

STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE

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

**Broward Youth Treatment Center**  
***Youth Opprotunity Investment, LLC***  
(Contract Provider)  
8301 South Palm Drive #2  
Pembroke Pines, Florida 33025

*Review Date(s): October 23-26, 2018*



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY  
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



## Rating Definitions

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

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

## Review Team

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

Teves Bush, Office of Program Accountability, Lead Reviewer (Standard 1)  
Jeffery Barrett, Office of Program Accountability, Technical Assistance Specialist (SPEP)  
Keith Bennis, Office of Program Accountability, Regional Monitor (Standard 5)  
Paula Friedrich, Office of Program Accountability, Regional Monitor (Standard 4)  
Peter Keelan, Office of Education, Southeast Regional Education Coordinator (Education Services)  
Juli-Ann Knight, Palm Beach Youth Academy, Assistant Clinical Director, (Standard 3)  
Troy McGee, C17 Probation and Community Intervention, Probation Officer Supervisor (Standard 2)

Program Name: Broward Youth Treatment Center  
 Provider Name: Youth Opportunity Investment, LLC  
 Location: Broward County / Circuit 17  
 Review Date(s): October 23-26, 2018

MQI Program Code: 1269  
 Contract Number: 10553  
 Number of Beds: 40  
 Lead Reviewer Code: 154

### 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 Performance Plan, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards.

### Persons Interviewed

- |  |  |  |
|--|--|--|
| <input checked="" type="checkbox"/> Program Director<br><input type="checkbox"/> DJJ Monitor<br><input type="checkbox"/> DHA or designee<br><input type="checkbox"/> DMHCA or designee<br>_____ # Case Managers<br><b>1</b> # Clinical Staff | <b>1</b> # Food Service Personnel<br><b>1</b> # Healthcare Staff<br><b>1</b> # Maintenance Personnel<br><b>2</b> # Program Supervisors<br><b>7</b> # Staff<br><b>7</b> # Youth | _____ # Other (listed by title): <b>(2)</b><br><u><b>case manager, (1) case manager</b></u><br><u><b>supervisor, (1) recreational</b></u><br><u><b>therapist, (10 school board</b></u><br><u><b>contract manager</b></u> |
|--|--|--|

### Documents Reviewed

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accreditation Reports<br><input checked="" type="checkbox"/> Affidavit of Good Moral Character<br><input checked="" type="checkbox"/> CCC Reports<br><input type="checkbox"/> Confinement Reports<br><input checked="" type="checkbox"/> Continuity of Operation Plan<br><input checked="" type="checkbox"/> Contract Monitoring Reports<br><input checked="" type="checkbox"/> Contract Scope of Services<br><input checked="" type="checkbox"/> Egress Plans<br><input checked="" type="checkbox"/> Escape Notification/Logs<br><input checked="" type="checkbox"/> Exposure Control Plan<br><input checked="" type="checkbox"/> Fire Drill Log<br><input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Fire Prevention Plan<br><input checked="" type="checkbox"/> Grievance Process/Records<br><input checked="" type="checkbox"/> Key Control Log<br><input checked="" type="checkbox"/> Logbooks<br><input checked="" type="checkbox"/> Medical and Mental Health Alerts<br><input checked="" type="checkbox"/> PAR Reports<br><input checked="" type="checkbox"/> Precautionary Observation Logs<br><input checked="" type="checkbox"/> Program Schedules<br><input checked="" type="checkbox"/> Sick Call Logs<br><input checked="" type="checkbox"/> Supplemental Contracts<br><input checked="" type="checkbox"/> Table of Organization<br><input checked="" type="checkbox"/> Telephone Logs | <input checked="" type="checkbox"/> Vehicle Inspection Reports<br><input checked="" type="checkbox"/> Visitation Logs<br><input checked="" type="checkbox"/> Youth Handbook<br><b>7</b> # Health Records<br><b>7</b> # MH/SA Records<br><b>23</b> # Personnel Records<br><b>23</b> # Training Records/CORE<br><b>3</b> # Youth Records (Closed)<br><b>7</b> # Youth Records (Open)<br>_____ # Other: _____ |
|--|---|--|

### Surveys

- |                  |                              |                      |
|------------------|------------------------------|----------------------|
| <b>7</b> # Youth | <b>7</b> # Direct Care Staff | _____ # Other: _____ |
|------------------|------------------------------|----------------------|

### Observations During Review

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

### Comments

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

## Standard 1: Management Accountability Residential Rating Profile

### Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	* Provision of an Abuse-Free Environment	Satisfactory
1.04	* Management Response to Allegations	Satisfactory
1.05	* Incident Reporting (CCC)	Satisfactory
1.06	Protective Action Response (PAR) and Physical Intervention Rate	Satisfactory
1.07	* Pre-Service/Certification Requirements	Satisfactory
1.08	In-Service Training	Satisfactory
1.09	Grievance Process	Satisfactory
1.10	Delinquency Intervention and Facilitator Training	Satisfactory
1.11	Life Skills Training Provided to Youth	Satisfactory
1.12	Restorative Justice Awareness for Youth	Satisfactory
1.13	Gender-Specific Programming	Satisfactory
1.14	*Internal Alerts System and Alerts (JJIS)	Satisfactory
1.15	Youth Records (Healthcare and Management)	Satisfactory
1.16	Youth Input	Satisfactory
1.17	Advisory Board	Satisfactory
1.18	Program Planning	Satisfactory
1.19	Staff Performance	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 Performance Plan Residential Rating Profile

### Indicator Ratings

Standard 2 - Assessment and Performance Plan		
2.01	Initial Contacts to Parent/Gaurdian and Court Notification	Satisfactory
2.02	Youth Orientation	Satisfactory
2.03	Written Consent of Youth Eighteen or Older	Satisfactory
2.04	Classification Factors, Procedures, and Reassessment for Activities	Satisfactory
2.05	Gang Identification: Notification of Law Enforcement	Satisfactory
2.06	Gang Identification: Prevention and Intervention Activities	Satisfactory
2.07	R-PACT Assessment and Reassessments	Satisfactory
2.08	Youth Needs Assessment Summary	Satisfactory
2.09	*Performance Plan Development, Goals and Transmittal	Satisfactory
2.10	Performance Plan Revisions	Satisfactory
2.11	Performance Summaries and Transmittals	Satisfactory
2.12	Parent/Guardian Involvement in Case Management Services	Satisfactory
2.13	Members of Treatment Team	Satisfactory
2.14	Incorporation of Other Plans Into Performance Plan	Satisfactory
2.15	Treatment Team Meetings (Formal and Informal Reviews)	Satisfactory
2.16	Career Education	Satisfactory
2.17	Educational Access	Satisfactory
2.18	Education Transitions Plan	Satisfactory
2.19	Transitions Planning, Conference, and Community Re-entry Team Meeting (CRT)	Satisfactory
2.20	Exit Portfolio	Satisfactory
2.21	Exit Conference	Satisfactory

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

### Indicator Ratings

<b>Standard 3 - Mental Health and Substance Abuse Services</b>		
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	* Specialized Treatment Services	Satisfactory
3.09	* Psychiatric Services	Satisfactory
3.10	* Suicide Prevention Plan	Satisfactory
3.11	* Suicide Prevention Services	Satisfactory
3.12	* Suicide Precaution Observation Logs	Satisfactory
3.13	* Suicide Prevention Training	Satisfactory
3.14	* Mental Health Crisis Intervention Services	Satisfactory
3.15	* Crisis Assessments	Satisfactory
3.16	* Emergency Mental Health and Substance Abuse Services	Satisfactory
3.17	* Baker and Marchman Acts	Satisfactory

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## Standard 4: Health Services Residential Rating Profile

### Indicator Ratings

Standard 4 - Health Services		
4.01	* Designated Health Authority/Designee	Satisfactory
4.02	Facility Operating Procedures	Satisfactory
4.03	Authority for Evaluation and Treatment	Satisfactory
4.04	Parental Notification	Satisfactory
4.05	Notification - Clinical Psychotropic Progress Note	Satisfactory
4.06	Immunizations	Satisfactory
4.07	Healthcare Admission Screening Form	Satisfactory
4.08	Medical Alerts	Satisfactory
4.09	Youth Orientation to Healthcare Services	Satisfactory
4.10	Designated Health Authority/Designee Admission Notification	Satisfactory
4.11	Healthcare Admission Rescreening	Satisfactory
4.12	Health Related History	Satisfactory
4.13	Comprehensive Physical Assessment	Satisfactory
4.14	Female-Specific Screening/Examination	Non-Applicable
4.15	Tuberculosis Screening	Satisfactory
4.16	Sexually Transmitted Infection Screening	Satisfactory
4.17	HIV Testing	Satisfactory
4.18	Sick Call Process - Requests/Complaints	Satisfactory
4.19	Sick Call Process - Visits/Encounters	Satisfactory
4.20	Restricted Housing	Non-Applicable
4.21	Episodic/First Aid Care	Satisfactory
4.22	Emergency Care	Satisfactory
4.23	Off-Site Care/Referrals	Satisfactory
4.24	Chronic Illness/Periodic Evaluations	Satisfactory
4.25	Medication Management - Verification	Satisfactory
4.26	Medication Management - Orders/Prescriptions	Satisfactory
4.27	Medication Management - Storage	Satisfactory
4.28	Medication Management - Medication and Sharps Inventory	Satisfactory
4.29	Medication Management - Controlled Medications	Satisfactory
4.30	Medication Management - Medication Administration Record	Satisfactory
4.31	Medication Management - Medication Administration By Licensed Staff	Satisfactory
4.32	Medication Management - Medication Provided By Non-Licensed Staff	Satisfactory
4.33	Medication Management - Psychotropic Medication Monitoring	Satisfactory
4.34	Infection Control - Surveillance, Screening, and Management	Satisfactory
4.35	Infection Control - Education	Satisfactory
4.36	Infection Control - Exposure Control Plan	Satisfactory
4.37	Prenatal Care - Physical Care of Pregnant Youth	Non-Applicable
4.38	Prenatal and Neonatal Care - Nutrition, Education of Youth, and Lactation	Non-Applicable
4.39	Prenatal and Neonatal Staff Education	Non-Applicable

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## Standard 5: Safety and Security Residential Rating Profile

Indicator Ratings		
Standard 5 - Safety and Security		
5.01	Youth Supervision	Satisfactory
5.02	Comprehensive and Consistent Implementation of the Behavior Mgt System and Staff Training	Satisfactory
5.03	Behavior Management System Infractions and System Monitoring	Satisfactory
5.04	*Ten Minute Checks	Satisfactory
5.05	Census, Counts, and Tracking	Satisfactory
5.06	Logbook entries and Shift Report Review	Limited
5.07	Key Control	Satisfactory
5.08	Contraband Procedure	Satisfactory
5.09	Searches and Full Body Visual Searches	Satisfactory
5.10	Vehicals and Maintenance	Satisfactory
5.11	Transportation of Youth	Satisfactory
5.12	Weekly Safety and Security Audit	Satisfactory
5.13	Tool Inventory and Mangement	Satisfactory
5.14	Youth Tool Handling and Supervision	Satisfactory
5.15	Outside Contractors	Satisfactory
5.16	Fire, Safety, and Evacuation Drills	Satisfactory
5.17	Disaster and Continuity of Operations Planning (COOP)	Satisfactory
5.18	Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials	Satisfactory
5.19	Youth Handlins and Supervision of Flammable, Poisonous, and Toxic Items and Materials	Satisfactory
5.20	Disposal of all Flammable, Toxic, Caustic, and Poisonous Items	Satisfactory
5.21	Recreation and Leisure Activities	Satisfactory
5.22	*Elements of the Water Safety Plan, Staff Training, and Swim Test	Non-Applicable
5.23	Visitation and Communication	Satisfactory
5.24	Search and Inspection of Controlled Observation Room	Non-Applicable
5.25	Controlled Observation	Non-Applicable
5.26	Controlled Observation Safety Checks and Release Procedures	Non-Applicable

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## Strengths and Innovative Approaches

- In conjunction with the national food service provider, youth in the program take part in a culinary training program with the goal learning all aspects of food service operations which include safe food preparation, prevention of food-borne illnesses, personal health and work habits, dishwashing and sanitation, temperature control, pest control, good housekeeping, safety practices, and overall food service responsibilities. Youth can also learn how to order food supplies, inventory management, vendor relations, customer relations, health codes and compliance, scheduling, simple accounting, and bookkeeping. Youth who complete the program receive a food handler certification or permit.
- The program offers pro-tech vocational and technical courses which provide skills and knowledge needed to succeed in today's highly competitive job market. The course is designed to provide a basic overview of current business and information system trends required for today's business environment. The course is also used as a communication tool for enhancing personal and work place proficiencies.

