STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Paxen Community Connections-Manatee

Eckerd Connects
(Contract Provider)
1003 17th Street West
Palmetto, Florida 34221

Review Date(s): September 4-6, 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:

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:

Donna Connors, Office of Program of Accountability, Lead Reviewer (Standards 1 and 4)
Therese Hartwell, AMIKids Tampa, Mental Health Clinician (Standard 2)
Stephanie Lobzun, Office of Program Accountability, Regional Monitor (Standard 3)
Sherri Wilson, Office of Programming and Technical Assistance, Technical Specialist (SPEP)

Program Name: Paxen Community Connections-Manatee
Provider Name: Paxen, LLC
Location: Manatee County / Circuit 12
Review Date(s): September 4-6, 2018

MQI Program Code: 1260
Contract Number: P-2120
Number of Beds: 22
Lead Reviewer Code: 97

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
- **1** # Program Supervisors
- **3** # Staff
- **5** # Youth
- **2** # Other (listed by title): **Regional Program Manager, Director of Day Treatment**

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
- **5** # MH/SA Records
- **3** # Personnel Records
- **3** # Training Records/CORE
- **3** # Youth Records (Closed)
- **5** # Youth Records (Open)
- _____ # Other: _____

Surveys

- **5** # Youth
- **3** # Direct Care Staff
- _____ # 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	Failed
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	Non-Applicable

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

Indicator Ratings

Standard 3 - Intervention Services		
3.01	Designated Mental Health Clinician Authority or Clinical Coordinator	Satisfactory
3.02	Licensed Mental Health and Substance Abuse Clinical Staff*	Satisfactory
3.03	Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.04	Mental Health and Substance Abuse Admission Screening*	Satisfactory
3.05	Mental Health and Substance Abuse Assessment/Evaluation	Limited
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*	Limited
3.15	Suicide Prevention Training*	Satisfactory

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Standard 4: Medical Services
Day Treatment Rating Profile

Indicator Ratings

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

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Strengths and Innovative Approaches

- The program entered into a partnership with Keiser University to allow the youth to gain firsthand experience in the culinary arts field through the Junior Chef program. The youth are exposed to hands-on knowledge by working in the kitchen, building self-confidence and gaining leadership skills.

- The program provides the youth various experiences in the arts, including field trips to art museums within the local area and working with the 'Inspire School of Music', for the youth to learn about music production.

- The youth attended a job fair at the Manatee Technical Institute, to learn about career building.

- A guest speaker from a bank visits the program monthly to provide workshops on financial planning, such as: balancing a checkbook, developing financial goals, budgeting, and, and managing credit.

- Monthly workshops are provided by the local domestic violence prevention program on healthy relationships and domestic violence.

Standard 1: Management Accountability

Overview

Through a contract with the Department of Juvenile Justice, Eckerd Connects operates a day treatment program in Manatee County. The program serves youth who are placed on community supervision or classified as minimum risk commitment by the courts. There are fifteen slots available for both male and female youth living in Manatee or Sarasota county. The youth are referred to the program from the Department of Juvenile Justice Probation Office, Circuit 12. During the annual compliance review, there were thirteen youth admitted to the program. The program has a Protective Action Response (PAR) Training Plan.

The on-site staff consists of one program coordinator, one case manager, and one and one-half program support specialist positions. The half time program support specialist position was vacant, during the time of the annual compliance review. The program staff are supported by a regional program manager and the director of day treatment services. The clinical services for the youth are provided by the clinical coordinator; there is oversight and support provided by the director of treatment services. The program maintains a training record for each staff, which documents receipt of pre-service and in-service training. The program has a comprehensive behavior management system (BMS), which specifies rewards for appropriate behavior and consequences for inappropriate behavior. The youth are provided delinquency intervention services through the Thinking for a Change (T4C) curricula, which is designated by the Department of Juvenile Justice Sourcebook of Delinquency Interventions as a promising practice intervention.

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 policy and procedures to address the completion of a background screening prior to hire. In March 2018, the program's contract was amended to add pre-employment assessment requirements. The program also reviews the driving record and criminal history of applicants prior to hire. All human resource responsibilities are managed by the provider's corporate staff located in Palm Harbor, Florida.

There was one staff hired since the last annual compliance review. The staff was hired by the program's provider to work in a residential program in December 2017; the staff transferred to the day treatment program in July 2018, with no break in service. The program completed a background screening through the Agency for Health Care Administration (AHCA) clearinghouse; an eligible background screening rating was received for the staff. There was also documentation to support the program conducted a check of the staff's driving record through the Florida Highway Safety and Motor Vehicles (HSMV). The program did not have any volunteers which required a background screening. There were no teachers who were paid by

the local school board providing services to the youth. The Annual Affidavit of Compliance with Level 2 Screening Standards was received by the background screening unit on January 10, 2018 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 policy and procedures to address the completion of a five-year background screening for applicable staff. There were no staff or volunteers applicable for a five-year rescreening at the time of the annual compliance review. The human resources staff are responsible for completing screenings when staff have been employed by the program for five years.

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	Failed 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 training plan to address the provisions of pre-service training for staff. The plan requires the completion of essential training prior to any direct contact with youth. One staff was hired since the last annual compliance review; a review of the staff training record found the staff completed 124 training hours within the first 180 days of hire. The staff completed professionalism and ethics, emergency procedures, and six hours of suicide prevention training. The staff was certified in Cardiopulmonary Resuscitation (CPR) and First Aid, and had completed all other required training. A review of the Department's Learning Management System (SkillPro) report for this staff found there was no documentation the staff

completed the Protective Action Response (PAR) training. This was brought to the program's attention during the annual compliance review; upon further review of the documentation by the program, the staff was pulled from having any direct contact with youth. The program reported the staff transferred from a residential program operated by the program's provider in July 2018; the staff was initially hired in December 2017. Upon completion of the PAR training, the staff took the PAR exam, receiving a score of seventy-three; the residential program reported an understanding of receiving a score of seventy was a passing grade; therefore, the residential program placed the staff on the floor. This was not documented when the staff transferred from the residential program to the day treatment program. The staff was providing services to youth without PAR certification for over a month. The staff was able to take the PAR exam following the annual compliance review; the program provided documentation to support the staff completed the PAR exam with a passing grade. The pre-service training plan was submitted to the Office of Staff Development and Training on February 21, 2018. The program's contract was amended in October 2017 to include a requirement for all staff to complete human trafficking training; documentation was provided to support the staff met this requirement.

