STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

PROGRAM REPORT FOR

Paxen Community Connections - Osceola

Paxen Learning Corporation]

(Contract Provider)

102 Park Place

Kissimmee, Florida 34741-2358

Review Date(s): October 30 - November 1, 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:

Tamara Mahl-Adkins, Office of Program Accountability, Lead Reviewer (Standard 1 and 2)
Paul Czigan, Office of Program Accountability, Regional Monitor (Standard 3 and 4)
Schnitta Gilreath, DJJ Probation Juvenile Probation Officer, Circuit 18 (Standard 2)
Wanda Walker, AMIkids Orlando, Executive Director (Standard 3)

Program Name: Paxen Community Connections - Osceola | MQI Program Code: 1263
Provider Name: Paxen Learning Corporation | Contract Number: P2120
Location: Osceola County / Circuit 9 | Number of Beds: 40
Review Date(s): October 30 – November 1, 2018 | Lead Reviewer Code: 156

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
- _____ # Case Managers
- **1** # Clinical Staff
- _____ # Food Service Personnel
- _____ # Healthcare Staff
- _____ # Maintenance Personnel
- _____ # Program Supervisors
- **5** # Staff
- **7** # Youth
- _____ # Other (listed by title): _____

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

Surveys

- **7** # Youth
- **5** # 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	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	Non-Applicable
1.09	Food Services	Satisfactory
1.10	Transportation	Satisfactory
1.11	Administration	Satisfactory
1.12	Incident Reporting (CCC)*	Non-Applicable
1.13	Abuse-Free 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

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

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

Indicator Ratings

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

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Standard 4: Medical Services
Day Treatment Rating Profile

Indicator Ratings

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

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

Standard 1: Management Accountability

Overview

The program operates a Community Connections Program to provide day treatment services to youth residing in Osceola County, Florida, ages fourteen to nineteen. The program serves male and female youth referred by the Department's juvenile probation staff for youth who are placed on probation, post-commitment probation, conditional release, or classified as minimum-risk commitment by the courts. The program has available forty slots.

The program staff consists of one program coordinator, two case managers, and two program support specialists. During the annual compliance review, the program had one program support specialist vacancy. The program maintains a training and personnel record for each employee. The staff's instructor-led and web-based training is captured in the Department's Learning Management System (SkillPro).

The program is in a one-story office park, occupying a corner office space, large enough for a kitchen, separate bathrooms for males and females, four staff offices, and three rooms utilized for group sessions.

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

The program has a written policy and procedures regarding background screening of employees and volunteers. One of the five current employees was hired since the last annual compliance review. The staff received the required background screening prior to the hire date and there were no exceptions noted. The program started using a pre-employment assessment tool on April 1, 2018. The new hire was screened prior to the pre-employment assessment tool being utilized. The Affidavit of Compliance with Level 2 Screening Standards was submitted to the Background Screening Unit (BSU) on January 8, 2018, prior to the January 31, 2018 deadline.

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

The program has a written policy and procedures regarding five-year rescreening of employees, volunteers, and interns, which also includes rescreens to be submitted up to twelve months before the five-year anniversary date. The program did not have any employee applicable for a five-year rescreening.

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.	

The program has a written policy and procedures regarding Protective Action Response (PAR). The program has not had any PAR reports since the last annual compliance review; therefore, this indicator rates as non-applicable.

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

The program has a written policy and procedures regarding pre-service training requirements. One of the five staff was applicable for pre-service training. The staff member completed 135.5 hours of training since being hired on June 5, 2018. The staff training included Protective Action Response (PAR), cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, suicide prevention, and emergency procedures, as well as training in areas of understanding youth, legal, supervision, changing offender behavior, mental health and substance abuse, risk and needs assessment, sexual harassment, and human diversity. All training was captured in the Department's Learning Management System (SkillPro). The instructors teaching PAR, CPR, and first aid hold certifications to provide the training. The program submitted in writing a list of pre-service training to the Office of Staff Development and Training on February 4, 2018. The

list included course names, objectives, instructional methods, and training hours for the required training topics.