# Standard 1: Management Accountability

## Overview

The Department of Juvenile Justice contracts with Youth Opportunity Investment, LLC. to operate the Broward Youth Treatment Center located in Pembroke Pines, Florida. The program is a forty-bed non-secure residential commitment program serving male youth ages thirteen to eighteen who require substance abuse treatment overlay services (SAOS). The program's management team consists of the facility administrator, assistant facility administrator, clinical director, registered nurse, and human resource manager. Direct care positions consist of shift supervisors and youth care workers. The program also has five teachers on staff who are paid through the Broward County School Board. All new employees are subjected to the background screening process upon hire. The program has an approved pre-service and in-service training plan as outlined in the Florida Administrative Code. An abuse-free environment is provided by the program for youth, staff, and others to feel safe and secure while in the program. The program's grievance process consists of three phases which youth can use to resolve any complaints they may have regarding their basic rights. The program provides interventions and instructions focusing on the development of life and social skills of the youth and employs evidenced-based practices throughout a continuum of services to decrease recidivism. An internal alert system is maintained by the program to ensure youth risk factors or special needs are identified and shared with staff. The program utilizes the monthly youth counsel and town hall meetings to promote constructive input by the youth. The program also meets quarterly with their advisory board members who consist of community stakeholders. An interview with the facility administrator (FA) indicated in the past few months, there has been a high turnover of staff. To increase staff retention and employee morale, the program identifies an employee of the week, month, and year, as well as conduct cook-outs and employee outings. The program also incorporated an employee token system to recognize staff who demonstrate teamwork, leadership, and positive culture. At the time of the annual compliance review, the program had a total of four vacant youth care worker positions.

### 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 in place to ensure all newly hired staff and volunteers receive an initial background screening. The program has a total of twenty-two new staff hired since the last annual compliance review. A review of background screenings for each new employee verified staff received an initial background screening. Sixteen of the twenty-two new staff received a background screening after their start date but were not in contact with any youth prior to receiving confirmation of eligibility. Each new employee completed a pre-employee eligibility assessment with a passing grade. The program also reviewed the Department's Central Communications Center (CCC) person involvement report, the staff verification system (SVS), and the Florida Department of Law enforcement (FDLE) results on

each new hire prior to hiring. The program had one new volunteer hired since the last annual compliance review and the volunteer received an initial background screening prior to hire. The Annual Affidavit of Compliance with Level 2 Screening Standards was signed on December 28, 2017. The Department of Education received an annual screening on March 13, 2018. There were no new teaches hired since the last annual compliance review.

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

The program has a written policy and procedures to ensure all staff and volunteers are rescreened every five years from their initial date of employment. There were no staff or volunteers eligible for five-year rescreening's during the annual compliance review.

<b>1.03 Provision of an Abuse-Free Environment (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.</i></p> <ul style="list-style-type: none"> <li>• <i>Posting of the Florida Abuse Hotline telephone number and the Central Communications Center for youth 18 years of age and older telephone number.</i></li> <li>• <i>All allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.</i></li> <li>• <i>Youth and staff have unhindered access to report alleged abuse to the Florida Abuse Hotline pursuant to Section 39.201 (1)(a), F.S.</i></li> <li>• <i>The environment is free of physical, psychological, and emotional abuse.</i></li> <li>• <i>A code of conduct for staff who clearly communicates expectations for ethical and professional behavior, including the expectation for staff to interact with youth in a manner promoting their emotional and physical safety.</i></li> </ul>	

The program has a written policy and procedures addressing the youth's rights to ensure an abuse free environment. The facility operating procedures for abuse and neglect reporting, along with the program's manual, addresses the code of ethics. Staff are required to sign the manual acknowledgment form indicating they reviewed the required information. A random review of staff personnel records reflected all staff reviewed the program's code of ethics. Observations during the annual compliance review week indicated staff modeled pro-social behavior for youth throughout the day. The Florida Abuse Hotline and the Department's Central Communications Center (CCC) telephone numbers were also observed to be posted throughout the facility. A telephone located in the cafeteria has been designated for youth to contact the Florida Abuse Hotline or the CCC if youth feel they have been abused or neglected. At the time of the annual review, there was one CCC report for physical abuse since the last annual

compliance review which was unsubstantiated. There were no Prison Rape Elimination Act (PREA) investigations, no open Department of Children’s and Families (DCF) investigations, no Law Enforcement, and no Office of the Inspector General (OIG) investigations pending. Seven youth were interviewed and all stated they feel safe in the program and staff are respectful when talking to them. Seven staff were interviewed and all seven stated they have never heard a co-worker use profanity when speaking to a youth, never observed a co-worker telling a youth they could not make an abuse call. The seven interviewed staff were able to explain the process for allowing staff and youth to call the Florida Abuse Hotline or the CCC to report suspected abuse. An interview with the facility administrator (FA) regarding staff violation of the code of conduct indicated an employee’s misconduct may lead to immediate suspension or termination without regard to the order of disciplinary.

<b>1.04 Management Response to Allegations (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Management shall be cognizant of youth and staff needs and provide direction to each on how to access the Florida Abuse Hotline. There is evidence management takes immediate action to address incidents of physical, psychological, and emotional abuse.</i>	

The program has a written policy and procedures to ensure the program takes immediate action to address incidents of physical, psychological, and emotional abuse. The program had one incident of physical abuse toward a youth since the last annual compliance review. A review of the report indicated the facility administrator (FA) took immediate action to address the concerns by removing the staff from youth contact. The program did not have unsubstantiated findings. An interview with the FA indicated staff and youth are knowledgeable of contacting the Florida Abuse Hotline or the CCC. Staff are trained during new hire training, all staff meetings, supervisor meetings, and annually. Youth are advised of the abuse reporting process during orientation and signs are posted throughout the program.

<b>1.05 Incident Reporting (CCC) (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Whenever a reportable incident occurs, the program notifies the Department’s Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

The program has a written policy and procedures for reporting central communications center (CCC) reports within the required two-hour time frame. The program had a total of twenty CCC reports for the past six-months. A random review of five CCC reports verified each were reported within the two-hour time frame and documented in the facility logbook. A review of the program incident reports and youth grievances indicated none should have been reported to the CCC. An interview with the facility administrator (FA) indicated the incident reporting process is to contact an administrator as soon as staff or youth are aware of any incident. Administration will then contact the Department’s Central Communication Center (CCC) or the Florida Abuse Hotline within two hours of gaining knowledge of the incident. If a staff is involved, the staff is placed on no youth contact or administrative leave without pay.

<b>1.06 Protective Action Response (PAR) and Physical Intervention Rate</b>	<b>Satisfactory Compliance</b>
<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>	

The program maintains a written policy and procedures related to Protective Action Response (PAR). The program has a PAR plan approved by the Department's Office of Staff Development and Training on January 8, 2018. There were two PAR incidents documented in the program's hardbound notebook for the past six months. A review of the two PAR incident reports found each were completed by staff trained to perform physical intervention techniques, completed by all staff involved on the same day as the incident to include the nature of the intervention, date and time. Mechanical restraints were not used in either of the PAR incidents. Each PAR report was reviewed by a PAR certified instructor or supervisory staff and determined the techniques used were approved by the Department. Neither of the PAR reports indicated the need for a PAR medical review. A post-PAR interview was conducted on each PAR report by the facility administrator (FA) or designee within the required thirty-minute time frame from the incident. Each PAR report was reviewed and signed by the FA the same day as the incident and placed in a central file. The program's PAR rate during the annual compliance review period was 0.50, which is below the statewide Residential PAR rate of 1.49. An interview with the FA regarding the process for monitoring PAR incidents and use of force is to have a discussion with staff in all staff meetings and shift briefings. If there is a youth who consistently gets into trouble, the youth is assigned to an administrative staff to ensure the youth receives help to prevent them from getting restrained. The clinical director and the management team will develop a plan to assist the staff with getting the youth to become compliant with the program.

<b>1.07 Pre-Service/Certification Requirements (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Contracted and State residential staff satisfies pre-service/certification requirements specified by Florida Administrative Code within 180 days of hiring.</i>	

The program has a written policy and procedures outlining the pre-service training requirements for newly hired staff. The program's policy indicates all newly hired full-time and part-time staff will receive a minimum of 120 hours of training which are computer-based and/or instructor-led topics and shall be completed within 180-days of employment. An annual training plan for pre-service training was approved by the Department's Office of Staff Development and Training on February 7, 2018. The plan outlines the program's required training hours, training objectives, course names, and descriptions for any instructor-led training. According to the program's contractual requirements, specific training is required for different position classifications such as management, case managers, mental health, and direct care staff. An informal interview with the facility administrator (FA) indicated youth care workers are Protective Action Response (PAR) certified direct care positions and are included in the staff-to-youth ratios. All supervisors, FA, assistant facility administrator (AFA), medical staff, mental health staff, case management staff, maintenance staff, and kitchen staff are PAR certified and are qualified to supervise youth in special circumstances. A review of seven staff pre-service training records verified each completed all required pre-service training requirements within 180 days of employment to include suicide prevention, emergency procedures, child abuse reporting, professionalism, ethics and standards of conduct, cardiopulmonary resuscitation (CPR), first aid, emergency procedures, Prison Rape Elimination Act (PREA) as well as the contract required training

elements of stress management, restorative justice, universal precautions, behavior management, and gender response. All reviewed pre-service training was entered in the Department's Learning Management System (SkillPro).

1.08 In-Service Training	Satisfactory Compliance
<p><i>Residential staff complete twenty-four hours of in-service training, including mandatory topics specified in Florida Administrative Code, each calendar year, effective the year after pre-service/certification training is completed.</i></p> <p><i>Supervisory staff completes eight hours of training (as part of the twenty-four hours of annual in-service training) in the areas specified in Florida Administrative Code.</i></p>	

The program has a written policy and procedures outlining the in-service training requirements for program staff. The program has an annual training plan approved by the Department's Office Staff Development and Training on February 7, 2017 to include all Departmental required trainings as well as the program's required internal trainings. According to the program's contractual requirements, specific training is required for different position classifications such as management, case managers, mental health, and direct care staff. An informal interview with the facility administrator (FA) indicated youth care workers are Protective Action Response (PAR) certified direct care positions and included in the staff-to-youth ratio. All supervisors, FA assistant facility administrator (AFA), medical staff, mental health staff, case management staff, maintenance staff, and kitchen staff are PAR certified and are qualified to supervise youth in special circumstance. A review of seven staff in-service training records indicated all staff had supporting documentation to reflect their cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and first aid trainings were up-to-date. Each reviewed record also verified completed training in suicide prevention, ethics, PAR, communications skills, professionalism, as well as the contract required training elements of stress management, restorative justice, universal precautions, behavior management, and gender response. Three supervisory staff training records were reviewed and indicated each completed the required eight hours of management training. All trainings were found to be documented in the Department's Learning Management System (SkillPro).

1.09 Grievance Process	Satisfactory Compliance
<p><i>Program staff shall be trained on the program's youth grievance process and procedures. The program adheres to their grievance process and shall ensure it is explained to youth during orientation and grievance forms are available throughout the facility.</i></p> <p><i>Completed grievances shall be maintained by the program for a minimum of twelve months.</i></p>	

The program has a written policy and procedures to provide a structure and written process which allows youth to grieve actions of the program, staff, conditions of the program, or circumstances within the program which are related to a violation or denial of their basic rights. The program has a three-phase protocol which consist of an informal, formal, and appeal phases. Youth are informed of the grievance process during admission into the program. Grievance forms are available to youth in the dorm area and are located on the wall in a file holder next to the locked grievance box which is accessible to all youth. Youth who have difficulty completing the form may receive assistance by staff on the instructions, preparing, and submittal of a grievance. The program had a total of twenty-two grievances for the past six months which are maintained in a designated binder for one year. A random review of five

grievance forms verified the youth were provided the proper form and each grievance was resolved at the formal phase. A review of staff training records verified grievance training is provided. Seven youth were interviewed and all seven understood the grievance process and can ask for assistance if needed to complete the form. Seven staff were interviewed and all seven were able to explain the program's grievance process. An interview with the facility administrator (FA) indicated the FA was able to explain the program's grievance process to include the three phases and timelines.