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 training plan, which includes annual in-service training requirements. The training record of two staff were reviewed for completion of annual training. The staff completed between forty-nine and fifty-nine hours of in-service training in 2017. Both staff had current Protective Action Response (PAR), Cardiopulmonary Resuscitation (CPR) and First Aid certification; the CPR and first aid training were taken annually. The training records documented completion of professionalism and ethics, and six hours of suicide prevention. One staff was applicable for management training. The staff completed eight hours of supervisory training in management, leadership, personal accountability, employee relations, communications skills and fiscal. All training was documented in the Department's Learning Management System (Skill Pro). The in-service training plan was submitted to the Office of Staff Development and Training on February 21, 2018. The program's contract was amended in October 2017 to include a requirement for all staff to complete human trafficking training; documentation was provided to support both staff meeting this requirement.

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 to address the cleanliness and sanitation of the facility. The policy requires a safety, sanitation, and maintenance inspection checklist completed weekly. The inspection includes a review of exterior areas such as the lights, locks, windows, parking lot, dumpster and front door. The interior areas, such as group rooms, kitchen area, restrooms, sprinkler head, stairwells, and offices are observed. In addition, items such as first aid kits, suicide response kit, program disaster kit, fire extinguishers, incident book, logbook, fire

safety book, and episodic treatment log are reviewed. The inspection documents a review of Safety Data Sheets, and the program's Continuity of Operations Plan. The form documents the date the inspection was completed and the name of the person who conducted the inspection. Next to each item is a 'yes' or 'no' box, which is checked. There is a space for documenting any corrective actions taken.

The program is located in a small office complex in Palmetto. The outdoor and indoor areas were found to be well-maintained and clean. The program staff completed the safety, sanitation and maintenance inspection checklist weekly for the past six months. During the review, the annual compliance review team found all requirements of the facility were met. The office complex where the program is located is well lit at night. There is a separate bathroom for males and females. Each bathroom had hot and cold running water and antibacterial soap; both were found to be clean. There is no landscaping in the office complex. The furnishings were in good repair. There was no graffiti in any area of the facility. There were no insects documented. The youth in the program assist in maintaining the building; there is a housekeeping schedule which designates the day of the week specific chores are to be completed. There is a chore chart in the main group room, which lists the chores assigned to each youth for the week. During the annual compliance review, youth were observed vacuuming, emptying trash bins, and sweeping. There is adequate room for youth to meet in groups, to complete projects, and for individual counseling. There are offices for the program coordinator, the clinical coordinator, and the case manager. The program shares space with another program operated by the program's provider.

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 to address fire prevention, which includes evacuation procedures during an emergency situation. Smoking is prohibited within the program and is documented by a sign on the front door of the program. The program has a fire alarm and automatic detection system. There were monthly fire drills conducted for the past six months, on March 28, 2018, April 17, 2018, May 30, 2018, June 26, 2018, July 30, 2018 and August 28, 2018. All staff and youth who were at the program during the past six months participated in each drill and each of those drills were documented in the program's logbook. There are three fire extinguishers located in the following areas within the facility; the kitchen, the hallway and the large group room. The extinguishers are checked weekly during the safety inspections. The staff receive fire safety training during orientation, a review of three staff training records contained documentation staff received and completed fire safety training. The youth receive fire safety training during orientation to the program, a review of five youth case management records contained documentation of fire safety training. The equipment was found to have recent inspections. Evacuation routes are posted in every room within the facility. The most recent fire inspection was conducted by the North River Fire District in February 2018; documented violations found during the inspection were corrected within three weeks after the fire inspection. It was documented that the program was in compliance on February 21, 2018. Five youth were interviewed and all reported being instructed on what to do in the event of a fire.

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

The program does not participate in water 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 to address food services. The program has a two-week cycle menu approved by a licensed dietician on December 16, 2013. The kitchen area was well organized and clean. There were cabinets containing paper products and non-perishable food items. There was a refrigerator containing drinks and perishable food. There was a list on the refrigerator documenting youth with food allergies. The dietician provided a list of menu substitutions for modified diets, including lactose/dairy free, gluten free and lacto/vegetarian. The program will accommodate religious preferences on an individual basis and will substitute items when a youth has a food allergy. There was no documentation to support the program withholds food as punishment. Three staff were interviewed; all reported the youth and staff eat from the same menu. Five youth were interviewed; four reported youth and staff eat from the same menu. All of the youth reported the program will provide special diets for youth with allergies or religious restrictions.

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

The program has a policy and procedures to address transportation of youth, which requires the staff to complete fleet safety training. The program transports youth to and from the program daily, and to off-campus activities such as community work projects. There are two vans used for the transport of youth; both vans are used daily. The program maintains transport documents, such as vehicle registration, insurance, and maintenance information in a binder, which is placed in a tote bag. There is a tote bag assigned to each transport van; the bags also contain the first aid kit for the van. During the annual compliance review, both vans were locked when not in use, and both were in operable condition. The program checks the driver's licenses of all staff on a monthly basis. This was confirmed through a review of the driver's license checks completed for the past six months. There was a current vehicle registration, insurance, and maintenance information for each vehicle. There was no documentation to support youth were denied services based on lack of transportation. Three staff were interviewed; all reported youth and staff wear seatbelts during transports. Five youth were interviewed; all reported youth and staff wear seatbelts during transports.