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

The program has a written policy and procedures regarding in-service training requirements. A total of four staff were applicable for in-service training conducted in 2017; one of which was a supervisory staff. All staff were trained in Protective Action Response (PAR) update, cardiopulmonary resuscitation (CPR), first aid, professionalism and ethics, suicide prevention, and implementation of precautions. The supervisory staff became a supervisor on September 1, 2018; therefore, no supervisory training could be reviewed for 2017. Due to the program not providing water activities, none of the staff had lifeguard certification. Three of four staff received Positive Achievement Change Tool (PACT) or Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) training; the remaining staff was not required to complete this training. All four applicable staff received training in the operation of the fire alarm system and use of available fire protection equipment and medication administration training for non-health care staff, as well as emergency response training. The program submitted, in writing, a list of in-service training to the Office of Staff Development and Training on February 21, 2018. The list included course names, objectives, instructional methods, and training hours for the required training topics. The program maintains an annual in-service training calendar, which is updated as changes occur.

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

The program has a written policy and procedures regarding safety and security, which includes cleanliness and sanitation. A tour of the facility was completed. The program is in a one-story office park, occupying a corner office space, large enough for a kitchen, two bathrooms, four staff offices, and three rooms utilized for group sessions. There is one bathroom for males and one for females, which contains a working wash basin and toilet, as well as hand soap, and paper towels. The group rooms are utilized for various counseling sessions and the largest room is also utilized for the youth to eat their snacks. There was no graffiti observed and the building was observed to be clean, neat and well maintained. A few minor maintenance issues were observed; some work office chairs are worn, blinds in entry doorway are broken, and the desk area in entry room has broken laminate. The program utilizes a weekly safety, sanitation and maintenance checklist, which includes the name of the inspector and signature and date of the inspection, as well as what was observed. The area reviewed on a weekly basis are computer/small group room, large group room, food service area, bathrooms, and offices, as well as further items inspected, such as the fire safety equipment or the first aid kits. Each of the sections have several areas which are checked off, including exterior lighting, locks functional,

graffiti on the building, broken windows, parking lot clean, walkways clear, dumpster closed, and if the doorbell is functional. A review of the last six months of checklists indicated the checklist was completed weekly. The weekly safety, sanitation, and maintenance checklist included housekeeping items, such as floors cleaned, trash cans emptied, refrigerator cleaned, and more.

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

The program has a written policy and procedures regarding safety and security. Included in the policy and procedures is a comprehensive safety regimen in fire prevention, smoking being prohibited within the facility, as well as fire evacuation and suppression procedures. The annual fire safety inspection was completed on October 29, 2018. The program has one fire extinguisher located by the entrance to the kitchen, which was inspected December 2017, and two smoke detectors; one in the large group room and one in the small group/entrance room, as well as egress plans in several key locations throughout the program, informing of the closest exit (the program has two exits in the front of the building). The fire extinguisher is checked on a weekly basis as part of the weekly safety, sanitation, and maintenance checklist, which is completed by the support staff. A review of the last six months of monthly fire drill documentation indicated one fire drill form was missing for June 2018. The fire drill was documented in the logbook, but not on the monthly fire drill form. A review of five staff records found each of the staff were trained in the proper operation of available fire fighting equipment. All seven interviewed youth indicated they received instructions 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 any water-related activities; therefore, this indicator rates as non-applicable.

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

The program has a written policy and procedures regarding food service. The program provides food, which is purchased at the local supermarket and area restaurants. The food is served in the large group room, which has several tables and chairs for youth to sit. The area was observed to be clean and neat. The menu plan extends over two weeks and was approved by a registered dietician nutritionist (RDN) on December 16, 2013. The program also has a “menu substitutions for modified diets” plan to accommodate youth with allergies or other dietary restrictions. At the time of the annual compliance review, the program had four youth with dietary alerts, which were posted on the refrigerator. All seven interviewed youth and five staff indicated the youth and staff receive the same menu options, and, if needed, they are provided a substitute due to dietary restrictions and food is not withheld as a form of punishment.

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

The program has a written policy and procedures regarding safety and security, which includes youth transportation. The program provides transportation to and from the program, either by transporting the youth themselves with one of the three program vehicles or providing the youth with a bus pass. All three of the program's vehicles had a current vehicle registration and insurance. The three staff members providing transportation have current and active driver's licenses in the State of Florida. The vehicles had an annual inspection in July 2018. Any repairs needed, which were documented during the annual inspection, were completed. The program's Human Resources Department completes driver's license checks monthly. Seven youth and five staff were interviewed, and all indicated youth are required to wear seatbelts when being transported and do so.