<b>1.10 Delinquency Interventions and Facilitator Training</b>	<b>Satisfactory Compliance</b>
<p><i>The program shall implement a delinquency intervention model or strategy that is an evidence-based practice, promising practice, or a practice with demonstrated effectiveness, for each youth. Staff whose regularly assigned job duties include implementation of a specific delinquency intervention model, strategy, or curriculum receive training in its effective implementation.</i></p>	

The program provides interventions and instructions focusing on the development of life and social skills of the youth and employs evidenced-based practices throughout a continuum of services provided within the program to decrease recidivism. The program conducts research to ensure interventions utilized in the program are standardized, validated assessments based on realistic research and theory. The program treatment incorporates models which are cognitive-behavioral and based upon social learning theory and highlights skills and modeling of anti-criminal attitudes and behaviors. The program has a total of five clinical staff and two non-clinical staff trained in facilitating evidenced-based, promising practice, and/or practice with demonstrated effectiveness groups. Each clinical staff holds at a minimum a bachelor's degree and non-clinical staff hold a high school diploma. Each of the seven staff have over nine years of experience working with youth. Review of the programs activity schedule coupled with the group sign-in sheets and the treatment sessions table identified in the program's contractual requirements indicated groups are held seven days a week and conducted by the appropriate counselor. A random review of performance plans verified a goal identified the need for youth to participate in at least one of the required group trainings. An interview with the facility administrator (FA) indicated with regards to therapist, youth whose parent/guardian do not speak English are given a therapist who speak their language, if possible. Youth are matched to intervention groups based on their individual needs identified by the Residential Positive Achievement Change Tool (R-PACT).

<b>1.11 Life Skills Training Provided to Youth</b>	<b>Satisfactory Compliance</b>
<p><i>The program shall provide interventions or instruction focusing on developing life and social skill competencies in youth.</i></p>	

The program's treatment services target life and social skills interventions which address identification and avoidance of high risk situations, communication, interpersonal relationships, anger management, and problem solving. The program identifies youth in need of services by reviewing the risk and criminogenic needs identified from the Residential Positive Achievement Change Tool (R-PACT). A review of the program activity schedule and group sign-in sheets verified groups are held as required with majority of the youth's time spent in structured, therapeutic activities with a minimum of one hour of each youth's day devoted to the delivery of treatment services targeted to address identified risk, criminogenic, and treatment needs. The program has a total of seven staff trained to provide service delivery. A review of staff training

records verified each of the seven staff were trained to deliver life skills training. An interview with the facility administrator (FA) indicated youth are provided skill training to deal with coping, anger, creating a positive environment. Youth are provided the opportunity to practice these skills throughout the day, during family visitation, and when on outings outside the facility. Seven youth were interviewed and indicated the new skills they learned are listening, coping, communication, and understanding negative behavior. Each interviewed youth also stated they are allowed to practice these skills daily.

<b>1.12 Restorative Justice Awareness for Youth</b>	<b>Satisfactory Compliance</b>
<i>The program shall provide activities or instruction intended to increase youth awareness of, and empathy for, crime victims and survivors, and increase personal accountability for youths' criminal actions and harm to others.</i>	

The program provides a curriculum which assists the youth to accept responsibility for the harm their criminal actions have caused in the community. An interview with the facility administrator (FA) indicated the program utilizes the Impact of Crime (IOC) curriculum where youth are exposed to victim's statements by way of video tape, written material, and victim speakers to learn of the impact of being a victim of crime. Youth participate in on-site and off-site community service work projects to heal some of the harm they caused. Group sessions are held on Tuesdays and Thursdays by staff trained to provide the service. A random review of youth performance plans and group sign-in sheets, coupled with the program's activity schedule, verified the practice. Observation of youth in IOC training indicated the instructor delivered the curriculum as required. Review of staff training records indicated staff providing the service are trained in the curriculum.

<b>1.13 Gender-Specific Programming</b>	<b>Satisfactory Compliance</b>
<i>The program provides delinquency intervention and gender-specific treatment services.</i>	

The program provides delinquency intervention and gender-specific treatment services for each youth in the program which demonstrates a component addressing the needs of a targeted gender group. An interview with the facility administrator (FA) indicated when the program has enough males with trauma, a group cycle of Men's Trauma Recovery and Empowerment Model (M-TREM) is delivered. The purpose for each group cycle is to assist the youth in identifying any underlining trauma and provide coping skills through group sessions. The program also utilizes the Talks My Father Never Had with Me curriculum for young men who could benefit from a mentor or positive male role model. The FA also confirmed each group session is held on Mondays and Wednesdays and facilitated by a trained staff. A review of the curriculum and the program's activity schedule indicated each address gender-specific programming is designed to target the needs of the youth in the program and groups are conducted as required.



<b>1.14 Internal Alerts System and Alerts (JJIS) (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>The program shall maintain and use an internal alert system easily accessible to program staff and keeps them alerted about youth who are security or safety risks, and youth with health-related concerns, including food allergies and special diets. When risk factors or special needs are identified during or subsequent to the classification process, the program immediately enters this information into its internal alert system. The program ensures only appropriate staff may recommend downgrading or discontinuing a youth's alert status.</i></p> <p><i>When risk factors or special needs are identified during or subsequent to the classification process, the program immediately enters this information into the Juvenile Justice Information System (JJIS). Upon recommendation from appropriate staff, JJIS alerts are downgraded or discontinued.</i></p>	

The program has a written policy and procedures for an internal alert system designed to inform staff of youth with health-related concerns, mental health, safety and security risks. The program maintains an on-going alert system to ensure information concerning a youth's special conditions, suicide risks, safety and/or security risks are effectively communicated to staff in a manner which preserves the youth's privacy. Alerts are identified at the time of admissions either through an interview with the youth and/or supporting documentation within the admission packet. Alerts are then entered into the Department's Juvenile Justice Information System (JJIS), along with being added to the program's internal alert system. The internal alerts list is posted in master control, and the briefing room which identifies security risks, mental health/clinical staff for suicide risks and other mental health alerts, along with medical for health conditions and medications, and the food service staff for dietary and allergies. Mental health staff can enter alerts when the youth is added, removed and/or stepped down from precautionary observation (PO). For medical alerts and food allergies, medical staff enters the alerts in JJIS and initiates the internal alert. The assistant facility administrator (AFA) and director of case management updates the youth with security alerts on the internal alert list and JJIS. A random review of seven youth who had an alert entered in the JJIS was reflected on the program's internal alert system. An interview with seven staff indicated each is informed of youth alerts including, mental health, medical, and security alerts. An interview with the facility administrator (FA) indicated the department heads are responsible for entering and closing their alerts. The alert board is located in the conference room where briefings are held. The program utilizes a color-coded process to identify each youth alert.

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

The program has a written policy and procedures for record management. The program maintains individual records for case management, healthcare, and mental health and substance abuse. A review of seven individual healthcare, seven mental health and substance abuse, and seven case management records were observed to have been marked confidential. Each youth record is secured in the respective program office inaccessible to youth and identifies the youth's name, Department identification number, and date of birth. The case

management records are also labeled with additional youth information such as name, date of birth, committing offense, legal information, county of residence, and the assigned juvenile probation officer. In addition, the separate sections of the records were broken into demographic and chronological information, treatment team activities, correspondence, and a miscellaneous section.

<b>1.16 Youth Input</b>	<b>Satisfactory Compliance</b>
<i>The program has a formal process to promote constructive input by youth.</i>	

The program has a student council and utilizes town hall meetings to promote a formal process for youth to have constructive input regarding the program. Student council members consist of a president, vice president, secretary, chairperson, and a treasurer who are chosen by way of a student voting process along with input from staff. Student council meetings are held once a month and address issues initiated by the youth in the program. Town hall meetings are also held once a month with the youth in the program to ensure all issues are addressed concerning the youth. Agendas, sign-in sheets, and minutes are maintained in separate binders for both student council and town hall meetings. A review of the binders verified meetings are held as required. Seven youth were interviewed and all seven indicated the program has a student council board for youth to provide input about what happens in the program. Youth can tell a board member about a concern and the board member would bring it to the student council meeting to be addressed. An interview with the facility administrator (FA) indicated youth can make recommendations for resolutions to issues they have during the town hall meeting or student counsel. An interview with three youth student council members indicated they can address their concerns and concerns of other youth in the program. They feel this process works because of the changes which have occurred in the program.

<b>1.17 Advisory Board</b>	<b>Satisfactory Compliance</b>
<i>The program has a community support group or advisory board meeting at least quarterly. The program director solicits active involvement of interested community partners.</i>	

The program established a community advisory board which meets quarterly to serve as a support to the program and a link to the community. The facility administrator (FA) solicits and maintains a collaborative partnership with the Department and local stakeholders in the community. Partnerships consist of letters of support, community service projects, participation in community board meetings, and public service events. A review of the program's 2018 community advisory board members consists of education, faith based, medical, Department of Corrections, a former youth, victim advocate, and law enforcement. The program does not have a judge on the board, but the FA has made contact with judges to solicit their participation. A review of the advisory board agendas and minutes verified meeting are held quarterly with the FA and advisory board members. An interview with a board member was unable to be conducted during the annual compliance review week. An interview with the FA indicated advisory board meetings are held quarterly at the program. The board make suggestions during the meeting and sometimes meet with the student council to find out what they would like to see different in the program and things which can be improved.

**1.18 Program Planning****Satisfactory Compliance***The program uses data to inform their planning process and to ensure provisions for staffing.*

The program has a written policy and procedures to establish and utilize effective channels of communication among the program staff, corporate leaders, other agencies, stakeholders, and between youth and staff. The program conducts shift briefings, monthly staff meetings, monthly shift leader meetings, monthly management team meetings, and quarterly community advisory meetings to review and address pertinent information and follow up on program operations, health services, mental health services, case management, education, human resource, and support services. A review of the meeting minutes and agendas for each meeting verified they are held as required. An interview with the facility administrator (FA) indicated in the past few months, there was a high turnover of staff. In order to increase staff retention and employee morale, the program identifies an employee of the week, month and year, as well as cook-outs and employee outings. The program also incorporated an employee token system to recognize staff who demonstrate teamwork, leadership, and positive culture. Each time a staff is recognized, they are given a chip which is used to receive incentives provided by the program. Youth and parent/guardian surveys are conducted during visitation and upon the youth's release from the program. An interview with the FA indicated the outcome data used by the program are the parent/guardian exit forms, feedback during treatment team, feedback during individual and family sessions. Random review of surveys included feedback for case management, mental health, food, and medical services. An interview with the FA indicated the information received from the youth and parent/guardian surveys are reviewed by the FA during manager's, and all staff meetings and incorporated into the program's planning process. Seven staff were interviewed and all seven indicated staff meetings are held monthly. The topics which are discussed in the meetings are program matter, youth issues, alerts, incidents, and policy changes. Seven staff were interviewed and six stated they are briefed on the Comprehensive Accountability Reports (CAR), annual compliance reports, and youth and parent/guardian survey reports. One staff stated they were not briefed on the reports and was unsure of the purpose for the reports. Seven staff were interviewed on how they believe the communication is amongst the staff in the program. One staff stated communication is very good, two stated communication is good, and four stated communication is fair.

**1.19 Staff Performance****Satisfactory Compliance***The program ensures a system for evaluating staff, at least annually, based on established performance standards.*

The program has a written policy and procedures to ensure all employees receive a written performance evaluation. New staff are evaluated the first ninety-days of completed work and yearly; thereafter, on their job performances. Ninety-day performance reviews are rated on a scale of one to five with one being the lowest rating and five being the highest. An acceptable satisfactory rating is five to four. Staff annual performance factors are rated on a scale of one to four with four indicating exceeding normal job requirements, three indicating meets normal job requirements, two indicating improvements are needed to meet job requirements, and one indicating failed to meet job requirements. Acceptable satisfactory performance requires an average of 2.75 when the rating performance factors are combined. A random review of seven performance evaluations verified staff are evaluated yearly and are provided feedback on their job performance. A review of program job descriptions indicated each specified the required qualifications, performance measures, and job duties to include the implementation of the behavioral management system (BMS) and the delivery of specified interventions. A review of

the program's contractual requirements indicated all specified key positions are filled and being performed as outlined in the job descriptions. An interview with the facility administrator (FA) indicated the evaluation process for each staff is conducted the first ninety-days of employment for new employees and yearly; thereafter, for each staff position. A new employee will receive two evaluations within their first year and one evaluation yearly after the first year.