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 to address program administration. The program coordinator is responsible for daily program operations, with support and assistance from regional corporate staff. The program provides monthly reports to the Department's contract manager; the reports include statistics on youth population, new admissions, youth released due to a successful completion, or due to new charges, incidents, Positive Achievement Change Tool (PACT) assessments, supervisory reviews, successful completion of Youth Empowered Success (YES) Plans goals, volunteer hours, General Education Diplomas and transfer requests. There was documentation to support the reports were emailed monthly for the past six months to the program's contract manager. The program's roster of youth was compared to the Juvenile Justice Information System census; there were no discrepancies.

The program maintains a logbook, to document daily activities. A review of the logbook for the period of March through September 2018 found the logbooks consistently documented events, including staff arrival, new admissions, youth transported to home and/or activities, drills and visitors to the program. Logbook entries included the date and time of the incident, names of youth and staff, brief statement of pertinent information, and the name of the person making the entry including the entry date and time. The program coordinator conducted bi-weekly reviews of the logbook for the past six months. Entries were written in ink and neatly entered. Errors were struck through with a single line, with "void" written by the error and the correction initialed by the program staff.

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 to address incident reporting, which includes calls to the Central Communications Center (CCC). There were two calls to the CCC in the past six months; both incidents were for minor traffic accidents. Both incidents were documented in the program's logbook. There were two additional calls to the CCC since the last annual compliance review to report program closure due to inclement weather. The CCC was notified within two hours of the program gaining knowledge of the incidents. There was an increase of one call made to the CCC from the previous year; however, the calls were made regarding weather and traffic accidents, not incidents at the program. A review of grievances and youth records found no further incidents which should have been reported to the CCC were not reported.

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 to ensure the program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by abuse or harassment. The program has a code of conduct, which provides a physically safe and emotionally healthy

environment for staff and youth. A review of the staff training records confirmed documentation to support all three staff signed the program's code of conduct. The policy requires reporting of suspected incidents of abuse. The program's pre-service training plan requires staff to complete a training on child abuse reporting requirements. Observation made during the annual compliance review found postings of the numbers for the Florida Abuse Hotline and the Department's Central Communications Center (CCC) throughout the program.

A review of the newly hired staff training record found the staff received training in child abuse reporting requirements. A review of the five youth case management, healthcare and mental health records found there was no documentation to support allegations of abuse which should have been reported to the Florida Abuse Hotline or the CCC. A review of CCC reports did not reveal any substantiated reports of inappropriate staff behavior. There were no instances of staff requiring management intervention/discipline actions pertaining to allegations of abuse, or for violations of the employee code of conduct.

Three staff were interviewed and all three staff reported youth have unimpeded access to report abuse, as there are telephones in each room. 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 and all five 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 and none of the youth reported staff displaying inappropriate behavior.

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 which details the behavior management system (BMS). The program's BMS incorporates privileges and consequences to encourage youth to fulfill programmatic expectations in a fair manner in accordance with Florida Administrative Code. The program's mission statement and the Department of Juvenile Justice mission statement are posted within the facility. The daily activity schedule included time for structured recreational and leisure activities, groups, and meal time. During the orientation process to the program, the youth is made aware of the program rules; the youth and their parent/guardian are provided a handbook, which describes the rules and expectations. Five case management records were reviewed; each record contained documentation to support the youth received a handbook.

The BMS focuses on offering more privileges and positive rewards and incentives than consequences. The youth's behavior is documented on the youth's skill card; the skill cards contain skills based on the youth's needs, such as voicing complaint respectfully, responding to concerns appropriately, ability to overcome failure, accepts redirection in a respectful manner and is open to new ways of thinking. The skill cards are reviewed weekly by staff with the youth; the points are carried over from week to week. The points can be used to purchase items in the

point store, such as snacks and drinks. The skill cards include a section for staff to document the youth was counseled for inappropriate behavior. The youth signs the cards each week to document review of the skill card, and acknowledgment of the accuracy of the information. Counseling sessions are used for major rule violations. The youth's juvenile probation officer (JPO) may be invited to become involved in the counseling session. Youth cannot lose earned points as part of the consequence for negative behavior. The BMS also use verbal compliments and certificates to youth displaying positive behavior.

Skill cards for five youth were reviewed and found the skills cards are maintained in a binder. The skill cards documented the total points, and when points were deducted for the purchase of items from the point store. One of the youth skill card had an incorrect total point balance, as the points were not deducted when the youth purchased items from the point store. Several skill cards did not include dates, making it difficult to determine the chronology of the cards. Consequences for violating program rules were fair and had a direct correlation to the behavior. The case notes contained information regarding the youth's non-compliance, along with applicable updates to the youth's individualized Youth-Empowered Success (YES) Plan, youth requirement, and Positive Achievement Change Tool (PACT) goals. The program does not use facility restriction. Five youth were interviewed and all five youth reported youth are not permitted to exercise control over other youth. There were no youth placed in time out in the past six months.

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

The program has a policy and procedures to address the maintenance of youth records. The program maintains a case management record, a healthcare record and a mental health record for each youth. Five youth were selected; the case management, healthcare and mental health records for each youth were reviewed. All of the records were marked 'confidential'. The individual case management records were organized in the following sections; legal information, demographic and chronological information, correspondence, case management and treatment team activities, and miscellaneous. All youth records were maintained in locked areas marked 'confidential'.

Standard 2: Assessment and Intervention Services

Overview

The program provides day treatment services to youth ages fourteen through nineteen who are referred to the program by the Department. The program staff is responsible for communicating with the youth, the youth's parent/guardian, and the youth's juvenile probation officer (JPO) as well as the committing court. Program staff conducts an intake orientation, which includes providing the youth with a youth handbook, as well as signed copies of the admission forms. Program staff is also responsible for administering the Positive Achievement Change Tool and the development of the Youth-Empowerment Success (YES) plan. The YES plan includes specific target dates, action steps, and intervention plans for successful completion of the goals. The program staff also provides academic assistance, life skills instruction, and career education.