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

The program has a written policy and procedures regarding record management and administration. A review of the logbook for the last six months indicated the program director conducted bi-weekly reviews, other than the week of August 20, 2018. The program indicated this was an oversight. The logbook entries included the dates and times of the incidents, names of the youth and program staff involved, brief statements of pertinent information, names of the person making the entry with the dates, times of entries, and signatures, as well as any written errors struck through with one line and "void" written by the entry. A review of the last six months of monthly reports and statistical information indicated the program provides the Department and maintains the contractual required reports and information. The youth listed on the program's daily roster matched the youth in the Department's Juvenile Justice Information System (JJIS) census.

1.12 Incident Reporting (CCC) (Critical)	Non-Applicable
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.	

There have not been any reports to the Central Communications Center during this annual compliance review period; therefore, this indicator is rated as non-applicable.

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 written policy and procedures regarding the provision of an abuse-free environment. The program had one report made to the Florida Abuse Hotline, due to a youth disclosing abuse by a parent/guardian during a mental health assessment. There were no reports made or incidents which occurred involving abuse by a staff member. The program has a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation, which is documented in the code of conduct policy and procedures. The youth and parent/guardian handbook includes phone numbers and instructions to utilize in reporting alleged abuse, including reports made to the Central Communications Center (CCC). The program has the CCC and Florida Abuse Hotline phone numbers posted throughout the building. All seven interviewed youth indicated they never contacted the Florida Abuse Hotline since admission to the program, but would be able to, if needed. All seven youth agreed, staff are respectful and do not curse or threaten them or other youth. The youth agreed none of the staff have ever approached them regarding being friends with them or meeting on a social basis after school. All five interviewed staff indicated they have never witnessed another staff not allowing a youth to contact the Florida Abuse Hotline or CCC. All five staff stated the youth can call whenever they want to and, if needed, staff will assist them in calling. The staff reported they have never experienced another staff member cursing at youth or intimidating or threatening them.

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

The program has a written policy and procedures regarding the behavior management system, which prohibits the use of time-out, or youth being allowed to have control over or discipline other youth. The policy further indicates disciplinary procedures shall be carried out promptly, use of facility restrictions are not to exceed seven consecutive days, and consequences shall be fair and directly correlate with the behavior problem. The policy and procedures also define what privilege suspensions are allowed, not including the loss of regular meals, healthcare services, or contact with their parent/guardian or legal assistance. The program's youth and parent/guardian handbook have a mission statement, which incorporates the Department's mission. Based on observations during the annual compliance review and a review of the logbook, it was determined the daily activity schedule was followed and included building community connections, group sessions, community service activities, snacks, leisure, and recreational activities. The program did not have any youth in need of in-facility or privilege suspension. All seven interviewed youth indicated they do not receive time-outs, are not allowed to discipline another youth, would never have meals/snacks, contact with parents/guardians, health care, or religious needs denied due to their behavior.

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

The program has a written policy and procedures regarding record management and administration. A review of seven individual case management records found each were organized into the following sections: legal, demographic and chronological information, correspondence, case management, treatment team activities, and miscellaneous items. All seven records were labeled "confidential." The file cabinets the records were stored in are marked "confidential." The program indicated the file cabinets and offices are locked when not in use. During the annual compliance review, the offices and file cabinets were being utilized and, therefore, unlocked. The program maintains a temporary mental health and substance abuse record during a youth's on-going mental health or substance abuse treatment.

Standard 2: Assessment and Intervention Services

Overview

The program provides day treatment services for male and female youth who reside in Osceola County, Florida, between the ages of fourteen and nineteen. The youth are referred by the Department and have been placed on probation or are classified as minimum risk commitment by the courts. The program has two full time case managers who administer the Positive Achievement Change Tool (PACT) Full Assessment, as well as the Massachusetts Youth Screening Instrument - Second Version (MAYSI-2), provide case management services, make referrals, conduct curfew checks, update alerts, document case activity in the Department's Juvenile Justice Information System (JJIS), and develop an individualized service plan using the Youth Empowered Success (YES) Plan. The youth are provided guidance on completion of court-ordered sanctions, including community service work projects.

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

The program has a written policy and procedures regarding admission and orientation. The program provides each youth with a youth and parent/guardian handbook, which contains program goals and available services. Orientation also includes a review of the case planning process, telephone guidelines, search policy, youth rights and grievances, and the Florida Abuse Hotline and the Advocacy Center for Persons with Disabilities telephone numbers, as well as program rules governing youth conduct and consequences for major rule violations. Seven youth records reviewed had documentation indicating orientation was conducted within twenty-four hours of a youth's admission to the program. The orientation also included introduction to program staff and a tour of the facility grounds, a review of expectations, rules, the behavior management system, the daily activity schedule, emergency medical and mental health services, emergency safety, the evacuation procedures, a list of contraband items and materials, 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 program's dress code.

