

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

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

Paxen Community Connections - Pinellas
Eckerd Youth Alternatives, Inc.
(Contract Provider)
3810 5th Avenue North
Pinellas, Florida 33713

Review Date(s): February 5-6, 2019



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



Rating Definitions

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

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

Review Team

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

Marvin D. Bliss, Office of Program of Accountability, Lead Reviewer (Standard 1)
James Garner, Circuit 13, Juvenile Probation Officer Supervisor (Standard 2)
Melissa Johnson, Office of Program of Accountability, Regional Monitor (Standard 4)
Jamila Bacchus, Office of Program of Accountability, Regional Monitor (Standard 3),

Program Name: Paxen Community Connections - Pinellas
 Provider Name: Eckerd Youth Alternatives, Inc.
 Location: Pinellas County / Circuit 6
 Review Date(s): February 5-6, 2019

MQI Program Code: 6035
 Contract Number: P2120
 Number of Beds: 25
 Lead Reviewer Code: 173

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Assessment and Intervention Services, (3) Mental Health and Substance Abuse Services, and (4) Medical Services, which are included in the Day Treatment Standards.

Persons Interviewed

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Program Director
<input checked="" type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input checked="" type="checkbox"/> DMHCA or designee
1 # Case Managers | 1 # Clinical Staff
_____ # Food Service Personnel
_____ # Healthcare Staff
_____ # Maintenance Personnel
_____ # Program Supervisors | 3 # Direct Care Staff
3 # Youth
2 # Other (listed by title): director of day treatment, regional manager |
|--|---|--|

Documents Reviewed

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

Observations During Review

- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> Admissions
<input type="checkbox"/> Confinement
<input checked="" type="checkbox"/> Facility and Grounds
<input checked="" type="checkbox"/> First Aid Kit(s)
<input type="checkbox"/> Group
<input checked="" type="checkbox"/> Meals
<input type="checkbox"/> Medical Clinic
<input type="checkbox"/> Medication Administration | <input checked="" type="checkbox"/> Posting of Abuse Hotline
<input checked="" type="checkbox"/> Program Activities
<input type="checkbox"/> Recreation
<input type="checkbox"/> Searches
<input type="checkbox"/> Security Video Tapes
<input type="checkbox"/> Sick Call
<input checked="" type="checkbox"/> Social Skill Modeling by Staff
<input checked="" type="checkbox"/> Staff Interactions with Youth | <input checked="" type="checkbox"/> Staff Supervision of Youth
<input type="checkbox"/> Tool Inventory and Storage
<input type="checkbox"/> Toxic Item Inventory and Storage
<input type="checkbox"/> Transition/Exit Conferences
<input type="checkbox"/> Treatment Team Meetings
<input type="checkbox"/> Use of Mechanical Restraints
<input type="checkbox"/> Youth Movement and Counts |
|--|--|---|

Comments

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

Standard 1: Management Accountability Day Treatment Rating Profile

Indicator Ratings		
Standard 1 - Management Accountability		
1.01	Initial Background Screening*	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Protective Action Response (PAR)	Non-Applicable
1.04	Pre-Service/Certification Training	Satisfactory
1.05	In-Service Training	Satisfactory
1.06	Cleanliness and Sanatation	Satisfactory
1.07	Fire Prevention and Evacuation Procedures	Satisfactory
1.08	Water Activities	Non-Applicable
1.09	Food Services	Satisfactory
1.10	Transportation	Satisfactory
1.11	Administration	Satisfactory
1.12	Incident Reporting (CCC)*	Satisfactory
1.13	Abuse-Free Enviornment*	Satisfactory
1.14	Behavior Management System	Satisfactory
1.15	Youth Record	Satisfactory

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

Standard 2: Assessment and Intervention Services Day Treatment Rating Profile

Indicator Ratings		
Standard 2 - Assessment Services		
2.01	Admission and Orientation	Satisfactory
2.02	Medical, Mental Health, and Suicide Risk Alerts in JJIS	Satisfactory
2.03	Positive Achievement Change Tool (PACT) Full Assessment	Satisfactory
2.04	Transitional Planning/Reintegration*	Non-Applicable
2.05	Youth-Empowered Success (YES) Plan Development	Satisfactory
2.06	Youth Requirement/PACT Goal Elements	Satisfactory
2.07	YES Plan Implementation/Supervision	Satisfactory
2.08	Ninety-Day YES Plan Updates	Satisfactory
2.09	Ninety-Day Supervisory Reviews	Satisfactory
2.10	PACT Reassessment	Satisfactory
2.11	Progress Reports	Satisfactory
2.12	Education Transition Plan	Satisfactory
2.13	Termination Release	Satisfactory
2.14	Career Education	Satisfactory
2.15	Educational Access	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	Satisfactory
3.02	Licensed Mental Health and Substance Abuse Clinical Staff*	Satisfactory
3.03	Non-Licensed Mental Health and Substance Abuse Clinical Staff	Satisfactory
3.04	Mental Health and Substance Abuse Admission Screening*	Satisfactory
3.05	Mental Health and Substance Abuse Assessment/Evaluation	Satisfactory
3.06	Mental Health and Substance Abuse Treatment	Satisfactory
3.07	Treatment and Discharge Planning	Satisfactory
3.08	Mental Health Crisis Intervention Services*	Satisfactory
3.09	Crisis Assessments*	Satisfactory
3.10	Emergency Mental Health and Substance Abuse Services*	Satisfactory
3.11	Baker and Marchman Acts*	Non-Applicable
3.12	Suicide Prevention Services*	Satisfactory
3.13	Suicide Precaution Observation Logs*	Satisfactory
3.14	Suicide Prevention Plan*	Satisfactory
3.15	Suicide Prevention Training*	Satisfactory