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 policy and procedures to address the admission and orientation of all youth in the program. An orientation checklist is utilized to document the provisions of the orientation. The youth signs the checklist to verify all topics were completed and discussed with the youth. Five case management records, including the case notes, were reviewed. The records indicated all youth received a program orientation and program handbook at the time of admission. The orientation included all requirements, such as program goals and available services, a review of the case planning process, telephone guidelines, search policy, youth rights and grievances, the Florida Abuse Hotline telephone number, the Advocacy Center for Persons with Disabilities telephone number, the facility rules governing youth conduct and the consequences for major rule violations. The case notes verified each youth was given an introduction to program staff and a tour of the facility grounds, a review of expectations, rules, and the behavior management system, a review of the daily activity schedule, a review of emergency medical and mental health services, emergency safety, and the evacuation procedures for the facility, a list of contraband items and materials, and the consequences for introducing contraband into the facility, a review of the performance planning process, the average anticipated length of stay to successfully complete the program, and the facility dress code. Each record included the signed checklist, indicating all required topics were discussed with the youth. The face sheet verified the dates each youth were added to the program's census.

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 policy and procedures to address the placement of applicable youth on the program's internal alert system and the Juvenile Justice Information System (JJIS) alert system. The program has a mental health/medical alert notification form, which is completed for each youth upon admission. The form includes the youth's name, the staff who completed the form, and a description of the alert. There is a section of the form to be completed if the alert requires

revision. All program staff sign and date the form to acknowledge their review of the youth's alert. There is a section for staff to sign to acknowledge revisions to the alert.

Five healthcare records were reviewed and all five youth required placement on the alert list due diagnoses of asthma, seizure history, medication allergies, mental health conditions, taking prescription medication, and food/insect allergies. An alert notification was completed for each youth and each form was signed by all program staff. All youth were listed on the JJIS alert as required. The JJIS alert and the program's internal alert were updated when there were changes in a youth's medical or mental health condition. The program staff signed and dated the medical/mental health alert notification to acknowledge the initial alert, as well as any revisions. The program's process also includes the requirement for staff to review the logbook daily to be informed of programmatic issues. A review of the logbook confirmed this as a consistent practice for the past six months. The program coordinator documented the weather and humidity daily in the program's logbook. Three staff were interviewed and all three reported learning of youth's alerts through the alert notification and the logbook. One staff also reported learning of youth's mental health issues from discussions with the clinical coordinator. All three staff reported the system for communicating alert information is a very good process.

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 policy and procedures to address the administration of the Positive Achievement Change Tool (PACT) to youth. The policy requires the PACT assessment to be completed within seven calendar days of the youth's admission to the program. Five case management records were reviewed and each record contained a PACT assessment which was completed by the program staff. Four PACTs were completed within seven days of the youth's intake and one PACT was completed five days late.

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 policy and procedures to address the development of the Youth-Empowered Success (YES) Plan. Five case management records and the corresponding case notes were reviewed. Each record verified a Positive Achievement Change Tool (PACT) was completed prior to the development of the youth's YES Plan. Each YES Plan was completed, with the required signatures and within fourteen days of the youth's admission into the program. The

case notes verified the youth, the youth's parent/guardian, and the juvenile probation officer (JPO) provided input regarding the needs and goals. The case notes documented the negotiation for the action steps and target dates of the YES Plan. In two records, the case notes documented the YES Plan was provided to both the youth and the parent/guardian upon their review and signature. The case notes in three records did not reflect the youth and the youth's parent/guardian were provided a copy of the YES Plan upon their review and signature. Two youth were over eighteen years of age, the YES Plans included tasks assigned to the youth's parent/guardian; however, the plans were not signed by the parent/guardian.

On August 1, 2018, the regional program manager completed an audit of all case management case notes there was a deficiency regarding the provision of the YES Plans to the youth and the youth's parent/guardian. The program completed a corrective action plan on August 2, 2018, to ensure the YES Plans were provided to the youth and their parent/guardian as required. The program was able to provide three records to document prevailing practice with this requirement. Each record verified the youth and the youth's parent/guardian were informed of the importance of complying with the sanctions and goals of the plan in a letter which included a copy of the youth's YES Plan. Five youth were interviewed and all reported receiving a copy of their YES Plan and confirmed participating in the development of the 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 policy and procedures to address the development of a Youth Empowered Success (YES) Plan. Five case management records were reviewed and each record contained a YES Plan. Each YES Plan included individual requirements and target completion dates, specific action steps for youth, parent/guardian and juvenile probation officer/case manager, identification of the person responsible for an action step, and how often the action is to take place. Each YES Plan included reasonable projected completion dates. Each YES Plan included a change goal which addressed one of the youth's top three criminogenic needs as identified by the Full Positive Achievement Change Tool (PACT) assessment. Four YES Plans included the youth's court-ordered sanctions. In one record, the youth was ordered to complete forty hours of community service hours by April 13, 2018, this information was not included on the youth's YES Plan. The program revised the youth's YES Plan while the annual compliance review team was on-site, to include the number of community service hours and the completion date. Five youth were interviewed and all five youth reported having a copy of their YES Plan. Four youth were able to discuss a goal on their YES Plan and one youth reported not having any goals.

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 policy and procedures to address the implementation and supervision of the Youth-Empowered Success (YES) Plan. The program conducts monthly treatment team reviews for each youth. During the treatment team meeting, the youth's YES Plan progress, lack

of progress and goal completion is discussed and documented in the case notes. Five case management records were reviewed and the case notes in each record contained documentation of communication by the case manager with the youth, the parent/guardian, and the applicable collateral resources such as; therapy providers, school staff and youth employers. The case notes indicated the case manager maintained regular, quality contact with each youth and family as established in the youth's YES Plan. For youth demonstrating poor progress or barriers, the program implemented an Effective Response System in an effort to rectify the problem.