## Standard 2: Assessment and Performance Plan

### Overview

The program provides case management services to each youth in the program. The program's case managers work closely with the youth, parents/guardians, and other parties to ensure each youth is provided services based on their needs. The case managers are responsible for completing initial classifications, correspondence with the parents/guardians, committing court, and juvenile probation officers (JPO) as well as the Residential Positive Achievement Change Tool (R-PACT), risk classifications, needs assessments, individual performance plans, progresses reports, and provide transitional planning for each youth. Each youth in the program is assigned to a treatment team to develop performance plan goals and to discuss their progress on those goals. Parents/guardians are encouraged to participate in the case management process. The treatment team conducts a transition and exit conference for those youth who have been targeted for release. The program operates an academic program under the supervision and direction of the Broward County School Board on a year-round basis. The program offers vocational training courses in the areas of fork-lift operations, culinary arts and coding as well as course work in marketing, finance entrepreneurship and customer service.

#### 2.01 Initial Contacts to Parent/Guardian and Court Notification

#### Satisfactory Compliance

*The program notifies the youth's parent/guardian by telephone within twenty-four hours of the youth's admission, by written notification within forty-eight hours of admission, and notify the youth's committing court, assigned juvenile probation officer (JPO) and post residential services counselor (if applicable) in writing within five working days of any admission.*

The program has written policy and procedures to notify a youth's parent/guardian by telephone as well as in writing regarding each youth's admission into the program. The program's policy also identifies procedures to provide written notification to the youth's committing court of each youth's admission. Seven youth case management records were reviewed, and each contained documentation indicating the youth's parent/guardian was notified by telephone within twenty-four hours of the youth's admission into the program. Each of the seven case management records also included documentation of the youth's parent/guardian being notified in writing within forty-eight hours of the youth's admission into the program and written notification to the committing judge within five working days of each youth's admission into the program.

#### 2.02 Youth Orientation

#### Satisfactory Compliance

*The program shall provide each youth an orientation to the program rules, expectations, goals of the program, and services applicable to youth, to begin within the day of, or prior to, the youth's admission.*

The program has written policy and procedures in place to ensure each youth is oriented to the program on the day of their admission. An orientation checklist is used to explain and discuss the program's rules, schedules, and services available. Youth are also provided a copy of the program's youth handbook which includes information regarding services available, program goals, expectations and responsibilities and rules of the youth, emergency procedures, daily schedules, room assignment, search policy including which items are considered contraband, visitation, grievance procedures, the behavior management system (BMS), dress code, and hygiene practices, performance planning, anticipated length of stay, how to access medical and

mental health services, key staff and their roles, access to Florida Abuse Hotline, and access to the Department's Central Communications Center for youth eighteen years of age or older. Each youth signs an acknowledgement form to indicate their receipt of the youth handbook. Seven youth case management records were reviewed, and each record contained documentation indicating each youth received an orientation on the day of their admission as well as a youth handbook. There were no admissions during the annual compliance review. Seven youth were interviewed and all seven stated they received an orientation within twenty-four hours of admission and was able to explain the orientation process.

<b>2.03 Written Consent of Youth Eighteen Years or Older</b>	<b>Satisfactory Compliance</b>
<i>The program obtains written consent of any youth eighteen years of age or older, unless the youth is incapacitated and has a court-appointed guardian, before providing or discussing with the parent/guardian any information related to the youth's physical or mental health screening, assessment, or treatment.</i>	

The program has a written policy and procedures to ensure written consent is obtained from youth eighteen years of age or older before providing or discussing to the youth's physical and mental health and/or substance abuse assessment and treatment with a parent/guardian or any other interested party. A review of three applicable case management records contained a written consent for youth over the age of eighteen years.

<b>2.04 Classification Factors, Procedures, and Reassessment for Activities</b>	<b>Satisfactory Compliance</b>
<i>The program utilizes a classification system, in accordance with Florida Administrative Code, promoting safety and security, as well as effective delivery of treatment services. Initial classification should be used for the purposes of assigning each newly admitted youth to a living unit, sleeping room, and youth group or staff advisor.</i>	
<i>Youth are reassessed and reclassified, if warranted, prior to considering an increase in privileges or freedom of movement, participation in work projects, or other activities involving tools or instruments that may be used as potential weapons or means of escape, or participation in any off-campus activity.</i>	

The program has written policies and procedures regarding a classification process to assign youth to a living and/or sleeping room on the day of admission. The program's policy also indicates procedures to reassess and/or reclassify youth to determine youth risk eligible for off-campus activities and participation in work projects or other activities involving tools or instruments. The program utilizes a classification system to promote safety and security for which a youth's classification is determined by their individual and risk factors. Seven youth case management records were reviewed, and each contained an admission classification form which identified physical characteristics, age, maturity level, identified special needs, history of violence, gang affiliation, criminal behavior, aggression, suicide risk, medical risk, escape risk, and security risk of each youth. A review of the Department's Juvenile Justice Information System (JJIS) confirmed alerts match the identified alerts found and utilized during each youth's classification. Further review indicated room assignment was based on the youth's classification and each reviewed youth received a risk reassessment prior to participation in off-campus activities or participating in work detail which required the use of tools. The program maintains a continually updated internal alert system documenting any medical, mental health, security risks, or special needs identified during the initial classification process or identified throughout the youth stay at the program. An interview with the facility administrator (FA) indicated at the

time of a youth's admission, a classification meeting is held with the clinical director, case manager, and parent/guardian to gather information regarding a youth's risk. The information is shared with administration and a decision is made regarding room assignment. In some instances, during a youth's stay, their room may be changed due to interpersonal conflicts with peers.

<b>2.05 Gang Identification: Notification of Law Enforcement</b>	<b>Satisfactory Compliance</b>
<i>The program shall gather information on gangs, (e.g., gang members, tattoos, other body markings) and share this information with law enforcement.</i>	

The program has a written policy and procedures to screen youth during the admission and classification process, to determine if youth is a gang member or gang affiliated. Three applicable case management records were reviewed for youth being documented as a gang member. In each applicable record, the program notified local law enforcement and the youth's home county law enforcement in writing of the youth's gang status. Each of the three reviewed records reflected the information was also shared with the youth's juvenile probation officer (JPO), the Broward County School Board, and documented in the Department's Juvenile Justice Information System (JJIS) as an alert.

<b>2.06 Gang Identification: Prevention and Intervention Activities</b>	<b>Satisfactory Compliance</b>
<i>A residential commitment program shall implement gang prevention and intervention strategies. The residential commitment program shall provide intervention strategies when youth are identified as being a criminal street gang member, are affiliated with any criminal street gang, or are affiliated with any criminal street gang, or are at high risk of gang involvement.</i>	

The program has a written policy and procedures to ensure implementation of gang prevention and intervention strategies are provided when youth are identified as being a gang member or affiliated gang member. Youth are screened during the admission process to determine if they are associated with gang or an active gang member. Any youth displaying gang signs, paraphernalia, slogans, participating in any gang-related activity to include flashing gang signs, wearing gang colors, tagging, recruitment, and/or promoting a gang lifestyle will be identified and addressed by administrative staff and the treatment team. The program utilizes the New Freedom/Phoenix intervention group as part of their gang prevention curriculum. Three applicable youth case management records were reviewed and identified goals included in each performance plan relating to gang prevention/intervention. Further review of group sign-in sheets verified each reviewed youth participated in gang prevention/intervention training.

<b>2.07 R-PACT Assessment and Re-Assessments</b>	<b>Satisfactory Compliance</b>
<i>The program shall ensure an initial assessment of each youth is conducted within thirty days of admission. The program shall maintain all documentation of the initial assessment process in JJIS. The program shall ensure a reassessment of each youth is conducted within ninety days. The program shall ensure any other updates or reassessments are completed when deemed necessary by the intervention and treatment team to effectively manage the youth's case. The program shall maintain all reassessment documentation in the youth's official youth case record.</i>	

The program has a written policy and procedures to ensure an assessment of each youth using the Residential Positive Achievement Change Tool (R-PACT) is completed within thirty days of admission and R-PACT reassessment are completed within ninety days after completing the

initial R-PACT assessment. Seven youth case management records were reviewed and all seven records indicated each youth was assessed using the R-PACT within thirty days of admission and were maintained in the Department's Juvenile Justice Information System (JJIS). Out of the seven reviewed case management records, four were applicable for R-PACT reassessments. Each of the four applicable youth records contained an R-PACT reassessment which were maintained in JJIS, completed within ninety days of their initial R-PACT assessment, and a copy maintained in each youth's case management record.

<b>2.08 Youth Needs Assessment Summary (YNAS)</b>	<b>Satisfactory Compliance</b>
<i>The program shall ensure a Youth Needs Assessment Summary (YNAS) of each youth is conducted within thirty days of admission. The program shall maintain all documentation of the YNAS.</i>	

The program has a written policy and procedures to ensure a Youth Needs Assessment Summary (YNAS) is completed on each youth in the program within the first thirty days of admission to the program. Seven youth case management records were reviewed, and each contained a YNAS completed within thirty days of the youth's admission and were documented in the Department's Juvenile Justice Information System (JJIS).

<b>2.09 Performance Plan Development, Goals and Transmittal (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>The intervention and treatment team, including the youth, shall meet and develop the performance plan, based on the findings of the initial assessment of the youth, within thirty days of admission.</i></p> <p><i>For each goal, the performance plan shall specify its target date for completion, the youth's responsibilities to accomplish the goal, and the program's responsibilities to enable the youth to complete the goal.</i></p> <p><i>Within ten working days of completion of the performance plan, the program shall send a transmittal letter and a copy of the plan to the committing court, the youth's juvenile probation officer (JPO), the parent/guardian, and the Department of Children and Families (DCF) counselor, if applicable.</i></p>	

The program has a written policy and procedures to ensure the intervention and treatment team members, including the youth, meet to develop a performance plan for each youth within thirty days of admission. Each performance plan goal shall specify target dates for completion, the youth's responsibilities to compete the goal, and the program's responsibilities to enable the youth to complete the goal. The plan shall be dated and signed by the youth, intervention and treatment team leader, the treatment team members, parent/guardian if possible, and any other parties with significant responsibilities toward completing the goals. Seven youth case management records were reviewed for performance plan development. Each reviewed plan was developed within thirty days of the youth's admission, contained measurable goals developed by the treatment team and the youth, identified court-ordered sanctions, contained a transition goal to address barriers for a successful release, included the responsibilities of the youth and staff, addressed the top three criminogenic needs, and identified target dates for completion. In each reviewed performance plan, development of the plan involved the treatment team leader, youth, parent/guardian, administrative representative, living unit representative, treatment team staff, educational staff, Department of Children and Families (DCF) staff when applicable, and was signed by all parties. Each reviewed record contained the original



performance plan and a copy was provided to the youth. Seven youth were interviewed on the treatment process. Each interviewed youth knew the program's treatment process including the development of their performance plan, knew the goals on their plan, and received a copy of their performance plan. Seven youth case management records were reviewed for performance plan transmittal. Each of the reviewed records contained an electronic transmittal indicating a copy of the performance plan was sent to the youth's parent/guardians, juvenile probation officer (JPO), and committing court.

<b>2.10 Performance Plan Revisions</b>	<b>Satisfactory Compliance</b>
<i>Performance reviews shall result in revisions to the youth's performance plan when determined necessary by the intervention and treatment team.</i>	

The program has a written policy and procedures in place regarding revision of each youth's performance plan. The program's treatment team may revise a youth's performance plan at any time a new need is discovered based upon Residential Positive Achievement Change Tool (R-PACT) reassessment results, when the youth has demonstrated progress or lack of progress towards completing a goal, and/or when newly acquired information is revealed. Seven case management records were reviewed and four were applicable. Each of the four applicable records contained documentation of a performance revision. Each revision reflected the R-PACT reassessment results, newly acquired/revealed information, and progress and/or lack of progress towards completion of the youth's performance plan goals.