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

Standard 4: Medical Services Day Treatment Rating Profile

Indicator Ratings

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

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

Program Overview

Paxen's Community Connections program Pinellas is operated by *Eckerd Youth Alternatives, Inc.*, serves youth ages fourteen through nineteen, referred by the Department of Juvenile Justice and placed on probation or classified as minimum-risk commitment by the courts. Conditional release and post-commitment probation cases can be referred by the Department in areas which do not have other day treatment programs. There are twenty-five contracted slots for male and female youth. Youth admitted to the Community Connections program receive a combination of evidence-based services, gender-responsive delinquency interventions, case management, community supervision, community service work projects and curriculum evidence-based and promising-practices delinquency interventions are delivered in a group setting and include Thinking for a Change (T4C), a cognitive restructuring curriculum and Impact of Crime a curriculum focused on restorative justice. The staffing at the program consists of a program coordinator, case manager, two program support specialists and a licensed clinical coordinator who is one-site two times per week or as needed. Case management activities include engaging youth and family members with the administration of the Positive Achievement Change Tool (PACT) and development of an individualized service plan using the Youth-Empowered Success (YES) Plan with monthly performance monitoring. Youth identified through the screening process as requiring mental health or substance-abuse treatment services will be referred to the clinical coordinator, for on-site assessment and treatment.

Strengths and Innovative Approaches

- The program has completed community service projects with Raising Hope Clothing Closet, Adopt-a-Mile, and have fed the homeless at a nearby shelter.
- The youth have visited Dr. Carter G. Woodson African American History Museum and shared their black history month projects with the museum.
- The program has also visited other enjoyable community locations, such as the St. Petersburg Grand Prix, and Tampa Auto Museum.
- Youth take tours of local Colleges and Junior Colleges to help them get an idea of college life and their future possibilities.

Standard 1: Management Accountability

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

The program has written policy and procedures to establish how background screenings will take place. There were two new staff hired during this review period. Both had their background screening completed prior to their hire date. Each new employee had a criminal history completed prior to their start date as well as completing The Dianna Pre Assessment Tool. Both employees had the Central Communications Center (CCC) Person Involvement Report. The program submitted their Annual Affidavit of Compliance with Level 2 Screening Standards. The Annual Affidavit of Compliance with Level 2 screening was submitted on January 3, 2019.

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

The program has written policy and procedures to establish how five-year re-screenings will take place. There are no staff applicable for five-year re-screening.

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

Paxen Pinellas has had no protective action response (PAR) incidents during this review period; therefore, this indicator rates as non-applicable.

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

The program has written policy and procedures to address pre-service/certification training. The program has individual training plans for newly hired staff. This includes all required training topics. There were two staff hired within this review period who required pre-service training. Both staff completed the required essential skills training before having contact with youth. These staff are still completing their pre-service training plan and are within their 180 days of being hired. The program maintains an individual training record and uploads training information into the Department's Learning Management System (SkillPro). The program submitted their annual pre-service training plan to the Office of Staff Development and Training, which was approved on February 21, 2018.

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

The program has written policy and procedures to address in-service training. The program has an in-service training plan for all staff. This was last approved by the Office of Staff Development and Training on February 21, 2018. The program maintains an individual training record and uploads training information into the Department's Learning Management System (SkillPro). There were two staff applicable for the completion of in-service training requirements. All required topics were completed, and each staff well exceeded the twenty-four hours of required annual training. The employee training record for the program coordinator indicated they completed thirteen of the required eight hours of supervisory training in the required areas.

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

The program has a policy and procedures in place to address cleanliness and sanitation. The program conducts a weekly facility maintenance inspection which monitors for cleanliness and maintenance issues. Review of the weekly facility maintenance checklists indicated the form was completed each week and signed off by the program coordinator. The checklist covered all the required elements and was completed weekly for the past six months. The program has two

separate restroom facilities, one for men and women. Each restroom has one toilet, one sink with hot and cold running water, hand soap and paper towels available. The program coordinator, clinical coordinator, and case manager all have their own office space as well as well as a group room for large groups and activities. Interviews with staff divulged they clean the bathrooms daily and youth assist with floor sweeping, moping, and vacuuming. During the tour, the team observed the cleanliness and condition of the facility to be in good working order. Furniture was in good repair, nor were there any holes in the walls. There was no graffiti observed on any walls, doors or windows.