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 policy and procedures to address ninety-day Youth-Empowered Success (YES) Plan updates. Five case management records were reviewed. Two records were not applicable as the youth's YES Plan had not been in effect for ninety days. In each of the three applicable records, there was an updated YES Plan and each updated YES Plan was generated in the Juvenile Justice Information System (JJIS) prior to the ninety-day supervisory review. None of the YES Plans required any changes or additions. The case notes for each record documented a supervisory review. The case notes in two records documented the input of the youth and the youth's parent/guardian during treatment team meetings. In the third record, there were no revisions to the YES Plan, the youth and the youth's parent/guardian were not present at the treatment team, as the youth was arrested on the day of the treatment team review.

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 policy and procedures to address ninety-day supervisory reviews. Five case management records were reviewed. Two records were not applicable as the youth's Youth-Empowered Success (YES) Plan had not been in effect for ninety days. In each of the three applicable records, the case notes documented the completion of a supervisory review every ninety days. Each youth's YES Plan was updated prior to the supervisor's review. In each of the three records, the supervisor offered directives for the case manager regarding appropriate supervision and intervention. There was documentation in the case notes to support the case manager reviewed, acknowledged and responded to the supervisor's directives.

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 policy and procedures to address the completion of a Positive Achievement Change Tool (PACT) reassessment. Five case management records were reviewed. Two records were not applicable, as the youth had not been admitted to the program for 180 days. In the three applicable records, a PACT reassessment was completed within 180 days of the completion of the previous PACT assessment. Three closed case management records were reviewed, there was documentation to support the completion of a final PACT assessment for each youth, which documented the youth's progress in meeting goals and sanctions. An Exit PACT was completed within fourteen days of each youth completing 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.	

The program has a policy and procedures to address the completion of progress reports. Five case management records were reviewed; each record included monthly progress reports totaling fourteen reports. There was documentation to support ten of the fourteen reports were sent to the youth's juvenile probation officer (JPO). Four records confirmed the youth were provided the opportunity to offer comments; all progress reports included the signatures of the youth and the person who prepared the report. All progress reports were reviewed by the program coordinator. In one record, the progress report dated August 21, 2018 was not signed by the youth and the program was able to document the youth had not been in attendance since August 21, 2018. All five youth were either on conditional release or post-commitment probation. The original progress report was provided to the youth's JPO as required.

2.12 Education Transition Plan	Not-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 the youth; therefore, the 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 policy and procedures to address the termination and release of the youth. The policy requires program staff work with the youth's juvenile probation officer (JPO) to facilitate termination and release. Three closed case management records were reviewed and each record contained documentation to support the case manager requested the youth's JPO contact law enforcement for checks of any outstanding warrants. There was documentation the case manager verified the status of task completion and documented the JPO's responsibility to verify restitution and fees. A final progress report was completed in one record and in another record, the most recent progress report was dated June 5, 2018 which the progress report specified a projected release date of July 8, 2018. The youth was terminated by court order on July 12, 2018; however, no final progress report was completed. In the third record there was not a final progress report, the case notes documented an exit meeting with the youth, the youth's parent/guardian, and program staff on December 14, 2017 in which the youth release was discussed during the meeting. There was a loss of jurisdiction for this youth on December 21, 2017. In all three records the Juvenile Justice Information System (JJIS) was updated to reflect the terminations within five working days. There was documentation in each record notifying the youth and the youth's parent/guardian in writing the youth was no longer under community supervision.

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

The program has a policy and procedures to address the provision of career education to the youth. The program offers Type-2 career services. Three closed case management records were reviewed. Each record contained résumés completed by the youth. Two records contained sample employment applications. All three records contained progress reports which documented the youth's career education plans. None of the records included appointments with Career Source Center, nor contained essential documents to obtain employment. None of the three youth had employability as a Youth-Empowered Success Plan goal; therefore, the program was not required to comply with these requirements.

2.15 Educational Access	Not-Applicable
The program shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.	

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

Standard 3: Mental Health and Substance Abuse Services

Overview

The program employs a licensed clinical social worker to conduct the responsibilities of a clinical coordinator. The clinical coordinator is on-site at least weekly, to ensure appropriate coordination and implementation of mental health and substance abuse services at the program. The program does not have non-licensed staff providing mental health and substance abuse services to the youth at the program; all clinical services are provided by the clinical coordinator. The clinical coordinator conducts individualized counseling, completes comprehensive assessments, assessments of suicide risk, and treatment planning, and facilitates family and group counseling.

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 policy and procedures to address the provision of a clinical coordinator. The policy requires the program to have a licensed mental health clinician who will serve as the clinical coordinator. The program employs a licensed clinical social worker who acts as the clinical coordinator. A review of the Florida Department of Health licensure verification website found the clinical coordinator has a clear and active license. A copy of the clinical coordinator's job description documented the clinical coordinator is required to provide mental health and substance abuse services to the youth at the program. The job description also describes the specific services the clinical coordinator will provide to the youth. There was documentation to support the clinical coordinator was on-site weekly. An interview with the clinical coordinator confirmed all clinical services to the youth at the program including conducting Assessments of Suicide Risk (ASR) and follow-up ASRs, crisis assessments, Baker Acts, mental health and substance abuse evaluations, supportive counseling, individual counseling, group substance abuse counseling, family counseling, and treatment planning are provided by the clinical coordinator.

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 has a policy and procedures to address mental health and substance abuse services for the youth. The policy indicates the program only uses licensed mental health

clinicians for the delivery of all mental health and substance abuse treatment services. The program employs one licensed clinical social worker, who acts as the program's clinical coordinator. The program has an agreement with a second licensed clinical social worker to provide back-up services to the youth when the clinical coordinator is on leave. A review of the Florida Department of Health licensure verification website found both clinicians have clear and active licenses in Florida. A review of the clinical coordinator's sign-in binder documented there was a licensed clinician on-site weekly to ensure appropriate coordination and implementation of services.

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 has a policy and procedures to address mental health and substance abuse services to the youth. The policy states the program only uses licensed mental health clinicians for the delivery of all mental health and substance abuse treatment services. A review of five mental health and substance abuse records, along with staff records confirmed the program does not have non-licensed staff providing mental health or substance abuse services to the youth at the program.

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.	