<b>2.11 Performance Summaries and Transmittals</b>	<b>Satisfactory Compliance</b>
<i>The intervention and treatment team shall prepare a Performance Summary at ninety-day intervals, beginning ninety days from the signing of the youth's performance plan, or at shorter intervals when requested by the committing court.</i>	
<i>Additionally, the intervention and treatment team shall prepare a performance summary prior to the youth's release, discharge, or transfer from the program.</i>	
<i>The program shall distribute the Performance Summary, as required, within ten working days of its signing.</i>	

The program has a written policy and procedures in place regarding the completion and transmittal of performance summaries for each youth at ninety-day intervals, beginning ninety days from the signing of the performance plan or at shorter intervals when requested by the committing court. Seven case management records were reviewed and four were applicable for ninety-day performance summaries. Each reviewed record contained a performance summary completed within ninety days of signing the initial performance plan and addressed the youth's overall progress, academics, and behavior. Youth were able to add comments on the summary regarding their progress and each summary was signed by the youth, treatment team leader, and program director. Supporting documentation indicated each applicable record contained a transmittal verifying a copy of each summary was forwarded to the committing judge, parent/guardian, and assigned juvenile probation officer (JPO). Seven case management records were reviewed and three were applicable for youth who were in transition. In each reviewed record, documentation verified the original performance summary was forwarded, along with the Pre-Release Notification, to the JPO within forty-five days of the youth's planned release. Each reviewed record contained the signed performance summary and none of the summaries were

requested to be forwarded in shorter intervals. Seven youth were interviewed and all seven stated they received a copy of their performance summary.

<b>2.12 Parent/Guardian Involvement in Case Management Services</b>	<b>Satisfactory Compliance</b>
<i>The program shall, to the extent possible and reasonable, encourage and facilitate involvement of the youth's parent/guardian in the case management process.</i>	

The program has a written policy and procedures to provide parental involvement in case management services. The program makes efforts to include the parent/guardian in the assessment process, progress reviews, formal treatment team meetings, and transition planning. If parents are unable to attend the meeting in person, they are afforded the opportunity to attend by telephone, video conference, or give verbal or written input prior to the meeting. Seven youth case management records were reviewed, and each contained documentation advising the parent/guardian of the date and time of the performance plan development and treatment team meetings. Observation of treatment team during the annual compliance review indicated the parent/guardian attended the meeting by telephone and was involved in the case management process. An interview with the facility administrator (FA) indicated the program encourages parental involvement in case management process by inviting parents/guardians to treatment team meeting, visitation, family day, and family sessions. Seven youth were interviewed and each stated their parent/guardian are involved in the case management process.

<b>2.13 Members of Treatment Team</b>	<b>Satisfactory Compliance</b>
<i>The team includes, at a minimum, the youth, representatives from the program's administration and residential living unit, education, and others responsible for providing or overseeing the provision of intervention and treatment services.</i>	

The program has a written policy and procedures which indicate treatment team members who consist of representatives from all areas of the program with an identified treatment team leader. The treatment team members consist of the youth, parent/guardian, juvenile probation officer (JPO), direct care youth counselor, clinical director, a member from administration, a representative from education, a mental health therapist, recreational therapist, and the Department of Children and Families (DCF) case worker, when applicable. Each representative must participate in the case management process to ensure coordinated services are provided to each youth in the program. Seven youth case management records were reviewed, and each contained documentation the required treatment team members actively participated in the case management process. Documentation also confirmed each youth's JPO participated by telephone. Observation of treatment team during the annual compliance review verified all members of the treatment team participated in the case management process.

<b>2.14 Incorporation of Other Plans Into Performance Plans</b>	<b>Satisfactory Compliance</b>
<i>The youth's performance plan shall reference or incorporate the youth's treatment or care plan.</i>	

The program has a written policy and procedures for the intervention and treatment team to reference or incorporate each youth's treatment plan into the youth's performance plan. Seven youth case records were reviewed, and each youth had an educational plan, wellness plan, and career education plan incorporated into their performance plan. Two applicable youth records

indicated they had a separate treatment plan to address medical, mental health, substance abuse, developmental disability, and/or a Department of Children and Families (DCF) care plan which were also included into the youth's performance plan.

2.15 Treatment Team Meetings (Formal and Informal Reviews)	Satisfactory Compliance
<p><i>A residential commitment program shall ensure the intervention and treatment team meets every thirty days to review each youth's performance, to include R-PACT reassessment results, progress on individualized performance plan goals, positive and negative behavior, including behavior resulting in physical interventions. If the youth has a treatment plan, review their treatment progress.</i></p>	
<p><i>A residential commitment program shall ensure the intervention and treatment team reviews each youth's performance, including R-PACT reassessment results, progress on individualized performance plan goals, positive and negative behavior, including behavior resulting in physical interventions. If the youth has a treatment plan, review their treatment progress.</i></p>	

The program has a written policy and procedures to ensure the intervention and treatment team conduct a formal treatment team meeting every thirty days and informal treatment team meetings bi-weekly to review youth performance to include a review on each youth's progress on individual performance plan goals, behavior, and individualized treatment plan, as well as to review their Residential Positive Achievement Change Tool (R-PACT) reassessment results. Formal treatment team meetings included the treatment team leader, case manager, health services, mental health services, direct care staff, education staff, a representative from administration, youth, juvenile probation officer (JPO), and parent/guardian. Informal treatment team members consist of the treatment team leader, youth, and one other treatment team representative. Seven youth case management records were reviewed and confirmed each youth had a formal treatment team meeting at least every thirty days and an informal treatment team meeting bi-weekly with the required participants. Each of the seven reviewed case management records contained formal and informal treatment team meeting documentation to include the youth's name, date of review, meeting attendees, comments from treatment team members, brief synopsis of the youth's progress in the program, and performance plan revisions. The youth's JPO, parent/guardian, and other pertinent parties were notified by letter and/or e-mail and were encouraged to participate in person, by telephone, or provide verbal or written input prior to the meeting. Seven youth were interviewed, and each youth indicated during treatment team meetings, they can demonstrate the skills they have learned while at the program. Observation of a formal treatment team meeting during the annual compliance review confirmed this practice.

2.16 Career Education	Satisfactory Compliance
<p><i>Staff shall develop and implement a vocational competency development program.</i></p>	

The program offers educational services through the Broward County School Board. The program in offering a Type 2 vocational programming, teaches personal accountability skills which include but not limited to interpersonal communication skills, decision making skills and financial and literacy skills. These skills are both age and intellect appropriate as well as appropriate for employment seeking. The vocational programming provides an orientation to the various occupations which are directly related to the individual abilities, aptitudes and skill levels. Course work includes résumé writing which summarized individual education and past work experiences, completion of job applications as well as college application for those youth

looking to further their education. The program offers vocational training courses in the areas of fork-lift operations, culinary arts and coding. The program also offers course work in marketing, finance entrepreneurship and customer service. Each course is taught by a certified business education teacher. An interview with the program’s lead teacher and facility administrator (FA) verified the information indicated.

<b>2.17 Educational Access</b>	<b>Satisfactory Compliance</b>
<i>The facility 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>	

The program operates an academic program under the supervision and direction of the Broward County School Board on a year-round basis. The youth are required to participate in educational and vocational career-related instruction for a minimum of 250 days during the calendar year with a minimum of twenty-five hours of instruction weekly. An interview with the program’s lead educator indicated youth are provided twenty-five hours of instruction weekly with minimal interruptions. A review of the of the facility logbooks verified this practice. Seven youth were interviewed and asked if there were a lot of interruptions during educational instruction and two youth stated yes and five stated no.

<b>2.18 Education Transition Plan</b>	<b>Satisfactory Compliance</b>
<i>Staff and youth complete an education transition plan upon entry including provisions for continuation of education and/or employment.</i>	

A review of three closed youth records confirmed each contained a detailed transitional plan based upon the youth’s specific post-release goals identified at the youth’s admission into the program. Each reviewed plan contained services and interventions based on the educational assessment, identified services to be provided during the youth’s stay and upon release, and recommended educational placement for youth during post-release from the program. The transition plans were developed by the youth, the program’s educational component and the program’s counselors and aftercare staff members with the expressed intent to develop specific plans for continuation of education and/or employment post release. Specific monitoring responsibilities of staff were also included in each plan.

**2.19 Transition Planning, Conference, and Community Re-entry Team Meeting (CRT)**

**Satisfactory Compliance**

*A residential commitment program shall ensure the intervention and treatment team is planning for the youth's successful transition to the community upon release from the program, when developing each youth's performance plan and throughout its implementation during the youth's stay.*

*During the transition conference, participants shall review transition activities on the youth's performance plan, revise them if necessary, and identify additional activities/services as needed. Target completion dates and persons responsible for their completion shall be identified during the conference. The intervention and treatment team leader shall obtain conference attendees' dated signatures, representing their acknowledgement of the transition activities and accountability for their completion pursuant to the youth's performance plan.*

*Each youth must attend their scheduled Community Re-entry Team (CRT) meeting prior to discharge.*

The program has a written policy and procedures to ensure a formal transition conference is conducted sixty days prior to the youth's targeted release date. The transition conference meeting consists of the youth, treatment team leader, and program director or designee. The youth's juvenile probation officer (JPO), parent/guardian, Department of Children and Families (DCF) if applicable, education staff, and any other pertinent parties are encouraged to participate in person, by telephone or provide verbal or written input prior to the meeting. During the conference, participants review transition activities on the youth's performance plan, revise them if needed, and identify additional goals needed. Three closed youth case management records were reviewed for transition planning which confirmed documentation reflected a transition conference was held at least sixty days prior to the youth's projected release from the program with the youth, treatment leader, facility administrator, and other related team members. Each transition plan included appropriate goals and dates for the youth's release back into the community. All required participants were invited to participate in person, by telephone or provide verbal or written input prior to the meeting. A copy of the plan was sent for return signature to anyone not in attendance. In each of the three closed records, documentation confirmed the youth and case manager was invited and participated in a community re-entry team (CRT) meeting prior to the youth's release from the program.

**2.20 Exit Portfolio**

**Satisfactory Compliance**

*The residential commitment program will assemble an exit portfolio for each youth to assist the youth once he/she is released back into the community.*

The program has a written policy and procedures to ensure an exit portfolio is assembled to assist each youth once released back into the community. Each exit portfolio shall be verified at the exit conference and include a state issued identification card, copy of transition plans, calendar of dates, times and location of follow-up appointments, social security card, birth certificate, vocational certifications, educational records, résumé, and completed job applications. A review of three closed youth case management records confirmed each youth was provided copies of the required documentation. Each exit portfolio was discussed at the youth's exit conference and were provided to the youth upon their release from the program. The exit portfolio was also forwarded to the assigned juvenile probation officer (JPO), school district and documented in the youth's case record.

**2.21 Exit Conference****Satisfactory Compliance**

*An exit conference shall be conducted, in addition to a formal or informal meeting, to review the status of goals developed at the transition conference and finalize release plans.*

Three closed youth case management records were reviewed and indicated an exit conference was conducted after the juvenile probation officer (PO) was notified, held within fourteen days prior to the release of each youth, and held separately from the transition conference. Documentation also confirmed the treatment team leader invited the juvenile probation officer (JPO), parent/guardian, education representative and other pertinent parties. Each reviewed exit conference was documented in the youth's records and included the date, summary of pending goals, and signatures of participants. The treatment team leader, parent/guardian, education staff, JPO, youth, and other pertinent parties participate in the exit conference in person or by telephone. For those who were not able to attend in person, the treatment team leader noted telephone participants on the signature line of the exit form. For each reviewed closed record, the youth's date of admission and date of release coincided with the Department's Juvenile Justice Information System (JJIS).

## Standard 3: Mental Health and Substance Abuse Services

### Overview

The program offers mental health and substance abuse services which including substance abuse treatment overlay services (SAOS) to each youth in the program. The program maintains a license under Florida Statutes, Chapter 397 to provide substance abuse services for adolescents. The program has a full-time licensed mental health counseling who serves as the program's designated mental health clinician authority (DMHCA) and is accountable for ensuring appropriate coordination, implementation, and oversight of mental health and substance abuse services provided. The DMHCA is on-site Mondays through Fridays at a minimum of forty hours a week. The program also has three full-time master's-level non-licensed mental health therapists who are supervised by the DMHCA. The program has contracted with a licensed independent psychiatrist to provide part-time psychiatric services, supervision, and follow-up treatment to all youth on prescribed psychotropic medications. The DMHCA and the psychiatrist are available for mental health and substance abuse consultations twenty-four hours a day, seven days a week. The program maintains an approved suicide prevention plan, a crisis emergency plan, and an emergency care plan which are provided within the program's mental health treatment programming. The program takes into consideration each youth's background in all aspects of mental health and substance abuse screening, assessment, and treatment planning. A referral source for the youth is maintained through the development of a working relationships with the Florida Department of Children and Families (DCF), as well as local mental health and substance abuse agencies and professionals.