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

The program has a policy and procedures in place to address fire prevention; these include monthly fire drills, maintaining a fire safety log containing documentation of fire drills, fire equipment maintenance receipts, and fire safety inspections. A review of the fire safety log indicated fire safety inspections were completed weekly. These inspections are reviewed by the program coordinator and were completed for the review cycle. Documentation in the drill binder included the date and time each fire drill began and ended with the duration indicated. Also included was space for the names of the youth and staff participating, space for evaluation comments and logbook verification. Six monthly fire drills were reviewed, one for each month of the review period containing staff and youth who participated and their signatures. All six fire drills were found documented in the logbook. These fire drills were reviewed by the program coordinator after completion of the drill. The form also included a place to document youth count before and after the drill. The program had their current fire marshal inspection dated August 2, 2018 and a fire sprinkler inspection and maintenance completed on August 28, 2018. The two fire extinguishers maintained at the facility were inspected on August 28, 2018. These were located at the two front doors of the main lobby. The weekly and monthly facility maintenance checklist includes a review of the fire extinguishers. Egress plans were found in the offices, group rooms, and bathrooms. Three staff interviews indicated fire drills are conducted monthly. Three youth were interviewed and indicated they were instructed in what to do in case of fire.

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

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

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

The program has a policy and procedures in place to address food service. The program has a two-week cycle menu approved by a licensed dietitian which was posted in the snack room. The program provides a snack and meal during the services provided in house and meals during the time out of the facility. The policy indicated food could not be withheld for disciplinary measures, youth and staff eat the same menu items, and youth with special diets are accommodated for.

Three youth and three staff interviews indicated staff and youth are consistently served the same menu. There were no food allergies at the time of review; however, the program has a system in place to alert staff to the allergy and ensure a substitution is offered. Three youth interviews also confirmed if youth had an allergy or dietary restrictions, staff would make accommodations. Food accommodation could not be observed due to no youth being on-site for meal time.

1.10 Transportation

Satisfactory Compliance

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

The program has procedure in place to address transportation. There are two vans used to transport youth. Each had the appropriate insurance and a current annual inspection. The vans had regular on-going maintenance. The corporate office checks staff driver's licenses monthly to ensure validation. An observation by a review team member found the vans to be locked. The program has emergency equipment which is maintained in a bag to be taken on each trip and includes a first aid kit and seatbelt cutter with window punch attached. Three staff and three youth interviews indicated youth are required to wear seatbelts while being transported.

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 in place to comply with monthly reporting requirements. A review of the past six months found all required reports to have been submitted to the Department of Juvenile Justice. The program's youth roster matched the Juvenile Justice Information System (JJIS) census. The program logbook was reviewed for the previous six months. All entries were found to be written in ink. All significant facility activities and events were found to be documented. The program coordinator reviewed the logbooks weekly noting any issues or concerns for staff. Three of three youth being placed on precautionary observation were found to be entered in the logbook on the day and time of placement. Safety and security issues were found to be highlighted. Mental health and medical drills were found to be entered and log entries included all required elements. Each of the reviewed closed records were found to be opened and closed appropriately in JJIS.

1.12 Incident Reporting (CCC) (Critical)

Satisfactory Compliance

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

The program has a policy and procedures in place to address incident reporting to include notification to the Department's Central Communications Center (CCC). The program policy includes a two-hour timeframe to report all incidents. A review of the incident report binder found two incidents reported to the Department were within the required two-hour timeframe. One report was classified as an abscond incident and referred for closure with no further requirements. The other was classified as a program disruption incident and was referred for closure with no further requirements. A review of the logbook indicated both the incidents were

documented as required. The team conducted a review of the internal report binder and the grievances. None of the reports included an incident which should have been but was not reported to the Department.

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

The program has a policy and procedures in place to address abuse free environment. The program addresses abuse free environment with policy 1.14 which includes a staff code of conduct prohibiting the use of physical abuse, profanity, threats, or intimidation; youth are not deprived of basic needs, such as food, clothing, shelter, medical care, security, and have unimpeded access to self-report alleged abuse. The policy includes reporting procedures, clarification of staff as mandatory reporters, management oversight, rights of youth in care and custody or supervision, and procedures for no exceptions noted making the call to the Florida Abuse Hotline. The phone number to the Florida Abuse Hotline and the Central Communications Center (CCC) was posted in the lobby of the program. A review of three youth medical, mental health and program records indicated there were no incidents of abuse, which was not reported to the Florida Abuse Hotline. The program had no internal incidents or abuse allegations made against staff which should have been reported to the Florida Abuse Hotline or CCC. The program did not have any staff disciplinary action related to abuse since the last annual compliance review. All three youth interviews indicated they felt safe at the program. All youth interviews indicated staff have never threatened them, and they had never observed staff threaten other youth. The youth also indicated staff have never used profanity when speaking with them or other youth. Three staff interviews indicated they had never observed a co-worker using threats, curse words, intimidation, humiliation, or other forms of abuse when interacting with the youth.

