Number: P2120
Number of Beds: 26
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.