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.</i></p> <p><i>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 the coordination and implementation of mental health and substance abuse services in the facility/program.</i></p> <p><i>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 license mental health counselor (LMHC) who served as the program's designated mental health clinician authority (DMHCA). A review of the DMHCA license indicated it was clear and active to practice in the state of Florida with an expiration date of March 31, 2019. The DMHCA is full-time, working Monday through Friday from 9:00 a.m. to 5:00 p.m. The DMHCA is on-call twenty-four hours a day, seven days a week, and is responsible for the coordination and implementation of mental health and substance abuse services at the program. An interview with the DMHCA indicated the responsibility of the DMHCA is for overseeing the quality of services provided at the program including fidelity checks of groups, supervision of clinical staff, facilitating training, making recommendations for youth presenting with suicidal thoughts and/or crisis interventions. A review of the position description indicates the DMHCA acts as the program mental health and substance abuse authority. The DMHCA provides at least one hour of clinical supervision each week for each of the three non-licensed mental health therapists. An interview with the DMHCA indicated the program offers mental

health counseling and substance abuse services. Services are provided through group counseling sessions and individual counseling sessions twice a month with monthly family session with youth. The DMHCA also indicated weekly supervision is provided to the clinical staff.

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

The program has one full-time licensed mental health counselor (LMHC) who serves as the program’s designated mental health clinician authority (DMHCA). The program also has an independent contractor agreement with a State of Florida board-certified licensed psychiatrist. The psychiatrist is scheduled to be on-site for a minimum of four hours biweekly and is on call twenty-four-hours a day, seven days a week for consultation. The reviewed records demonstrated each staff works within the scope of their licensure, experience, and training. Reviewed documentation supported each licensed staff maintained a position description and/or agreement identifying the position expectations and essential functions. The DMHCA and the psychiatrist are on-call for emergencies and consultation twenty-four hours a day, seven days a week. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide outpatient treatment substance abuse services. The current license expires April 19, 2019.

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

The program has three non-licensed therapists. Each of the three non-licensed therapists are master’s-level with degrees in social work or human services, work under the direct supervision of the designated mental health clinician authority (DMHCA) and receive at least one hour of face-to-face direct supervision from the DMHCA each week. The reviewed documentation found the clinical supervision log included all required elements as outlined in Chapter 397, Florida Statutes. The form utilized to document the direct supervision includes all information as outlined on the Department’s Mental Health and Substance Abuse (MHSA) 019 form. The reviewed forms reflected a review of the clinician’s caseload, clinical services provided, documentation, comprehensive evaluation, miscellaneous directions, instructions, and recommendations. Training records for the three non-licensed staff validated each completed the required twenty-hours and supervised experience in assessing suicide risk mental health crisis intervention, and emergency mental health services. The training included the administration of five assessments of suicide risk or crisis assessments conducted on-site in the physical presence of a licensed mental health professional and documented on the Department’s Non-Licensed Mental Health Clinical Staff Person’s Training in Assessment of Suicide Risk (ASR) form (MHSA 022).



**3.04 Mental Health and Substance Abuse Admission Screening**

**Satisfactory Compliance**

*The mental health and substance abuse 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 to ensure each youth's mental health and substance abuse needs are identified through a comprehensive screening process. Immediately upon the youth's arrival to the program, an initial mental health and substance abuse screening process is initiated by the multidisciplinary treatment team staff to ensure the identification of mental health and substance abuse issues requiring immediate attention and/or further assessment and evaluation. The screening process is designed to gather information on the youth prior to the youth entering the general population. As a key component of the initial intake process, following the facility entry physical health screening conducted by nursing staff, the Massachusetts Youth Screening Instrument-Second Version (MAYSI-2) is administered by a trained staff member on the Department's Juvenile Justice Information System (JJIS). Seven youth mental records were reviewed, and each record indicated staff reviewed all available information included in each youth's commitment packet regarding mental health and substance abuse histories and documented the review on a records review form. The information collected identifies prior inpatient mental health and substance abuse treatment services, outpatient mental health and substance abuse treatment, treatment with psychotropic medications, emergency evaluations, suicide risk, self-injurious behaviors, drug and alcohol use or possession, emotional stability, history of significant trauma, and history of mental illness in the family. The form also identifies protective factors and risk factors. Each reviewed record indicated the therapist completing the forms, signed the forms and the licensed mental health therapists documents their review of the form by signing the form. Reviewed documentation supported each youth received a MAYSI-2 on the day of admission and was completed in the JJIS. A review of staff training records validated each staff completing the MAYSI-2 were properly trained. It is the program's practice to conduct a further evaluation on each youth admitted regardless of the MAYSI-2 results. All seven reviewed MAYSI-2 supported each youth required a referral for further evaluation. No youth indicated an elevation in suicide risk; however, all seven youth received an Assessment of Suicide Risk (ASR), as this is the program's practice for each youth to be assessed upon admission. All reviewed records contained Youth Consent for Substance Abuse Treatment forms which were obtained during the admission screening process. The youth were also provided information on client rights and responsibilities and on what a youth needs to know about sexual assault, harassment, and abuse. The youth and case manager signed the forms acknowledging the information was shared with the youth and the forms were filed in the mental health and substance abuse record. The youth were also provided a list of telephone contacts identifying the Florida Abuse Hotline, Department's Central Communications Center (CCC), Department of Children and Families (DCF), and the Rights Advocacy program. The program's practice is to assess each youth upon admission utilizing the ASR. All reviewed seven ASRs indicated each youth was placed on standard supervision. In addition to the MAYSI-2, each youth is assessed upon admission utilizing the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB), Adolescent Substance Abuse Subtle Screening Inventory (SASSI-2), Symptom Checklist-90R, and Beck Depression Inventory. An interview with the facility administrator (FA) indicated each youth is given the MAYSI-2 assessment and each youth receives a suicide risk assessment if a hit is received or not. In addition, the clinical director conducts an interview with the youth.

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

The program maintains a written policy and procedures outlining a comprehensive plan for mental health and substance abuse services. As part of the evaluation process used to assist in the development of the youth's individualized treatment plan, a comprehensive mental health and substance abuse bio-psycho-social evaluation is completed. The bio-psycho-social evaluation is completed with the youth, parent/guardian, if applicable the Department of Children and Families (DCF) family services counselor, and/or others involved in the youth's care. The comprehensive mental health and substance abuse services use emotional and behavioral functioning, social roles, and identify other areas impacting the youth's overall level of functioning. The youth's primary therapist is responsible for the completion of the bio-psycho-social evaluation and must be completed within thirty days of the youth's admission. The evaluation can be expedited should a youth pose a safety risk to self, other youth, and/or staff. Each therapist completing a comprehensive mental health and substance abuse evaluation is trained to complete evaluations/assessments and the licensed mental health counselor attests to the training completion and competency. The program's designated mental health clinician authority (DMHCA) and/or licensed mental health counselor (LMHC) is responsible for the review of each comprehensive mental health and substance abuse bio-psycho-social evaluation and indicate a statement of concurrence or provision of alternative treatment recommendations based upon the findings of the review. The DMHCA is also responsible to provide a provision diagnosis and sign the evaluation within ten days of completion. A review of seven youth mental health and substance abuse records found each youth had a completed mental health and substance abuse bio-psycho-social evaluation completed within the required thirty-day time frame. Each reviewed bio-psycho-social evaluation contained all required elements, as outlined in Florida Administrative Code 63N-1. All completed evaluations were conducted by a licensed mental health counselor or non-licensed master's-level clinician and was reviewed by the LMHC. The program is licensed through the DCF in accordance with Chapter 397.

<b>3.06 Mental Health and Substance Abuse Treatment</b>	<b>Satisfactory Compliance</b>
<i>Mental health and substance abuse treatment planning in Departmental facilities 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.</i>	
<i>The treatment team is responsible for assisting in developing, reviewing, and updating the youth's individualized and initial mental health/substance abuse treatment plans.</i>	

The program has a written policy and procedures related to multidisciplinary intervention and treatment team. A review of seven youth mental health and substance abuse records revealed each youth was assigned to a multidisciplinary treatment team upon admission. The multidisciplinary intervention and treatment team is comprised of the youth, parent/guardian, juvenile probation officer (JPO), case managers, case manager director, education staff, medical staff, and the residential living unit staff. A review of youth progress notes indicated each reviewed youth received treatment services as indicated in their treatment plan. Observation of a treatment team meeting confirmed this practice. Each reviewed youth received mental health and substance abuse clinical services and had a properly executed Authority for

Evaluation and Treatment (AET). Each youth also had a signed Youth Consent for Substance Abuse Treatment form, and a signed Consent for Release of Substance Abuse Treatment Record. Group attendance sheets confirmed group therapy for mental health is limited to ten or fewer youth and group therapy for substance abuse is limited to fifteen or fewer youth. Observation of groups confirmed this practice. All substance abuse groups are provided by therapists who are qualified to provide the groups based on their education. Random staff were interviewed and indicated mental health and substance abuse counseling is provided by the program. An interview with the designated mental health clinician authority (DMHCA) indicated the type of specialized services provided by the program are substance abuse treatment overlay services and mental health and substance abuse groups are provided daily. Seven staff were interviewed and two were trained in facilitating mental health and substance abuse groups. Both of the trained staff indicated groups are provided to youth.

<b>3.07 Treatment and Discharge Planning (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>Youth determined to have a serious mental disorder or substance abuse impairment, and are receiving mental health or substance abuse treatment in a program, shall 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 or substance abuse treatment plan is completed.</i></p> <p><i>All youth who receive mental health and/or substance abuse treatment while in a residential program shall have a discharge summary completed documenting the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.</i></p>	

A review of seven mental health and substance abuse records validated on the date of admission, each youth received an initial treatment plan, which included all the elements required, including psychiatric needs. Each initial treatment plan was signed and dated by the youth and all multidisciplinary treatment team members. Reviewed records further supported each youth had an individualized treatment plan completed for each youth within thirty days of admission. All reviewed plans were signed and dated by all treatment team members who participated in the development of the plan including the parents/guardians. In addition, the program staff completed the required number of plan reviews every thirty-days following the development of the individualized treatment plan. A review of three mental health and substance abuse closed records confirmed each had a mental health and substance abuse treatment discharge summary outlining ongoing services including any possible upcoming services needed for the daily maintenance of positive skills made for youth in the program, as well as the continuum of treatment. Reviewed documentation indicated each discharge summary was discussed with all the applicable parties, including the youth's parent/guardian and the assigned juvenile probation officer (JPO).

<b>3.08 Specialized Treatment Services (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>Specialized treatment services shall be provided in programs designated as "Specialized Treatment Services Programs" or are designated to provide "Specialized Treatment Overlay Services."</i></p>	

The program is contracted to provide comprehensive services major disorders to youth in the program. A review of seven mental health and substance abuse records and an interview completed with the designated mental health clinical authority (DMHCA) confirmed the ongoing

provision of the comprehensive clinical services for major disorders or substance abuse diagnosis to the youth in the program. An interview with the facility administrator (FA) indicated youth receive substance abuse treatment services seven day a week. The curricula being used is Seeking Safety, Living in Balance, Wisdom to Know the Difference, Stop the Chaos, and Mindfulness of Addiction. Services provided includes mental health and substance abuse evaluations, treatment planning, daily group therapy session, individual sessions which are conducted twice per month, monthly family therapy, substance abuse therapeutic activities, mental health crisis intervention and daily on-site psychiatric services, twenty-four hours a day, seven days week crisis intervention therapy services, and suicide prevention.

<b>3.09 Psychiatric Services (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Psychiatric services include psychiatric evaluation, psychiatric consultation, medication management, and medical supportive counseling provided to youth with a diagnosed DSM-IV-TR or DSM-5 mental disorder and each youth receiving psychotropic medication in the program as set forth in Rule 63N-1, F.A.C.</i>	

The program has an independent contract agreement with a license psychiatrist for the provision of psychiatric services to all applicable youth in the program. The psychiatrist is on-site biweekly and provides psychiatric evaluations, medication management, and regular consultation with the program’s designated mental health clinician authority (DMHCA). The psychiatrist is on-call for consultation twenty-four hours a day, seven days a week. A review of seven youth records indicated each youth initial and monthly psychiatric evaluation was completed by the psychiatrist and documented on the Department’s Clinical Psychotropic Progress Note (CPPN). The psychiatrist also reviews and signs the youth treatment plans and review youth records who are prescribed a medication regimen. A review of documentation and observation of a treatment team meeting confirmed the psychiatrist is a part of the monthly treatment team meetings. An interview with the psychiatrist indicated there is a biweekly meeting with the DMHCA and the program director to communicate the youth’s clinical information and treatment. A review of seven youth’s mental health and substance abuse records found each youth was referred at admission to the psychiatrist for evaluation. Youth on psychotropic medications are evaluated on a monthly basis. The psychiatrist also contacted each youth’s parents/guardians to obtain permission or discuss issues, as needed. An interview with the psychiatrist confirmed this practice.