The program has a policy and procedures which establishes the screening process for all youth admitted to their program. The admission screening includes a review of available information, to include the Positive Achievement Change Tool (PACT), the PACT Mental Health and Substance Abuse Report, and the completion of the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2). The policy further states the clinical coordinator will complete an Assessment of Suicide Risk (ASR) on the day of the youth's admission if the assessments or a review of the youth's records indicates a risk of suicide.

Five mental health records were reviewed and there was documentation to support the program reviewed the youth's most recent PACT mental health and substance abuse report. AMAYSI-2 was completed on the day of each youth's admission. The MAYSI-2 for each youth was completed by trained staff in the Juvenile Justice Information System (JJIS). Three youth were referred for an immediate ASR with the clinical coordinator due to prior suicide alerts and the results of their MAYSI-2. All three records documented a suicide alert was entered into JJIS, and each youth was placed on precautionary observation. All applicable records contained an ASR which was completed within twenty-four hours of the referral. In each of the three records, there was documentation to support the program coordinator was notified of the placement of the youth on precautionary observation.

Four youth required the completion of a mental health and substance abuse evaluation based on the results of the MAYSI-2 and/or a court order. In one record, the youth's MAYSI-2 results

indicated a need for a comprehensive assessment; however, a referral was not completed. During the annual compliance review, the program acknowledged the error on the MAYSI-2 and the referral form. The forms were corrected and provided to the review team.

3.05 Mental Health and Substance Abuse Assessment/Evaluation	Limited 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 policy and procedures to address the completion of a mental health and substance abuse evaluations. The policy requires a comprehensive assessment is completed if the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) and/or the Positive Achievement Change Tool (PACT) indicates a need for further mental health or substance abuse assessment. The program's clinical coordinator completes a combined mental health and substance abuse evaluation on any youth referred for a comprehensive assessment.

A review of five mental health and substance records found four youth were applicable for receiving a comprehensive mental health and substance abuse evaluation. Two records contained a completed evaluation and each was completed by a licensed clinician. Each evaluation contained the youth's identifying information, reason for the evaluation, relevant background information, behavioral observations, mental status exam, interview or procedures administered, discussion of findings, a diagnostic impression, methods of assessment, patterns of alcohol and other drug abuse, impact of alcohol and other drug abuse, risk of continued alcohol and drug abuse, clinical impressions, and findings and/or recommendations. The evaluations addressed the mental health and substance abuse issues documented in the original referral. One evaluation was completed within thirty days of the youth's admission to the program and one was completed twelve days late. During the debriefing process, the program acknowledged the evaluation was completed late due to the youth and clinical coordinator not on-site at the same time until the date the evaluation was completed. In one record, there was documentation to support the youth and the clinical coordinator were not on-site at the same time to complete the evaluation. There was no documentation in the youth's record indicating the clinical coordinator made an attempt to complete the evaluation outside of their regular working hours. In one record, the youth did not have an evaluation completed and there was no documentation in the youth's record to support the clinical coordinator attempted to see the youth to complete the evaluation until August 21, 2018, which would have made the evaluation late by 100 days. When the clinical coordinator met with the youth, the youth refused to participate in the evaluation. The youth indicated they did not need any additional services.

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 program has a policy and procedures describing the process by which mental health and substance abuse treatment is completed. A review of five mental health and substance abuse

records indicated all youth were assigned to a multi-disciplinary treatment team upon their arrival to the program. Each youth's treatment team was comprised of direct care staff, administration, and the clinical coordinator, when the youth was receiving mental health and/or substance abuse services. All five records contained a properly executed Authorization for Evaluation and Treatment (AET). Three of the five records contained a signed consent for substance abuse treatment and release of substance abuse information; however, only two of the five youth were receiving substance abuse services. Two records were applicable for youth requiring substance abuse and mental health counseling, an additional record was provided for review. All three records contained documentation of mental health treatment and/or substance abuse treatment on counseling/therapy progress notes which contained all elements of Department's Mental Health/Substance Abuse (MHSA)form 018.

An interview with the clinical coordinator indicated the program does not conduct mental health groups, the only groups facilitated are substance abuse groups using the 'Truth About Drugs' curriculum. The clinical coordinator indicated the program does not keep substance abuse group sign-in sheets, the youth's participation is documented on a clinical progress note maintained in each youth's mental health and substance abuse record. The coordinator indicated the substance abuse groups conducted at the program never exceeds fifteen youth in a group. There was documentation in the five reviewed youth records to document the youth participated in substance abuse groups.

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.*	

The program has a policy and procedures outlining the process for mental health and substance abuse treatment. A review of five mental health and substance abuse records found none of the youth were applicable for an initial treatment plan. The program provided one record which was applicable for the completion of an initial treatment plan since the last annual compliance review. The youth received an initial treatment plan due to the youth was taking psychotropic medications and was under the care of a psychiatrist. The initial treatment plan was completed on the same day as the youth's admission to the program and was signed by a licensed professional, the youth, a treatment team member, and the youth's parent/guardian. The initial treatment plan included psychiatric services.

Two records were applicable for the completion of individualized mental health and substance abuse treatment plans, a third applicable record was provided for review. Each applicable record contained an individualized treatment plan and each plan was completed within thirty days of the initiation of services. All individualized treatment plans were developed on a form which contained all elements of the Department's Mental Health and Substance Abuse (MHSA) form 016. Two of the three plans were signed by the youth, the clinical coordinator, and treatment team members. The third plan was not signed by the youth, the youth refused to sign

the plan because the youth felt they did not require substance abuse services. One of the three treatment plans required the signature of the youth's parent/guardian, the applicable plan was signed by the parent/guardian. All three individualized treatment plans were completed by a licensed clinician. The three records were applicable for four treatment plan reviews with the multi-disciplinary treatment team. All four treatment plan reviews were completed every thirty days after the completion of the initial individualized mental health and substance abuse treatment plan. All treatment plan reviews were completed on a form containing all information of the Department's MHSA form 017. All four treatment plan reviews were signed by the clinical coordinator, youth and treatment team members.