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

The program has a policy and procedures regarding behavior management system which includes providing privileges and consequences to encourage youth to fulfill programmatic expectations. The program mission statement includes the Department's mission. The system requires consequences to be fair and identify with the behavior problem. The program uses the effective response matrix, written assignments and redirection. The program does not practice restriction or time outs. Privilege suspension is an option but has not been used this review period. Review of the annual compliance review period indicated privilege suspension had not been used, but processes are in place for use. Youth are not allowed to discipline other youth. The program rules and expectation, and daily activity schedule was posted in the common area. The program uses a four-to-one ratio of positive reinforcements to negative consequences. In the past six months, the program has not had any incidents of critical behavior requiring time-

out or restriction, referral to law enforcement or the juvenile probation officer (JPO). A review of the program logbook found no occasions where youth received privilege restrictions. A review of the point card system for three youth indicated the program maintains a weekly point card. Youth are made aware of the points earned daily and weekly by signing the card. Youth earn points daily and weekly (up to 365 points) with the option of carrying over points not spent from previous weeks. The program has a bid store in which youth can redeem points for snacks, candy, food items, hygiene and personal care items and electronics for personnel use. All three youth interviewed found they had never been placed in time out or privilege suspension. All three youth interviewed denied a youth or group of youth can discipline or have control of other youth.

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

All three youth case management records were divided into the five required sections and maintained in the locked case manager's office. Medical records are maintained in manila folders not containing any identifying information but marked confidential; mental health records were in manila folders divided into required sections. These are all marked confidential. These are maintained in the clinical coordinator's locked office.

Standard 2: Assessment and Intervention Services

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

The program has a policy and procedures in place to address admission and orientation. The program's orientation is completed within twenty-four hours of admission. Youth records documented date and time of orientation and who participated. Youth receive an introduction to facility staff, tour of the facility grounds, a review of expectations, rules and the behavior management system, a review of the daily activity schedule governing the day to day operations, a review of emergency medical and mental health services, emergency safety and evacuation procedures for the facility a list of contraband items and materials, the consequences for introducing contraband into the facility a review of the performance planning process a review of the effective response plan, the average anticipated length of stay and the facility dress code, which shall prohibit pictures, logos emblems and writing which depicts illegal activity, violence, profanity, gang logos or nudity.

The orientation client and parent handbook or brochure was provided at the time of orientation and a signed receipt page was noted. The handbook/orientation pamphlet includes: program expectations and rules, behavior management system, daily activity schedule, emergency medical and mental health services, emergency safety and evacuation procedures, contraband items and consequences, urinalysis consent, a review of the performance planning process, average anticipated length of stay to successfully complete the program, facility dress code and thirty-three additional topics. A review of three records found all youth started the orientation process upon intake, had a signed handbook receipt dated the day of intake and had participation from each youth's parent/guardian.

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

The program has a policy and procedures addressing medical alerts, mental health alerts and suicide risk alerts in the Department's Juvenile Justice Information System (JJIS). The program maintains an internal memorandum (memo) with alert information for each youth applicable. The alert memo is posted on the refrigerator in the food storage room, in which staff stores the youth meals. All new admissions are reviewed at the weekly staff meeting, including any applicable alerts. Alerts placed in JJIS were also reviewed and it was determined each of the alerts documented on the program's alert memo and logbooks had also been placed in JJIS. Three staff interviews supported the programs alert process and confirmed staff's knowledge of the alert process.

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

Three youth case management records were reviewed for the Positive Achievement Change Tool Assessment (PACT). Each youth record indicated a PACT Full Assessment was completed on the date of the youth's admission to the program.

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

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

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

The program has a policy and procedures outlining the development of Youth-Empowered Success (YES) Plans. A review of three youth case management records found the case manager completed a Positive Achievement Change Tool (PACT) assessment prior to the development of their initial YES Plan. In the three reviewed records, the case notes clearly reflected the participation of each youth and the parent/guardian in the development of the action steps and target dates for completion of all sanctions and goals of the YES Plan. Each reviewed plan was performance-based, contained measurable and positive objectives, and described outcomes. Each YES plan was completed and signed prior to the fourteen-day requirement. Reviewed documentation also confirmed each youth and parent/guardian were provided a copy of the YES Plan, upon their review and signature, and each youth and parent/guardian were informed of the importance of complying with the sanctions and goals as outlined. Three interviewed youth indicated they participated in the development of their YES Plan and confirmed they received a copy of the YES Plan.

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

The program has a policy and procedures outlining youth requirements and Positive Achievement Change Tool (PACT) goal elements. A review of three youth case management records found each youth requirement and Positive Achievement Change Tool (PACT) goal contained at least one specific action step for the youth, parents/guardians, and juvenile probation officer (JPO). The plans also contained at least one of the youth's top three criminogenic need goals and the applicable court-ordered sanctions. Action steps on each plan

had reasonable projected completion dates and clearly defined who was responsible, what action should be taken, and how often the action should be taken. Three youth interviews indicated they were aware of their current goals.