<b>3.10 Suicide Prevention Plan (Critical)</b>	<b>Satisfactory Compliance</b>
<i>The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible, in accordance with the Rule 63N-1, Florida Administrative Code.</i>	

The program has a written policy and procedures regarding suicide prevention. The plan was reviewed and signed by the designated mental health clinical authority (DMHCA) on October 17, 2018. The program’s plan detailed suicide prevention procedures, and included all required elements outlined in Florida Administrative Code 63N-1. The plan included referral process, communication, notification, documentation, immediate staff response and a review process. An interview with the facility administrator (FA) indicated mock drills including emergency response to suicide attempts are conducted monthly.

<b>3.11 Suicide Prevention Services (Critical)</b>	<b>Satisfactory Compliance</b>
<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 shall be placed on Suicide Precautions (Precautionary Observation or Secure 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 shall be placed on Suicide Precautions and receive an Assessment of Suicide Risk.</i></p>	

A review of seven youth mental health and substance abuse records indicated each youth were screened utilizing the Assessment of Suicide Risk (ASR) with one applicable youth being placed on precautionary observation (PO). The one applicable youth remained on constant supervision until a follow-up ASR. An ASR was conducted by a non-licensed staff and the youth was determined to be placed on close supervision and stepped down to standard supervision. Reviewed alerts indicated they were entered into the Department's Juvenile Justice Information System (JJIS) at the time the youth was placed on PO and removed when placed on standard supervision. A review of the program logbooks verified the information was documented to include the beginning and ending times the youth was placed on PO. The program does not utilize secure observation (SO). A review of the non-licensed staff training records confirmed the required twenty-four-hour training was completed along with the observation of five assessments. Seven staff were interviewed and all seven indicated if a youth expresses suicidal thoughts they notify the designated mental health clinician authority (DMHCA), search youth and room, place youth on constant sight and sound, and document supervision. Each interviewed staff revealed the program's suicide response kits are kept in master control and in the medical office.

<b>3.12 Suicide Precaution Observation Logs (Critical)</b>	<b>Satisfactory Compliance</b>
<p><i>Youth placed on suicide precautions shall be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth shall provide the appropriate level of supervision and record observations of the youth's behavior at intervals of thirty minutes, at a minimum.</i></p>	

A review of one applicable mental health and substance abuse youth records revealed the suicide precaution observation logs were maintained for the duration the youth was on suicide precautions. There were no applicable warning signs documented. All suicide precaution logs were reviewed and signed by each shift supervisor and mental health clinical staff. All suicide precaution logs were in compliance with the documentation of the safe housing requirements. During the annual compliance review week there were no youth being observed on suicide precautions.

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

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

A review of seven staff training records found each staff member received a minimum of six hours of annual training in suicide prevention and implementation of suicide precautions. The program provided suicide prevention training to every new employee and annually; thereafter. The suicide training is documented in the Department's Learning Management System (SkillPro). A review of the documentation revealed staff receive pre-service and in-service instructor led suicide prevention training including mock suicide drills. A review of the mock-drills log indicated the program conducted monthly drills on each shift and provided follow-up training for staff who were not present for the monthly drills.

**3.14 Mental Health Crisis Intervention Services (Critical)****Satisfactory Compliance**

*Every program shall 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 shall be able to differentiate a youth who has an acute emotional problem or serious psychological distress from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others which would require suicide precautions or emergency treatment.*

The program has a written policy and procedures to respond to youth in crisis in the least restrictive methods possible. The program maintains a written crisis intervention plan which was reviewed and signed by the designated mental health authority (DMHCA) on October 17, 2018. The plan detailed crisis intervention procedures to include notification and alert system, means of referrals, youth self-referrals, communication, supervision, documentation and review process. It is the practice of the program to immediately refer youth to the mental health clinical staff for crisis intervention assessment, counseling, any youth demonstrating acute emotional, psychological distress or behavioral issues.

**3.15 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 by a non-licensed mental health clinical staff person 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 shall 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.*

The program has a written policy and procedures to assess youth in crisis. A review of seven youth mental health and substance abuse records found none were applicable for crisis assessments. The programs did not have any applicable youth for crisis assessment since the last annual compliance review. The program has internal procedures addressing crisis assessments. The program utilizes the Department's Mental Health and Substance Abuse

(MHSA) form 023 pursuant to Rule 63N-1 to conduct crisis assessments. The assessments are inclusive of the reason for the assessments, mental status examination and interview, determination of danger to self or others, initial clinician impressions, supervision recommendations, treatment recommendations, follow-up or further evaluation, and notification to parent/guardian of follow-up treatment. The program's protocol for crisis assessment is conducted by a license mental health professional or by a non-license mental health clinical staff person working under the supervision of a licensed mental health clinician authority (MHCA) professional. The program's designated mental health clinician authority (DMHCA) and the facility administrator (FA) are notified of the crisis assessment for concurrence or non-concurrence of the mental health crisis alert placement and level of supervision.

<b>3.16 Emergency Mental Health and Substance Abuse Services (Critical)</b>	<b>Satisfactory Compliance</b>
<i>Youth determined to be an imminent danger to themselves or others due to mental health and substance abuse emergencies occurring in facility require emergency care provided in accordance with Rule 63N-1 Florida Administrative Code and the facility's emergency care plan.</i>	

The program has a written policy and procedures in place regarding youth in need of emergency mental health and substance abuse services. Review of the program's emergency care plan indicated the plan was approved and signed by the facility administrator (FA), designated mental health clinician authority (DMHCA), and the corporate officer on October 25, 2018. The plan contained all the elements required by Florida Administrative Code 63E-7 and 63N-1. An interview with the DMHCA indicated there were no youth applicable for emergency mental health and/or substance abuse services for this review period. The plan outlined transport for emergency mental health evaluation and treatment as well as emergency substance abuse assessment and treatment to Memorial Regional Hospital in Hollywood, Florida. The plan also indicated all staff are certified in first aid cardiopulmonary resuscitation (CPR), automated external defibrillator (AED). A review of seven staff training records verified first aid, CPR, and AED training was provided and completed.

<b>3.17 Baker and Marchman Acts (Critical)</b>	<b>Satisfactory Compliance</b>
<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 has a written policy and procedures to ensure youth who are an imminent danger to themselves or others are provided emergency services. An interview conducted with the program's clinical psychologist and the designated mental clinician authority (DMHCA) indicated there was only one youth applicable for Baker Act since the last annual compliance review. A review of the youth's mental health and substance abuse records indicated the youth was Baker Act from May 6, 2018 to May 11, 2018. A review of the program's policy verified the staff followed the protocol for the youth returning to the program. The youth was placed on constant supervision and gradually transitioned back on standard supervision into the general population utilizing the Assessment of Suicide Risk (ASR) Follow-up Assessments.

## **Standard 4: Health Services**

### **Overview**

Youth Opportunity Investments, LLC ensures provision of on-site medical services designed to ensure the health needs of the youth are met. Medical services include primary and preventive care, sick call, episodic care, and management of acute and chronic medical issues, along with follow-up. The program maintains a written agreement for professional services with Pedroso Pediatrics, PA., who designates and provides a physician licensed in the State of Florida, which serves as the program's designated health authority (DHA) and advanced registered nurse practitioner (ARNP) who is provided to cover for the physician during vacations or when the DHA is not available. The physician is on-site once a week and is available twenty-four hours a day, seven days a week by telephone, if needed. The program has one full-time licensed registered nurse (RN) who serves as the health services administrator, and a second full-time RN. The program's nursing staff are responsible for the day-to-day operations of the medical clinic inclusive of medication administration, conducting sick call services, maintaining individual youth health-care records, and maintaining inventories of all medications, sharps, and medical supplies. Nursing coverage is provided seven days a week from 6:00 a.m. to 6:00 p.m. The DHA, the psychiatrist, and the health services administrator are on-call twenty-four hours a day, seven days a week. The program has a written agreement for professional services with a psychiatrist, licensed within the State of Florida, with a background in child and adolescent psychiatry. The psychiatrist is contracted to be on-site one day a week for two hours to conduct psychiatric evaluations, prescribe and monitor youth on psychotropic medications, participate in treatment planning for youth receiving psychotropic medication, and for consultation. Reviewed training records revealed all staff in the program completed pre-service and in-service training related to health care. Health services provided by the program include primary and preventive care, sick call and episodic care, management of acute and chronic medical issues, medication administration, medication management services, psychiatric services, health education, transitional healthcare planning, and follow-up care. The program does not use restricted housing or confinement. The program has an on-site medical clinic and one dedicated refrigerator for medications. The program has a Type B Modified Class II Institutional Pharmacy license. The program utilizes Guardian Pharmacy for medication procurement and a local community Walmart Pharmacy as the local pharmacy. The over-the-counter medications are ordered through Guardian Pharmacy. The program utilizes the services of a consultant pharmacist for the disposal of medications and other applicable services and the pharmacist is on-site a minimum of once a month. The program ensures all staff are trained in first aid, cardiopulmonary resuscitation (CPR), universal precautions, medication administration, and emergency evacuation procedures. The program utilizes the Broward County Health Department for immunizations and sexually transmitted infections (STI) testing/treatment. Additionally, the program utilized Broward House, a contract provider for the Broward County Health Department for health education services. The program's nursing staff maintain individual healthcare records for each admitted youth, manages alerts on the records and within the Department's Juvenile Justice Information System (JJIS). The program maintains logs for sick call, episodic care, perpetual/sharps inventories, human immunodeficiency virus (HIV) testing, sexually transmitted infection (STI) testing, and DHA visitation logs.



**4.01 Designated Health Authority/Designee (Critical)****Satisfactory Compliance***The Designated Health Authority (DHA) shall be clinically responsible for the medical care of all youth at the facility.*

The program maintained a written policy to address the requirements relating to the designated health authority (DHA). The program's policy indicated the DHA is responsible for all clinical decisions to be implemented by the program's nursing staff. The program maintains a written agreement for professional services with a licensed physician/medical doctor with specialty training in pediatrics who holds an unrestricted license and meets all requirements for independent and unsupervised practice in the State of Florida. The licensed physician serves as the program's DHA and is to be on-site at least once a week for a minimum of two hours. Reviewed documentation of sign-in and sign-out logs for the six months prior to the annual compliance review of both the DHA or the covering advance registered nurse practitioner (ARNP) were on-site weekly to provide services. Reviewed documentation found the licensed physician communicates with the program staff regarding youth medical needs and is available twenty-four hours a day, seven days a week for acute medical concerns, emergency care, and coordination of off-site care. Reviewed documentation confirmed coverage is provided by the program's part-time ARNP when the DHA is on scheduled leave or unavailable. An interview with the licensed physician confirmed they are on-site once a week for two hours minimum, and is available twenty-four hours a day, seven days a week through telephone communication. The licensed physician verified their role in the coordination and implementation of the health services within the program. The program utilizes the services of a dentist and optometrist, when needed. A review of the licenses for all medical professionals providing care to youth validated each held a clear and active license in the State of Florida. The DHA license expires on January 31, 2020 and the ARNP license expires on April 30, 2019.

**4.02 Facility Operating Procedures****Satisfactory Compliance***The program shall have Facility Operating Procedures (FOP) for all health-related procedures and protocols utilized at the facility.*

The program maintains facility operating procedures (FOP) for all health-related treatment. The program's policies and protocols outline the program's healthcare services. Approval of treatment protocols or standing procedures are to be written and authorized by the designated health authority (DHA) and are not to be delegated to any other person. The written treatment protocols and standing procedures were authorized by the DHA as indicated by their signature on January 10, 2018. A signed FOP coversheet was provided indicating the annual review of FOPs was completed on September 3, 2018. New policies or changes in policies made during the year are to be reviewed and signed by the DHA. However, nineteen medical FOPs, with revision dates in 2018, were not signed by the DHA. During the week of the annual compliance review, the revised FOPs were approved by the DHA, in conjunction with administration, and a copy was provided. Reviewed documentation reflected the two registered nurses (RN) signed and dated a cover page to acknowledge their review of the policies, procedures, and treatment protocols on January 11, 2018 and February 5, 2018, respectively. All procedures and protocols related to psychiatric services and psychotropic medication management were approved by the psychiatrist. There were no general corporate policies, procedures, or protocols. The program did not have any newly employed healthcare personnel since the last annual compliance review.