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

The program has a written policy and procedures regarding the medical, mental health, and suicide alert process. Six of the seven reviewed youth records indicated the youth was placed on a medical alert when staff learned of their condition. Two of the youth had a suicide risk hit during screening and were placed on a suicide risk alert in the Department's Juvenile Justice Information System (JJIS), as well as on the program's internal alert list; both youth received an Assessment of Suicide Risk (ASR) before discontinuation of the alert and precautions. Five of the seven youth records reviewed had a mental health alert entered into the program's alert system, as well as JJIS, when a mental health disorder or acute emotional distress was

identified. None of the alerts were closed, as they were still on-going. The program informs the staff of environmental stressors through entry into the logbook, which staff review prior to start of their shift. Staff are made aware of any alerts during the youth's intake process, as well as when a change occurs by having to review and sign the alert form for each youth, which is maintained in an alert binder. Five staff interviews indicated the staff are made aware of youth's alerts through the alert binder, which contains each youth's alerts. Staff stated when an intake is completed, an alert form is completed and all staff must sign the form, which is then placed in the alert binder. The form must also be signed by each staff member every time there is a change.

2.03 Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory Compliance
The PACT Full Assessment is completed by program staff for all youth, regardless of risk to reoffend, within seven calendar days of admission.	

The program has a written policy and procedures regarding the Positive Achievement Change Tool (PACT). In all seven youth records reviewed, the program completed a Full PACT assessment within seven calendar days of each youth admission into the program.

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 has a written policy and procedures regarding transition planning and reintegration, stating they do not participate in the process. The program does not provide transition planning and reintegration; therefore, this indicator rates as non-applicable.

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

The program has a written policy and procedures regarding Youth Empowered Success (YES) Plan development, youth requirements, and Positive Achievement Change Tool (PACT) goal elements. In the seven youth records reviewed, the PACT was completed prior to the development of the initial YES Plan, which was developed within fourteen calendar days of the youth's admission to the program and signed by all required parties. In all records reviewed, the case manager/juvenile probation officer (JPO) was involved in the development of the YES Plan, as well as the youth and parent/guardian, which was documented in the Department's Juvenile Justice Information System (JJIS) case notes. The case notes also indicated each of the youth and parents/guardians were informed of the importance of complying with the sanctions and goals of the YES Plan and received a copy of the initial YES Plan upon review and signature. None of the seven records were applicable for inclusion of an exit conference or discharge summary information, nor recommendations made by the residential program. Seven youth interviews indicated the youth all participated in the development of their YES Plan and six of seven were able to confirm receipt of a copy of the plan.

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

The program has a written policy and procedures regarding Youth Empowered Success (YES) Plan development, youth requirements, and Positive Achievement Change Tool (PACT) goal elements. In the seven youth records reviewed, the youth's court-ordered sanctions were documented in the Department's Juvenile Justice Information System (JJIS) youth requirements module and included reasonable projected completion dates. In six of the seven YES Plans reviewed, all youth requirements contained at least one specific action step for the youth, parent/guardian, and case manager, clearly defining who is responsible, what action should be taken, and how often the action should be taken. In the one remaining YES Plan, one of the sixteen sanctions was missing a narrative, which was an oversight by the program. In all seven records, one of the top three criminogenic needs was utilized to create a Change Goal, which contained at least one specific action step for the youth, parent/guardian, and case manager, clearly defining who is responsible, what action should be taken, and how often the action should be taken. Three of seven interviewed youth indicated they were unable to remember the goals on their YES Plan; the remaining four could state a few of the goals they are to accomplish.

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

The program has a written policy and procedures regarding Youth Empowered Success (YES) Plan implementation. In all seven records reviewed, the case notes indicated compliance with youth, parent/guardian, and staff action steps and sanctions contained in the youth's YES Plan. Staff also documented a review of written and/or verbal reports from collateral sources. The case notes documented all activities including face-to-face and telephone contacts, as well as home, school, and community visits. The case notes demonstrated provision of appropriate supervision by maintaining regular, quality contact with the youth and parent/guardian.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
Staff adjust the YES Plan to reflect any new needs and progress made during the course of supervision. Staff must make necessary updates to youth requirements and PACT goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews. When updates are made to the YES Plan reasonably requiring the input of the youth and parent/guardian, this discussion is clearly documented in the case notes. Use of the "case notations" or a similar form the youth and/or parent/guardian initials to indicate the YES Plan was reviewed does not signify compliance. The case notes clearly document any communication regarding the YES Plan.	