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

The program has a policy and procedures which address the implementation and supervision of Youth-Empowered Success (YES) Plans. A review of three youth case management records found each youth was supervised by program staff in a manner ensuring compliance with court ordered sanctions and the YES Plan. A review of the youth case management records also validated there was appropriate documentation of case activities. Staff document all case activities, including any face-to-face or telephone interactions with the youth, parent/guardian, and providers. Program staff made referrals to appropriate community providers when needed to ensure each youth’s compliance with the YES Plan’s measurable goals and sanctions. Case notes confirmed program staff maintain regular quality contacts with the youth and family.

2.08 Ninety-Day YES Plan Updates	Satisfactory Compliance
<i>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.</i>	

The program has a policy and procedures which addresses ninety-day Youth-Empowered Success (YES) Plan updates. A review of three youth case management records indicated all necessary updates of the YES Plan requirements and Positive Achievement Change Tool (PACT) goals were completed and a new YES Plan was generated in the Department’s Juvenile Justice Information System (JJIS), prior to the supervisory review. Reviewed documentation confirmed input and involvement from the youth and parent/guardian were made to the YES Plan, as well. The development of the YES Plan was clearly documented in the case notes. The case notes also confirmed involvement of the treatment team members in the plan updates.

2.09 Ninety-Day Supervisory Reviews	Satisfactory Compliance
<i>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.</i>	

The program has a policy and procedures in place addressing Positive Achievement Change Tool (PACT) Reassessments. A review of three youth case management records found each were applicable for the PACT Reassessment. A review of the three applicable records indicated

the program staff completed a PACT Reassessment every ninety days and utilized the Youth-Empowered Success (YES) Plan to document each youth's needs and progress. A review of three closed records documented a PACT Final Assessment was completed for each youth within fourteen days of the youth's release from the program.

2.10 PACT Reassessment	Satisfactory Compliance
<i>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.</i>	

A review of three applicable youth records reflected the reports detailed each youth's progress and status of youth requirements and Positive Achievement Change Tool goals contained in the Youth-Empowered Success Plan. The progress report is signed and dated by the staff member who prepared it, as well as by the program coordinator. If the youth was on probation or conditional release status, the program submits the original progress report to the youth's assigned juvenile probation officer (JPO). Program staff prepared and distributed the monthly progress reports which were completed in accordance with Departmental requirements. In each applicable record, the progress report contained a cover letter providing a brief description of the youth's performance. An interview with program staff confirmed each youth is given an opportunity to review the progress report and provide comments, prior to it being submitted.

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

The program has a policy and procedures in place regarding the completion of progress reports for all youth every thirty-days instead of the required ninety-days. Records review found the program completes progress reports for all youth every month. A review of three youth records revealed all were applicable for progress reports. All completed progress reports were reviewed and signed by the youth, staff completing the progress report, and program coordinator. Each progress report contained a cover letter which indicated copies were sent to the youth, parent/guardian, and the juvenile probation officer and a brief statement about the youth's progress.

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

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

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

The program has a policy and procedures in place regarding termination and release. Three closed youth case management records were reviewed. Each reviewed record confirmed program staff recommended termination to the Department for each. Reviewed documentation reflected program staff completed termination letters for each and worked with the youth's assigned juvenile probation officer (JPO) by having the JPO check with local law enforcement and the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) to determine if each youth had any outstanding warrants. The JPO and program case manager work together to notify the court fifteen working days prior to the loss of jurisdiction by completing and submitting a progress report. The Department's Juvenile Justice Information System (JJIS) was updated for each applicable reviewed youth case management record to show an updated placement. The program staff and the youth's JPO worked together to facilitate the release of each youth upon completion of the program. The program and JPO notifies the parent/guardian in writing when the youth is no longer under their supervision.

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

The program has a policy and procedures in place which address career education. The program provides Level 2 career education and vocational programming for each youth. Upon admission, each youth is assessed for career interest, in order to explore their skills, personal abilities, and vocational interests. In addition, each youth is assessed utilizing the Positive Achievement Change Tool (PACT). Youth have an opportunity to practice job interview role plays, conduct internet searches for employment, and complete online applications. A review of three case management records and informal interviews with staff confirmed each youth receives assistance with obtaining Florida identification cards, creating a résumé, and completing employment applications.

2.15 Educational Access	Non-applicable
<p><i>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.</i></p>	

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

Standard 3: Mental Health and Substance Abuse Services

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

The program has a policy and procedures to provide for a Designated Mental Health Clinician Authority (DMHCA) or Clinical Coordinator. The current on-site Clinical Coordinator is employed with Paxen as a Licensed Clinical Social Worker (LCSW). A copy of the Clinical Coordinator license was obtained and reviewed, which is clear and active with a documented expiration of March 31, 2019. A review of the position description requires the Clinical Coordinator to be available for emergencies and responsible for implementing, coordinating, and verifying needed mental health and substance abuse services in the program. The Clinical Coordinator was interviewed and indicated her scope of services are provided on-site at least two times weekly. The services provided by the Clinical Coordinator entails conducting group, individual and family therapy as needed, completing Substance Abuse and Mental Health (SAMH) evaluations, creating/updating treatment plans and implementation of suicide risk assessments, discharges, and referrals. A review of the Clinical Coordinator signed and dated onsite monthly tracking logs from August 2018 to February 2019, indicated the Clinical Coordinator was actively on-site for provision of clinical services at least twice a week and in minimal instances on-site once a week, which still is in accordance with contractual requirements. The program has another LCSW, whom license is clear and active with an expiration date of March 31, 2019, available as back up coverage for the clinical coordinator.