Three closed mental health records were reviewed and two records contained a mental health and substance abuse discharge summary completed prior to the youth's discharge from the program. The third record had a discharge summary completed after the youth's release from the program, the youth was committed to a residential program at a judicial hearing and never returned to the program. All three discharge summaries provided consideration for services needed for daily maintenance of the positive improvement in behavioral, emotional and social skills made by the youth during treatment. There was documentation in two records to support the youth's discharge plan was discussed with the youth, the youth's parent/guardian, and the juvenile probation officer (JPO) during an exit meeting. The third record did not have an exit meeting due to the youth being committed to a residential program by the court and never returned to the program. There was documentation to support the youth, the youth's parent/guardian and JPO were provided a copy of the discharge plan in two of the three reviewed records. The third record did not contain documentation the discharge plan was forwarded to the JPO, youth or parent/guardian. None of the youth was discharged from the program while placed on suicide precautions.

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 policy and procedures to address youth in crisis, which requires applicable youth are provided with immediate services. The program has a 'How-To Guide' for staff, which includes the program's emergency mental health and substance abuse services plan, mental health crisis intervention plan, and suicide prevention plan. The mental health crisis intervention plan includes guidance on notification, alert system, referrals, assessments, communication, supervision, documentation and review of a mental health crisis. The 'How-To Guide' was reviewed by the program's case manager, clinical coordinator, program coordinator and a program support specialist on July 27, 2017. During the annual compliance review, it was discovered the guide had not been reviewed in over a year, the program staff (with the exception of the clinical coordinator) reviewed the plan while the annual compliance review team was on-site. The program's director of day treatment services conducted a review of the program's policy and procedures, which included a review of the emergency mental health and substance abuse services plan on July 31, 2018. The guide is maintained in the case manager's office accessible to all staff.

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 policy and procedures in place for the provision of crisis care for youth. The program did not have any youth requiring the completion of a crisis assessments since the last annual compliance review. An interview with the clinical coordinator confirmed crisis assessments are completed utilizing the Department's Mental Health and Substance Abuse (MHSA) form 023.

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 'How-To Guide' for staff, which includes the program's emergency mental health and substance abuse services plan. The plan describes the program's procedures for the standard care for youth determined to be an imminent danger to themselves or others due to mental illness or substance abuse emergencies. The youth are to receive emergency mental health or substance abuse services. The program uses Manatee Memorial Hospital and Centerstone, for emergency mental health and substance abuse services. The program's emergency mental health and substance abuse services plan contains the following elements: procedures for immediate staff response, notifications, communication, supervision of youth, authorization to transport for emergency services, transportation for emergency mental health and substance abuse evaluation and treatment, documentation, training requirements, and a review process. The 'How-To Guide' was reviewed by the program's case manager, clinical coordinator, program coordinator and a program support specialist on July 27, 2017. During the annual compliance review, it was discovered the guide had not been reviewed in over a year, the program staff (with the exception of the clinical coordinator) reviewed the plan while the annual compliance review team was on-site. The program's director of day treatment services conducted a review of the program's policy and procedures, which included a review of the emergency mental health and substance abuse services plan on July 31, 2018; however, the plan was not reviewed by any of the specific staff prior to being advised by the review team. The guide is maintained in the case manager's office accessible to all staff.

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 procedures during the review period; therefore, the 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 policy and procedures for suicide prevention services. The policy outlines a process to review serious incidents of suicidal attempts or self-inflicted behavior. A review of five youth mental health and substance abuse records indicated three were applicable for suicide prevention services. All three youth were placed on precautionary observation and a referral for an Assessment of Suicide Risk (ASR) was completed immediately. All ASRs were completed by the clinical coordinator on the Department's Mental Health/Substance Abuse (MHSA) form 004, immediately upon notification by staff conducting the intake. All youth were placed on constant supervision, the program coordinator authorized the precautionary observations and started a suicide precautionary observation log. Prior to the reduction of each youth's supervision level, a conference was held between the clinical coordinator and the program coordinator to discuss the reduction level of supervision. All applicable youth were stepped down to standard supervision after the completion of an ASR, which indicated the youth had no suicidal thoughts. An alert was entered into the Juvenile Justice Information System (JJIS) for each youth, indicating the youth's placement on suicide precautions. The alerts were discontinued upon each youth's placement on standard supervision after the completion of an ASR. Two of the three applicable youth who were placed on precautionary observations and reduction in supervision level were documented in the logbook. There were no youth who required or had an off-site ASR since the last annual compliance review.

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.	

The program has a policy and procedures indicating all youth are screened and assessed for potential suicide risk during the admission process, the policy requires youth to be placed on precautionary observation, if necessary. A review of five mental health and substance abuse

records found three youth were applicable for suicide prevention services. All three youth were placed on precautionary observation during their admission screening and a precautionary observation log was started by the staff completing the intake. There was a total of three precautionary observation logs reviewed, all observation logs were reviewed and signed by the clinical coordinator. Two precautionary observation logs contained accurately documented observations in intervals not to exceed thirty minutes. The third precautionary observation log had an observation made nine minutes late. During the debriefing process, the program acknowledged the observation was late by nine minutes and indicated the youth was with the clinical coordinator conducting the assessment of suicide risk at the time of the late observation. All three precautionary observation logs documented each youth was placed on constant supervision which indicated safe housing areas for the youth while on constant supervision were met. The logs were reviewed and signed by the supervisory staff. All three logs indicated observations of the youth's behaviors for the entire period they were on constant supervision. None of the logs indicated warning signs which needed to be reported to the program coordinator and clinical coordinator.

3.14 Suicide Prevention Plan (Critical)	Limited 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 policy and procedures regarding suicide prevention services, precautionary observation, suicide prevention plan, and suicide prevention training. The program's suicide prevention plan includes the following elements: identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and a review process. The program's plan follows Rule 63N-1, Florida Administrative Code.