The program has a written policy and procedures regarding ninety-day Youth Empowered Success (YES) Plan updates. Three of the seven records reviewed were applicable for a ninety-

day YES Plan update. In each of the three applicable records, the staff made necessary updates to the youth requirements and Change Goals. In addition, each documented any necessary updates requiring input from the youth and parent/guardian in the case notes. In all three records, an updated YES Plan was saved in the Department's Juvenile Justice Information System (JJIS) prior to the supervisory 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 written policy and procedures regarding ninety-day supervisory reviews. Three of the seven records reviewed were applicable for a ninety-day supervisory review. In all three applicable records, the supervisor completed a review at least once every ninety calendar days. The supervisor ensured the case manager updated the youth requirements and Change Goals in the Department's Juvenile Justice Information System (JJIS) prior to the review, as well as the youth receiving appropriate supervision and interventions. Staff reviewed the supervisory case notes and, where needed, took appropriate action.

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 written policy and procedures regarding Positive Achievement Change Tool (PACT) Reassessments. Four of the seven youth records reviewed were applicable for a PACT Reassessment. In each of the four applicable records, a PACT Reassessment was completed, at a minimum of, once every ninety days. Three closed records were reviewed and all of the records contained a PACT Final Assessment completed within fourteen days of the youth's release from the program.

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

The program has a written policy and procedures regarding progress reports. In all seven records reviewed, the program completed a progress report, at a minimum of, once every ninety days, as required; however, most of the progress reports were completed monthly and sent to the juvenile probation officer (JPO). The progress reports included a cover letter providing a brief description of the youth's overall performance and any extraordinary information about the youth. The youth were given the opportunity to review the reports and provide comments, and the report was signed by the youth and staff who prepared the report, as well as the program director.

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

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

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

The program has a written policy and procedures regarding termination, release, and transfer. The assigned juvenile probation officer (JPO), not program staff, requests termination from the court, which includes a warrant check, and updating the Department's Juvenile Justice Information System (JJIS) within five working days of receipt of the court's termination order, as well as notification to the parent/guardian when the youth's supervision case has expired or has been terminated. The JPO is also the individual completing notification to the court regarding loss of jurisdiction. In all three closed records reviewed, the program completed an exit progress report for the youth, agreeing with termination and notifying the parent/guardian when the youth was discharged from the program.

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

The program has a written policy and procedures regarding career education, indicating they are a Level 2 program which includes teaching personal accountability skills and behaviors appropriate for youth in all age groups, and ability levels leading to work habits helping to maintain employment and living standards. The program also encompasses orientation to the broad scope of career choices, based upon personal abilities, aptitudes, and interests, as well as exploring and gaining knowledge of occupation options and level of effort required to achieve them. The career education programming shall also include communication, interpersonal, and decision-making skills. If employability is one of the youth's goals, the following shall be completed prior to program conclusion: sample employment application, résumé summarizing education, work experience, and/or career training, an appointment with the CareerSource Center, appropriate documents essential to obtaining employment, and documentation indicating the youth's parent/guardian and juvenile probation officer (JPO) were made aware of the career education plan for the youth. The program did not have any youth with employability as a goal. The three closed records reviewed all contained a résumé and sample employment

application, documentation of completion of Victim Impact and Thinking for a Change, as well as the Casey life skills assessment. All youth participated in Thinking for a Change life skills group.

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

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

Standard 3: Mental Health and Substance Abuse Services

Overview

The program maintains one licensed mental health counselor (LMHC) who serves as the clinical coordinator (CC) and is responsible to provide mental health and substance abuse services to youth at the program. There was a change in the CC position during the annual compliance review period. The LMHC is responsible for maintaining an active license in the State of Florida. The LMHC is responsible for completing Substance Abuse and Mental Health Assessments (SAMH-2-3), individual treatment plans, Assessments of Suicide Risk (ASR), and discharge plans for the youth. The LMHC conducts substance abuse groups and individual counseling for applicable youth in a private office solely assigned to the CC.