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

The program has policy and procedures in place for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications in accordance with contract and Rule 63N-1, F.A.C. The program has two Licensed Clinical Social Workers (LCSW), whom are licensed under Chapter 491, Florida Statutes. One LCSW, is a clinical coordinator and the second LCSW is available as back-up coverage for the current clinical coordinator. A review of the Department of Health licensure database, revealed both LCSW's hold clear and active licenses. Monitor obtained copies of both LCSW's licensure, which each are effective and expires on March 31, 2019.

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

The program’s written policy requires the utilization of only licensed mental health clinicians for service delivery of all mental health and substance abuse treatment services at the program. During the annual review period the program had no non-licensed mental health and substance abuse clinicians on staff.

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

The program has a written policy and procedure for the implementation of a standardized screening process for mental health and substance abuse admission/intake. The program comprehensive screening is completed in the Juvenile Justice Information System (JJIS) by trained staff to use. The program comprehensive admission/intake screening process is designed to ensure referrals are made when a youth is identified with mental health and substance abuse needs and/or is identified as a possible suicide risk. The mental health and substance abuse needs of a youth is identified through the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2), Positive Achievements Change Tool (PACT) and Assessment of Suicide Risk (ASR). Three open mental health and substance abuse youth records were reviewed. All three youth contained a scored MAYSI-2 screening administered by a trained JJIS staff on day of youth admission. One youth had a ninety-day update at youth readmission due to three referral dates August 2018, October 2018, and December 2018. Two youth record’s PACT were completed within one day of youth admission and one record PACT completed the same day. All three youth were applicable for a mental health and substance abuse screening, with an automatic referral to the mental health clinician for an ASR. All three youth contained a referral to the mental health clinician and an ASR administered the same day as the youth’s admission. Each youth’s ASR was completed, signed and dated by the clinical coordinator within twenty-four hours. The program coordinator was notified, and precautionary supervision was provided for each youth. All three records revealed youth review of access to the program mental health and substance abuse services based on needs as identified for treatment.

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

The program has a written policy and procedures for identifying the need for further assessment of a youth. The program procedure entails a same day youth intake and completed referral to the mental health clinician for a mental health and substance abuse evaluation. The clinical

assessment is a combined comprehensive mental health and substance abuse evaluation, which is required to be completed by a licensed mental health professional within thirty days of the referral. A total of six mental health and substance abuse youth records were reviewed, three open and three closed. Five of the records contained referrals for mental health and substance abuse evaluations, which were referred at each youth's admission screening and completed and approved within the required thirty-day timeframe by the program licensed clinical coordinator. One open record had three referrals with one date each in August 2018, October 2018, and December 2018, due to the youth refusing services, Baker Act status in the community, excusal for sports activities and being detained on two occasions. Each compliance attempt by the youth, an intake for admission was completed by a trained Department of Juvenile Justice (DJJ) staff at the program with a completed referral to the mental health clinician for a mental health and substance abuse evaluation. The review team verified from a progress note documentation in Juvenile Justice Information System (JJIS) and the program monthly attendance tracker, youth was not available for evaluation completion on mental health clinician onsite days; therefore, required timeframe was not met for referrals completed in August 2018 and October 2018. The youth referral for a mental health and substance abuse evaluation in December 2018, was successful and met the initial date of referral at admission and thirty-day requirement completion by the program licensed clinical coordinator. One open record enclosed a progress note documenting the mental health and substance abuse evaluation was not required at the time of admission screening due to youth being treated by an outside mental health provider; therefore, not applicable for further assessment. All six-mental health and substance abuse records enclosed a new evaluation completed to entirety with the required elements, with one minor exception found in a closed record. The program licensed clinical coordinator did not document the youth risk of continued alcohol or other drug use. All six-mental health and substance abuse records.

3.06 Mental Health and Substance Abuse Treatment	Satisfactory Compliance
<p><i>Mental health and substance abuse treatment planning in departmental facilities/programs focuses on providing mental health and/or substance abuse interventions and treatment to reduce or alleviate the youth's symptoms of mental disorder and/or substance abuse impairment and enable youth to function adequately in the juvenile justice setting. The treatment team is responsible for assessing the youth's rehabilitative treatment needs and assisting in developing, reviewing, and updating the youth's individualized and initial mental health/substance abuse treatment plans.</i></p>	