The program also has a 'How-To Guide' for program staff, which includes the program's suicide prevention plan. The program's guide was last reviewed by the program coordinator, clinical coordinator, program support specialist, and case manager on July 27, 2017, there was no documentation to support there was a review of the suicide plan for over a year. The program's director of day treatment services conducted a review of the program's policy and procedures, which included a review of the suicide plan on July 31, 2018; however, the plan was not reviewed by the clinical coordinator in over a year, nor had any program staff reviewed the suicide plan until it was documented during the annual compliance review. The program coordinator, program support specialist, and case manager conducted a review of the program's suicide prevention plan on September 5, 2018; however, the plan has not been reviewed by a licensed professional since July 27, 2017.

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 has a 'How-To Guide', which outlines the program's suicide prevention training requirements. The guide requires each staff member to be provided with at least six hours of training annually on suicide prevention and the implementation of suicide precautions.
The program has three staff members, a review of the Department's Learning Management System (SkillPro) confirmed all three staff received four hours of instructor-led training and two

hours of web-based training in suicide prevention. A review of the program's drill binder documented the program conducted mock suicide drills in the two quarters prior to the annual compliance review, and all staff participated in those drills. Three staff were interviewed and each staff reported the program maintains the suicide prevention kit and knife-for-life in the bottom drawer of the reception desk. All three staff were able to communicate the program's process if a youth was identified as having a suicidal crisis.

Standard 4: Medical Services

Overview

The program provides medical services for youth in the program by screening the youth for medical concerns and assisting the youth with administering of medications if the youth is taking prescription medications during the time the youth are at the program. The staff have been trained to assist youth with medications. There are no over-the-counter medications kept at the program.

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 policy and procedures to address medical screening for the youth. During the admission process, the youth and the youth's parent/guardian provide information regarding any health-related issues of the youth. The case manager completes a day treatment health care screening form. Based on the screening, the program develops an individual healthcare plan for the youth. The individual healthcare plan includes the youth's medical and/or mental health condition, any dietary restrictions or special provisions, and any updates to the original healthcare plan. The individual healthcare plan is signed and dated by the staff who completed the plan. The staff completes any alerts needed for the youth.

Five healthcare records were reviewed and each contained a screening form which were completed on the day of the youth's intake. An individual healthcare plan was developed for each youth, which included information from the screening form. The screening form for one youth documented there was possible active tuberculosis, requiring a referral for the youth's family to the health department or hospital for evaluation. Upon a review of this form, the program reported the tuberculosis box was checked in error; the section of the form pertaining to tuberculosis symptoms did not document any issues. The program completed a new screening form for the applicable youth.

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 policy and procedures to address the verification of medications for the youth. During the intake process, the youth and the youth's parent/guardian discuss medications the youth is taking with the case manager. Five healthcare records were reviewed, and the medication regimen was discussed for applicable youth. Two youth were taking prescribed medication; however, the medication was taken prior to the youth arriving at the program each day.

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 policy and procedures to address the delivery of medications to youth while in the program. The policy requires the program to utilize a medication distribution log (MDL) to document delivery of medication to the youth. The medications are required to be delivered by staff trained to assist the youth in the delivery of medications. The MDLs are required to include the youth's initials upon the delivery of each dose(s) of medication. There was documentation to support two staff received training in assisting youth with the self-delivery of medications, the training was provided by a medical doctor. Five healthcare records were reviewed and there were no youth taking a prescribed medication requiring administration while the youth was in the program. Three staff were interviewed and one reported being trained to assist youth with medications, two staff reported not assisting youth with medications. The staff reported being informed of the side effects of medication the youth take at home prior to arriving at the program by talking with the youth and the youth's parent/guardian, reading the information on the label of the medication bottle and the information recorded at intake. Five youth were interviewed and none of the youth reported taking medication while in the program.

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 policy and procedures to address the storage of medications. The program does not keep any over-the-counter medications on-site. There is a locked box kept in a locked desk in the program coordinator's office. The medication box has a tray with separated compartments to allow for storage of various types of medication if necessary. There is a locked refrigerator in the kitchen for use in the event a youth has medication requiring refrigeration. There were no medications requiring refrigeration found in the refrigerator upon observation during the annual compliance review. At the time of the review, there were no youth taking medication during the time they were at the program.

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 policy and procedures to address the provision of episodic and emergency care of the youth. Any episodic and/or emergency events are required to be documented on a log. The policy requires first aid kits are inventoried on a regular basis, not to exceed monthly, and stocked as required. There were three first aid kits on-site, one for each transport van, and one for the building. The contents of two first aid kits were observed, one kit had all required items with no expired contents. One kit had all required items; however, the antibiotic ointment was expired for over one year. All of the first aid kits were secured with tape. The first aid kits are inventoried weekly, which was documented on the weekly safety, sanitation and maintenance inspection checklist.

The episodic/emergency log was reviewed for the past six months, there were no episodic/emergency events during this time period. The program logbook confirmed there were no episodic/emergency events, the logbooks also documented the program's process for informing staff of potential emergency situations. The program has a suicide response kit containing a knife-for-life, needle nose pliers, and wire cutters. The kit is located in the desk in the reception area of the program. There is a list of emergency numbers posted in the lobby and in each office. There is not an automated external defibrillator (AED) maintained on-site. There was documentation to support the program conducted medical drills for the last two complete quarters prior to the annual compliance review. The drills were conducted on March 8, 2018 and June 14, 2018. In addition, there were two drills which required the use of CPR, these drills were completed on March 5, 2018 and June 13, 2018. All drills were documented on a drill sheet.

Program Name: Paxen Community Connections-Manatee
Provider Name: Paxen, LLC
Location: Manatee County / Circuit 12
Review Date(s): September 4-6, 2018

MQI Program Code: 1260
Contract Number: P2120
Number of Beds: 22
Lead Reviewer Code: 97

Overall Rating Summary

The following limited and/or failed indicators require immediate corrective action.

Limited Ratings	Failed Ratings
3.05 Mental Health and Substance Abuse Assessment/Evaluation	1.04 Pre-Service/Certification Training
3.14 Suicide Prevention Plan*	