3.01 Designated Mental Health Clinician Authority or Clinical Coordinator	Limited 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 in place to provide for a designated mental health clinician authority (DMHCA). The current clinical coordinator (CC) is an employee of the agency and serves both the Paxen Osceola and the Paxen Brevard campuses and has a current and active license in the State of Florida. Staff interviews indicated the CC is on-site three days a week. The policy and procedures indicate the CC must be on-site a minimum of one day a week and responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program. The program description indicates the CC will review and sign the daily logbook and the on-site tracking log when on-site. A review of the daily logbook revealed the current CC was on-site at least once a week since July 24, 2018; some of the weeks, even two or three times. Staff interviews revealed the CC provides a sixteen-week substance abuse group using the curriculum Truth About Drugs. The curriculum includes video presentation, fourteen hand-out pamphlets, a follow-up application session, and homework for each of the sessions. Interviews also indicated the CC attends a daily meeting with staff in which the mental health scope of practice for the day is discussed to ensure applicable youth in attendance will be provided mental health services.

A review of the daily facility logbook revealed the CC signed in May 1, 3, 7, 8, 10, and 29, 2018. There was no CC sign-in noted for two weeks in May and for seven weeks, from May 30, 2018 to July 23, 2018. Staff interviews indicated there was a break in clinical staffing during which time staff transported youth to the nearest Paxen site where a CC was available, such as Brevard or Polk. A review of two youth Assessments for Suicide Risk (ASRs) completed during the gap in clinical services revealed they were completed on the same date by the CC assigned to the Paxen Polk program. The program had a break in services for mental health youth for two weeks in May and seven weeks, from May 30, 2018 to July 23, 2018. There was no documentation of mental health services provided during this time frame.

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 provide for licensed mental health and substance abuse staff. The program had two licensed mental health staff, both of whom are licensed under Chapter 491, Florida Statutes. A review of the Department of Health, Bureau of Medical Quality Assurance, revealed each holds clear and active credentials as a licensed mental health clinician (LMHC). The licenses were effective August 16, 2017 and expire March 31, 2019.

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

The program has a policy and procedures in place to provide for services utilizing non-licensed mental health and substance abuse clinical staff. During the annual compliance review period, the program did not have any non-licensed mental health and substance abuse clinical staff; however, the procedures indicate they only utilize licensed staff to provide mental health and substance abuse services. The procedures further acknowledge the requirements for delivery of mental health and substance treatment services by non-licensed clinicians set forth in Rule 63N, Florida Administrative Code. The procedures outline the practice of revising policy and procedures prior to the utilization of unlicensed clinicians if in the future they choose to do so.

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 written policy and procedures regarding mental health, substance abuse, and suicide screening, including youth having access to mental health and substance abuse screening, comprehensive mental health and substance abuse evaluation, individualized mental health and substance abuse treatment planning, treatment plan review, and discharge planning. Furthermore, access is provided by mental health/substance abuse staff and includes individual, group, and family therapy, behavioral therapy, psychosocial skill training, psychiatric services, suicide prevention services, and crisis intervention, as well as emergency mental health and substance abuse services and developmental disability services. Seven youth records reviewed had documentation indicating trained program staff completed a Positive Achievement Change Tool (PACT) assessment and Massachusetts Youth Screening Instrument - Second Version (MAYSI-2), on the day of the youth's admission and documented in the Department's Juvenile Justice Information System (JJIS). The staff reviewed each youth's available information during the screening process. In five of the seven records, the screening resulted in a referral for an Assessment of Suicide Risk (ASR), which was completed within twenty-four hours of the referral. The program director was notified, a suicide risk alert was entered in JJIS, and the

youth was placed on precautionary observation. In the five applicable records, a comprehensive mental health or substance abuse evaluation was also required.

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

The program has a written policy and procedures regarding the completion of mental health and substance abuse assessments, evaluations, treatment, and discharge planning. Six of seven reviewed youth records indicated the youth were referred for a mental health and substance evaluation, which were completed within thirty days of referral by the licensed mental health counselor (LMHC). All evaluations included identifying information, the reason for the evaluation, relevant background information, behavioral observations, a mental status exam, procedures administered, discussion of findings, and diagnostic impressions. Consent for substance abuse evaluation was obtained for each youth.

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 written policy and procedures regarding mental health and substance abuse assessments, evaluations, treatment, and discharge planning. Six of the seven records reviewed were applicable for mental health and substance abuse treatment. The six applicable youth were assigned to a multidisciplinary treatment team upon admission to the program. The team included direct care staff, mental health and substance abuse counselor, and career service staff. All six youth records had a signed Authority for Evaluation of Treatment (AET) form, as well as a Substance Abuse Consent and Release form, as required. The mental health and substance abuse treatment and individual and group notes contained all required elements, indicating each youth was receiving the treatment as specified on their treatment plan. A review of the progress notes revealed groups were held according to the program's schedule and had the appropriate number of youth.