The program has a policy and procedures in place to offer mental health and substance abuse treatment to enrolled youth upon admission. A total of six mental health and substance abuse youth records were obtained, three open and three closed to ensure an appropriate sample was reviewed. All six records indicated each youth was assigned upon admission to a multidisciplinary treatment team which included a direct care, program administration and/or mental health clinician. One open record identified youth for mental health services and was assigned to a monthly individual counseling session, which is conducted by a licensed qualified professional. Two open records were non-applicable for individual, group or family therapy services from the program due to youths' receiving outside mental health services from another provider. Three closed records identified youth for substance abuse services and were assigned to a total of sixteen sessions of group counseling for substance abuse, which was conducted by a licensed qualified professional. All three closed youth records included signed Substance

Abuse Consent and Release forms (MHSA 012 and MHSA 013). A review of the six records contained treatment notes of provided services for each youth documented on form (MHSA 018) and completed with signatures and all required information. All six records enclosed a current, signed and dated Authority for Evaluation and Treatment form (AET) (form HS 002) consenting for mental health and substance abuse treatment. A review of the logs verified the substance abuse treatment groups are occurring as scheduled and not exceeding the appropriate number of youth.

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

A total of seven mental health and substance abuse youth records were obtained, four open and three closed to ensure an appropriate sample was reviewed. Two open youth records were applicable and contained an initial treatment plan documented to entirety with all elements, signed and dated by all required parties on the Department form (MHSA 015). Four youth records were non-applicable for initial treatment plans due to youth not on any psychotropic medications. Five youth records were applicable for an individualized mental health and substance abuse plan, which was completed containing all required elements on the Department form (MHSA 016), dated and signed by all parties within the required thirty-day initiation of services. Two youth did not require an individualized plan. One youth was newly admitted to the program less than thirty days, as a result the deadline requirement during the annual review period was not due for completion. The second youth is currently receiving mental health services from an outside provider, which does not require an individualized plan. Four youth records were applicable for an individualized mental health and substance abuse treatment plan review. All four youth treatment plan reviews were completed every thirty days since the start of initial treatment as the timeframe required. All mental health substance abuse reviews were completed on Department form (MHSA 017), with all required elements, date and signatures by all required parties. Three closed mental health and substance abuse youth records were reviewed for the mental health/substance abuse treatment discharge summary. All records contained a discharge summary recorded on Department form (MHSA 011) with documentation verification of the discharge plan being discussed during youth exit in Juvenile Justice Information System (JJIS). No youth were released on suicide risk or precautions, which did not require a notification to the parent/guardian and juvenile probation officer (JPO). Documentation verification in each youth record noted parent/guardian and JPO received a copy of the discharge summary.

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

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

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

The program has a written policy and procedures in place for the implementation of crisis assessments. The crisis assessment is a requested comprehensive evaluation for a youth presenting critical indicators of psychological distress after staff intervention for distress is provided. The crisis assessment is completed by a licensed mental health professional and intended to evaluate the youth distress severity, symptoms and level of danger to self/others; in addition, to provide a clinical diagnosis and recommendations for supervision treatment and follow up. During the annual compliance period, there were no crisis assessments required for enrolled youth. Regional monitor reviewed a readily available crisis assessment, which is the Department form (MHSA 023). Staff training records were reviewed, which required staff who complete crisis assessments are trained.

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

The program has a written policy and procedures in place for implementing an immediate integrated care plan for youth crisis intervention and emergency mental health and substance abuse services in accordance with Rule 63N-1 Florida Administrative Code. The emergency mental health and substance abuse integrated care plan policy was reviewed and signed by the Director of Day Treatment Services Florida on July 26, 2016. The emergency care plan contains

all the required elements; such as, immediate staff response procedures, notifications, communications, one on one youth supervision, authorization for emergency transport to location for mental health and/or substance abuse assessment and treatment under Baker Act/Marchman Act, documentation and review process. In addition, to include staff trainings with inclusion of quarterly mock drills.

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

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

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

Three open mental health and substance abuse youth records were reviewed. All youth were screened upon readmission to the program for Assessment of Suicide Risk (ASR) as the result of returning to the program from the detention center where a suicide risk screening assessment was completed. An exception was found in all three ASR documents; the reason for the assessment was not documented. Without having the reason for the assessment being documented, the reviewers were unable to assess how each youth was determined to be at risk for suicide. Each youth ASR was completed using the required Department form (MHSA 004). All three youth were recommended for standard level of supervision as a result of the ASR; therefore, an alert was not required in the Department Juvenile Justice Information System (JJIS). All three youth had an authorized precautionary observation. The youth did not need to be stepped down to close supervision as each youth were returning to the program from detention. Each of the three youth ASR's were completed by the program's Licensed Clinical Social Worker (LCSW) and the Program Coordinator signed each ASR to document notification and awareness of the youth's circumstance. Each of the three youth suicide precaution observation logs were completed in their entirety. There was no need for any off-site assessment of suicide risk.

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.