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 written policy and procedures regarding mental health and substance abuse assessments, evaluations, treatment, and discharge planning. Three of the seven records reviewed were applicable for an initial treatment plan, which was completed at admission within the required seven days of treatment initiation. Psychiatric services were documented on the plan. The initial treatment plans were signed by the licensed mental health counselor (LMHC), youth, parent/guardian, and treatment team members. Six of the seven records were applicable for an individualized mental health and substance abuse treatment plan, which was completed within thirty days, signed by the required parties, and developed on the required form. The plans included interventions for psychiatric needs, and pharmacological interventions, where applicable. Five of the six records were applicable to receive monthly individualized mental health and substance abuse treatment plan reviews, which were conducted, as required, and documented on the appropriate form. Three reviewed closed youth records each contained supporting documentation indicating the juvenile probation officer (JPO) and parent/guardian were notified by mail and/or electronic correspondence of the youth’s discharge. Each of the mental health substance abuse discharge summaries included recommendations for further treatment after discharge, which was discussed with the youth, parent/guardian, and JPO during the exit conference.

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 in place to provide for mental health crisis interventions services. A review of the crisis intervention plan revealed it contained all required elements including notification and alert system, referral, as well as self-referral, communication, supervision, documentation, and review. An annual review of the mental health crisis intervention services plan was conducted, on July 30, 2018, by the director of day treatment services.

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

The program has a written policy and procedures regarding mental health crisis intervention services and crisis assessments, which includes crisis assessments to indicate a reason why the assessment is completed, mental status examination and interview, determination of danger to self/others, an initial clinical impression, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notification to parent/guardian of follow-up treatment. The program did not have any crisis assessments during this annual compliance review period.

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 policy and procedures in place to provide emergency mental health and substance abuse services. A review of the emergency mental health and substance abuse services plan revealed it contained all required elements including procedures for immediate response, notifications, communication, supervision of youth, authorization to transport, documentation, training, and review process. An annual review of the emergency mental health and substance abuse services plan was conducted, on July 30, 2018, by the director of day treatment services.

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

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

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

The program has a policy and procedures in place to address suicide prevention services. Five of the seven youth records reviewed were identified as needing an Assessment of Suicide Risk (ASR) during the admission screening process. A referral was made, and a suicide risk alert was entered into the Department's Juvenile Justice Information System (JJIS). A review of documentation indicated the youth were placed on precautionary observation (PO) until reassessed by a licensed mental health counselor (LMHC). The ASR was documented on form MHSA 004, completed by the LMHC within twenty-four hours of referral, and all five youth were discontinued from PO, with the youth's parents/guardians being notified. Once the LMHC determined the youth were no longer a risk, the youth were stepped down to close supervision, prior to standard supervision, pursuant to the program's suicide prevention plan. In all five records, the PO log was completed in its entirety.

3.13 Suicide Precaution Observation Logs (Critical)	Satisfactory Compliance
Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals no greater than thirty minutes.	

Five of seven youth records reviewed were applicable for youth placed on precautionary observation. Each record contained a suicide precaution observation (PO) log which was completed utilizing form MHSA 006. Each log documented observation at no more than thirty minute intervals in real time, none of the youth had any warning signs noted, and safe housing requirements were met. The log was completed for the duration the youth was on PO, reviewed, and signed by the license mental health counselor (LMHC) and program director.

3.14 Suicide Prevention Plan (Critical)	Satisfactory Compliance
The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible in accordance with Rule 63N-1, Florida Administrative Code.	

The program has a policy and procedures in place to provide services under the suicide prevention plan. A review of the suicide prevention plan revealed it contained all required elements including identification and assessment, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response and

review process. An annual review of the suicide prevention plan was conducted, on July 30, 2018, by the director of day treatment services.

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 policy and procedures in place to provide suicide prevention training. A review of staff training records revealed all five staff received the required six hours of suicide prevention training including four hours of in-service and two hours completed on the Department's Learning Management System (SkillPro). A review of mock suicide drills revealed documentation of completion on March 1, 2018 for the third quarter of 2017-2018, June 14, 2018 for the fourth quarter of 2017-2018, and September 21, 2018 for the first quarter of 2018-2019 fiscal year. Each mock suicide prevention drill documented participation of at least five staff. All staff participated in at least one mock suicide drill within the annual compliance review period. All five staff interviewed were able to identify the storage place for the suicide response kit accurately. All five staff indicated the required actions to take if a youth expresses thoughts of self-injury including notification of the supervisor, constant sight and sound supervision, calling the parent/guardian, and searching the youth for sharp objects. Four of the staff indicated they are to document the supervision and one staff added the juvenile probation officer is to be notified.