Three open mental health and substance abuse youth records were reviewed. All three youth were applicable for documented completion of a suicide precautionary observation log. Each youth had an individual log completed and signed by the program's Licensed Clinical Social Worker (LCSW) on the Department form (MHSA 006). Two of the three youth placed on precautionary observation were documented in the facility logbook; two minor exceptions were found, one youth placed on precautionary observation on January 7, 2019, was not documented in facility logbook. One youth had a completed Assessment of Suicide Risk (ASR) form completed to entirety attached to a signed observation log with no youth name. The supervision of all three youth was accurately documented on the observation logs in intervals of thirty minutes and recorded in real time. Documentation of safe housing requirements were recorded in writing and suicide precaution observation logs were completed for the duration the youth was on suicide precautions. All three youth did not show any warning signs to alert notifications to mental health staff.

3.14 Suicide Prevention Plan (Critical)**Satisfactory Compliance**

The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible in accordance with Rule 63N-1, Florida Administrative Code.

The program has a written plan detailing the suicide prevention procedure in accordance with Rule 63N-1, Florida Administrative Code. The plan indicates upon admission youth will be screened and identified for an assessment for suicide risk. The plan specifies all required elements; such as, staff immediate response, facilitation of notification and communications, levels of youth supervision, documentation, referrals and review process. The plan includes the requirement of staff completing six hours of suicide prevention and precautions training, with inclusion of mock suicide drills.

3.15 Suicide Prevention Training (Critical)**Satisfactory Compliance**

All staff who work with youth must be trained to recognize verbal and behavioral cues indicating suicide risk and suicide prevention and implementation of suicide precautions.

The program provides pre-service and annual training to all staff on youth suicide prevention. A review of three staff training records indicated all three staff received the required six hours of suicide prevention training. The training included four hours of instructor led-training and two hours on the Department's Suicide Prevention Course in the Department's Learning Management System (SkillPro). A review of the program past four quarterly mock suicide drills were reviewed. The mock drills were completed on February 22, 2018, June 13, 2018, September 27, 2018 and December 14, 2018. All staff participated in at least one mock suicide drill within the past six months. Three staff interviews were completed. All staff noted in the case of a youth expressing suicidal thoughts, staff are responsible for notifying the supervisor or program coordinator, keep constant sight and sound supervision of the youth, contact the youth's parent/guardian, search youth for sharp objects and document all supervision.

Standard 4: Medical Services

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

The program has a written policy and procedures addressing medical screening. Three youth medical records were reviewed and all three had a medical screening completed upon admission to determine if the youth had a medical condition requiring medical care while in the program. One youth had a medical alert for taking a psychotropic medication at home. Another youth had a medical alert for having asthma but did not require medication at the program. None of the youth came from a residential facility so they did not have a Health Discharge Summary. All three youth's parent/guardian was involved in providing information for the completion of the medical screening. All medical, mental health, and substance abuse information was documented in each youth's individual health care record.

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

The program has a written policy and procedures addressing medication verification upon entry into the program. A review of three youth records found no youth to be taking medications at the time of review or upon admission to the program.

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

The program has a written policy and procedures addressing medication delivery. The policy indicates Paxen programs are not authorized to prescribe, dispense, or administer medications. Staff are trained by a licensed healthcare practitioner to supervise youth during self-administration of medication. Management has made the initiative to get the training scheduled for the other two new staff. A review of three youth records found no youth to be taking medications at the time of review or for the year following the last annual review. Staff and youth interviews verified no youth were taking medications at the time of the review. Three staff were interviewed, two indicated they do not give medication, one staff stated yes, they give medication. Three youth were interviewed and indicated they do not take medication.

4.04 Medication Management – Medication Storage**Satisfactory Compliance**

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

The program has a policy and procedures addressing medication storage. The program has a separate locked closet located within the program coordinator’s office where medications would be stored if brought to the program. The storage area is clean and free from moisture and extreme temperatures. A metal lock box is located within a locked file cabinet, located within the locked closet, and within the locked office. Controlled substances would be stored in the metal lock box if brought to the program. The program has a refrigerator designated for medications requiring refrigeration. Separate storage for different medication forms are provided in various metal lock boxes. The program has a process in place to maintain a perpetual inventory of non-controlled medications.

4.05 Episodic/Emergency Services**Satisfactory Compliance**

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

The program has a written policy and procedures articulating how the program will facilitate response to an urgent or medical situation. The program has a designated first aid kit and suicide response kit containing wire cutters, needle nose pliers, and a knife-for-life. The program does not have an automatic external defibrillator (AED). Mock emergency drills were conducted each quarter since the last review. The mock drills were very detailed, well thought out and included the practice of cardiopulmonary resuscitation (CPR) on a regular basis. A list of emergency numbers is posted in the group rooms and at the entrance of the program. The emergency number list included the number to the poison control center, 9-1-1, police department, fire department, crisis hotline, suicide hotline, and the Central Communications Center (CCC). Mock suicide drills were conducted each quarter since the last review. The mock suicide drills were very detailed and included all staff.

Program Name: Paxen Community Connections - Pinellas
Provider Name: Eckerd Youth Alternatives, Inc.
Location: Pinellas County / Circuit 6
Review Date(s): February 6-7, 2019

MQI Program Code: 6035
Contract Number: P2120
Number of Beds: 25
Lead Reviewer Code: 173

Overall Rating Summary

Overall Rating Summary

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