Standard 4: Medical Services

Overview

The program provides medical services for the youth in the program by screening the youth for medical concerns and assisting the youth with self-administration of medications if the youth take prescription medication during program hours. The case manager completes admission screening in the case manager's office separate from the large group room. The program maintains the medication storage, a first aid kit, and a suicide response kit in the program coordinator's office in locked cabinets. The program also maintains a locked refrigerator designated for medications in the program coordinator's office. 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 in place to provide for medical screening. A review of seven healthcare records revealed each youth was screened at admission for medical conditions. Staff made contact, in person, with each parent/guardian on the day of admission about concerns or questions regarding medical conditions. Only one of the seven records contained an indication of prescribed medications. The program provided two additional records for review specifically for conditions requiring medical care while at the program. Both records contained a screening form, one of which was signed and dated on the day of admission. Each of the seven individual health care records (IHRC) contained an Authorization for Evaluation and Treatment (AET) form completed at admission and signed by the parent/guardian. All records reviewed documented the medical, mental health, and substance information in the youth's IHCR.

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 for verification of medications. The program had three youth applicable for medication verification. The medication distribution log contained documentation of the date, medication amount, and from whom it was received for each of the three youth. Case notes documented the interview of the youth and parent/guardian regarding medication for each of the three youth. A medication distribution log was initiated for each of the youth.

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 for provision of the delivery of medication, which includes staff training. The program maintained documentation showing five of the staff received training in assisting youth in self-administration of medications. The training was documented with sign-in sheets and identified the trainer. All three youth on medications were prescribed for "as needed" in frequency; there was no opportunity during the annual compliance review for the team to observe staff assisting in the self-administration of medication; however, informal interviews with staff indicated they utilize the five rights of medication administration. Each of the three medication distribution logs (MDLs) contained documentation of weekly review by supervisory staff. Although there were no instances of the practice of assisting in the self-administration of medication, the program has procedures in place to ensure staff designated to assist youth with medication delivery were not conducting or supervising program activities at the same time; there is a structured process for youth to individually approach the non-healthcare staff person prior to providing medications; staff has control of medication containers; and staff and youth initial the dosage given on the MDL. All seven youth interviewed indicated they do not receive medications while at the program. All five interviewed staff indicated they do not give medication to youth. Four of the staff further indicated they only assist in self-administration of medication to youth. All five staff indicated they knew how to find medication side-effects. Three of the five indicated the information would be found on the medication container, one on the prescription copy, and one indicated it would be in the alert itself.

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 for provision of medication management, including storage of medication and how the medications are to be returned once the youth has completed the program. The program adheres to the policy. A review of the storage area revealed the program utilizes a locked box, inside of a locked cabinet, for all medications including non-controlled and controlled. A review of the contents of the boxes revealed divisions capable of separating different medication forms, such as ointments/liquids and oral tablets. The program also maintains a locked refrigerator which was empty containing no food products. The three non-controlled medication distribution logs were capable of documenting a perpetual inventory.

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 in place for provision of episodic and or emergency care for youth at the program. The program maintains a binder for documenting episodic and emergency care. A review of the binder and logbook revealed no instances of the provision of episodic or emergency care since the last annual compliance review. The program conducted

mock emergency medical drills quarterly, including cardiopulmonary resuscitation (CPR) demonstration. The program has one first aid kit and one suicide response kit. Both of the kits are checked daily, and documentation is maintained on the daily maintenance checklist. The checklist monitors for content and if the kits are sealed. The first aid kits are monitored to ensure they are fully supplied with the required items, includes a master list, its location is known by and accessible to all staff, and there are no expired items in the kit. A review of the suicide response kit revealed it contained the knife for life, needle-nosed pliers, and wire cutters. All three instruments were in good working order. The program does not have an automated external defibrillator (AED) on campus, nor are they required to have one.

Program Name: Paxen Community Connections - Osceola
Provider Name: Paxen Learning Corporation
Location: Osceola County / Circuit 9
Review Date(s): October 30 – November 1, 2018

MQI Program Code: 1263
Contract Number: P2120
Number of Beds: 40
Lead Reviewer Code: 156

Overall Rating Summary

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

Limited Ratings	Failed Ratings
3.01 Designated Mental Health Clinician Authority or Clinical Coordinator	