**4.03 Authority for Evaluation and Treatment****Satisfactory Compliance***Each program shall ensure the completion of the Authority for Evaluation and Treatment (AET) authorizing specific treatment for youth in the custody of the Department.*

The program has a written policy and procedures in place regarding the completion of an Authority for Evaluation and Treatment (AET) form before and/or during the time of a youth's admission authorizing treatment for youth in the custody of the Department of Juvenile Justice (DJJ). A signed AET is required prior to the program providing medical services. The program's policy indicated parents/guardians of youth under eighteen years of age must provide consent for invasive procedures. Seven youth individual healthcare records (IHCR) were reviewed and four contained original AETs, three contained legible copies stamped with the word "COPY." Three reviewed records were for youth over eighteen years of age, for which the program utilizes the Department's Health Services (HS) form 003, Authority for Evaluation and Treatment for Youth Over 18 Years of Age. There were no youth with a break in service since their AET was signed. Each of the reviewed AETs were signed by the parent/guardian and were witnessed by a Department representative. There were no AETs reviewed where a parent/guardian refused to sign the AET.

**4.04 Parental Notification****Satisfactory Compliance***The program shall inform the parent/guardian of significant changes in the youth's condition and obtain consent when new medications and treatments are prescribed.*

The program maintained written policy and procedures to address parental notification. A review of seven youth individual healthcare records (IHCR) demonstrated parents/guardians were notified of over-the-counter (OTC) medications beyond those covered by the AET, when a youth was prescribed a new medication, when a medication prescribed prior to the youth's admission was discontinued, and when a youth was taken off site for medical treatment. The program utilizes the Department's Parental Notification of Health-Related Care: General form. Two of the seven youth were taken off-site for emergency treatment, surgeries and/or invasive procedures, or non-routine dental procedures. In the two applicable records, parental notifications were made by telephone and, subsequently, in writing. Verbal contact with the parent/guardian was documented in each youth's IHCR's progress notes and included documentation of a staff witnesses to the notification. The program also mailed written notifications to each parent/guardian, when required. The court authorizes all treatment for youth in the care of the Department of Children and Families (DCF). DCF caseworkers are not authorized to sign for consent in the place of a parent/guardian or the court. However, none of the reviewed records were for youth in the care of DCF. In cases of parental notification for psychotropic medications, the program is to utilize the Acknowledgment of Receipt of Clinical Psychotropic Progress Note or Practitioner form.

**4.05 Notification – Clinical Psychotropic Progress Note****Satisfactory Compliance***The program shall inform the parent/guardian and obtain consent for the prescription of new psychotropic medications, discontinuances, or psychotropic medication adjustments.*

The program maintains a written policy and procedures regarding parental notification. When a psychotropic medication is initially prescribed, discontinued, and/or a significant dosage adjustment is made, notification to the parent/guardian must be made and consent obtained. A review of seven individual healthcare records (IHCR) revealed one of the seven youth were

prescribed psychotropic medication at least one time during their stay in the program. There were no additional youth applicable who were prescribed, discontinued or adjusted psychotropic medication subsequently to their admission. Documentation in the applicable record confirmed the required notification was mailed and was accompanied by the Clinical Psychotropic Progress Note (CPPN) with explanatory information. In one applicable record, verbal consent was obtained for the CPPN which was documented in the nursing progress notes and on the CPPN, which included the staff who witnessed the consent.

<b>4.06 Immunizations</b>	<b>Satisfactory Compliance</b>
<i>All youth's immunization history and status shall be verified to meet state and department requirements, and subsequently provide necessary immunizations/vaccinations (with parent/guardian consent).</i>	

The program has a written policy and procedures in place regarding immunizations to ensure a complete review of all youth's immunization status and history and for youth to receive proper immunizations in accordance with state and Departmental requirements. The program maintains a process to verify each youth's immunization status upon admission to the program. Informal interviews were conducted with the nursing staff and found immunization records were obtained from each youth's school, through the Florida SHOTS website, and/or through previous Department of Juvenile Justice (DJJ) records. A review of seven youth individual healthcare records (IHCR) validated each included a copy of the youth's immunization record received from the Florida SHOTS website as well as a completed Department Immunization Tracking record form. The immunizations in all seven reviewed records were verified within thirty days of each youth being admitted into the program. There were no instances of a parent/guardian refusing to give consent to a vaccination for medical reasons and/or any exemptions due to religious beliefs since the last compliance review.

<b>4.07 Healthcare Admission Screening Form (Facility Entry Physical Health Screening Form)</b>	<b>Satisfactory Compliance</b>
<i>Youth are screened upon admission for healthcare concerns that may need a referral for further assessment by healthcare staff.</i>	

The program maintains a written policy and procedures to address the healthcare admission screening form to ensure each youth receives routine healthcare screenings and evaluations upon admission to the program. In practice, the health services administrator reviews all the youth's previous medical records and conducts a thorough assessment of the youth's current health. A review of seven individual healthcare records (IHCR) found each youth received an initial healthcare admission screening within twenty-four hours of their admission to the program. Each screening was completed on the Department's Facility Entry Physical Health Screening (FEPHS), as required. The program's health services administrator completed all seven reviewed screenings. None of the program's screenings were completed by direct care staff. An interview completed with nursing staff found licensed healthcare staff completes the FEPHS.

**4.08 Medical Alerts****Satisfactory Compliance***Staff shall be alerted of medical issues that may affect the security and safety of the youth in the facility.*

The program maintained a written policy and procedures to ensure all staff are made aware of each youth's medical and mental health problems which may affect the safety and security of the youth in the program and/or require emergency responses while ensuring preservation of the youth's privacy. The policy indicated human immunodeficiency virus (HIV) testing results have special confidentiality protection and cannot be identified as a condition or risk factor and cannot be communicated to any staff without a proper need to know basis. The program has a medical alert system in place. A review of seven individual healthcare records (IHCR) revealed one of the seven youth was classified with medical grade of three and was placed on the program's medical alert system. The program's practice is for their alert system to document any medical grade above medical grade one in red for ease of identification. An interview with the nursing staff indicated medical alerts are updated at least weekly and verified in the system as accurate and up-to-date. Reviewed documentation reflected the program's internal alert system matched the alerts identified in the applicable youth's IHCR with only two exceptions. One youth record noted the youth was not to receive non-steroidal anti-inflammatory drugs (NSAIDs) for pain due to a chronic condition. However, no medication alert was created to reflect the medication precaution. Another youth record included an alert which was created previously by another program for the youth's allergy to peanuts and peaches. The allergy to peanuts was disproven through interviews with the youth and the parent/guardian and documented in the Department's Juvenile Justice Information System (JJIS). The alert for peanut allergy was correctly omitted from the program's internal alerts. However, the peanut allergy was not closed by the program in JJIS. The health services administrator (HAS) was made aware of the two exceptions during this review and immediately completed the corrections in JJIS and on the program's internal alert list. An informal interview completed with the health services administrator revealed applicable staff are informed of the youth's medical alerts at the daily shift meetings. Additionally, the program maintains a color-coded alert board which is wall-mounted in the conference room and covered by a raiseable panel of horizontal blinds. The alert board includes a color photograph of each youth with a color-coded push-pin system used to identify each youth's special alert(s), gang affiliation, security or safety risk, and health-related concerns including food allergies and special diets. It is the program's practice to post a printed color hard copy of the current internal alert list within the master control station for easy accessibility by all staff. The printed alert list and the alert board in the conference room reflected identical internal alerts for each youth.

**4.09 Youth Orientation to Healthcare Services****Satisfactory Compliance***All youth shall be oriented to the general process of health care delivery services at the facility.*

The program maintains a written policy and procedures requiring all youth admitted to the program be oriented to healthcare services. Seven youth individual healthcare records (IHCR) were reviewed, and each validated the youth completed a comprehensive general healthcare orientation provided by the health services administrator upon their admission to the program or at the next available opportunity. Each complete orientation form included all the required topics and was signed and dated by the youth and the staff providing the orientation. Each youth's orientation packet and list of healthcare contacts were reviewed during orientation to ensure accuracy. Reviewed documentation found the program maintained regular contact with the

Broward County Health Department and other providers for routinely services to ensure accuracy.

<b>4.10 Designated Health Authority (DHA)/Designee Admission Notification</b>	<b>Satisfactory Compliance</b>
<i>A referral to the facility's Physician, PA, or ARNP shall be made for youth who are admitted with known or suspected chronic conditions not requiring emergency treatment on admission.</i>	

A review of seven youth individual healthcare records (IHCR) indicated the health services administrator immediately notified the designated healthy authority (DHA) when each youth was admitted regardless of whether the youth was admitted with known or suspected chronic conditions not requiring an emergency treatment response. The health services administrator conducts an intake examination prior to contacting the DHA or advanced registered nurse practitioner (ARNP). The DHA or designee is notified of all youth admitted with a suspected chronic condition, medical condition, or when a youth requires an emergency response. Reviewed documentation in each of the seven youth IHCRs validated this as the program's practice.

<b>4.11 Healthcare Admission Rescreening</b>	<b>Satisfactory Compliance</b>
<i>A Healthcare Admission Rescreening shall be completed each time the physical custody of the youth changes and they are subsequently returned or readmitted to the facility.</i>	

The program maintains a written policy and procedures to ensure the completion of a Facility Entry Physical Health Screening (FEPHS) form each time a youth returns to the program following a change in physical custody. Reviewed documentation from seven youth individual healthcare records (IHCR) indicated one youth was applicable for changes in physical custody twice since their initial admission date. Therefore, the only other applicable record was reviewed in order to achieve the required sample size of three instances with loss of custody beyond twenty-four hours. In the reviewed cases, the program completed a new FEPHS form upon each time the youth returned or was readmitted to the program. All applicable reviewed rescreening FEPHS forms were completed by a registered nurse (RN) as soon as the youth returned to the program.

<b>4.12 Health-Related History</b>	<b>Satisfactory Compliance</b>
<i>The standard Department Health-Related History (HRH) form shall be used for all youth admitted into the physical custody of a DJJ facility.</i>	

The program maintains a written policy and procedures related to health-related history (HRH). The program's policy indicated all youth admitted to the program shall have a current HRH on file or have a new HRH completed prior to any participation in sports, exercise, or any other strenuous activity. A review of seven youth individual healthcare records (IHCR) found each had an updated HRH form completed within seven days of their admission to the program, prior to or at the same time as the Comprehensive Physical Assessment (CPA). The program utilizes the Department's standard HRH form for all youth admitted into the program. All HRH forms reviewed and signed by the health services administrator and were also reviewed and signed by the designated health authority (DHA) within seven days of the youth's admission. The DHA's review of each HRH was evidenced by their stamp and signature on the updated HRH or by the marked checkbox on the CPA. Each HRH was either completed prior to the completion of the CPA or at the same time of the completion of the CPA.

**4.13 Comprehensive Physical Assessment****Satisfactory Compliance**

*The standardized Comprehensive Physical Assessment form shall be used for all youth admitted into the physical custody of a DJJ facility.*

The program maintains a written policy and procedures to address requirements of Comprehensive Physical Assessments (CPA). The program’s policy requires all youth admitted to the program receive a CPA or have on file a current CPA prior to any participation in sports, exercise, or any other strenuous activity. A review of seven youth individual healthcare records (IHCR) confirmed the program uses the Department’s CPA form. All seven reviewed CPAs were completed by the designated health authority (DHA) within seven calendar days of each youth’s admission to the program. One of the seven reviewed youth CPAs was classified as medical grade five, one was classified as medical grade three and five youth’s CPAs were classified as medical grades one or two. All sections of the CPAs were marked with an “O” or an “X.” When youth refused any part of the exam, the youth signed the CPA indicating their refusal. Each reviewed record indicated the Department’s Problem List was updated as required.

**4.14 Female-Specific Screening/Examination****Non-Applicable**

*All adolescent girls shall receive gender-appropriate screenings, examinations, and tests to address their unique needs.*

This is an all-male program, therefore, this indicator rates as non-applicable.

**4.15 Tuberculosis Screening****Satisfactory Compliance**

*All youth shall be screened for Tuberculosis, and accurate documentation of results shall be maintained by each facility.*

Seven youth individual healthcare records (IHCR) were reviewed for completion of tuberculosis screening which confirmed each had at least one verified tuberculin skin test (TST) completed within the past year. The records further documented each youth was screened for Tier 1 screening completed within seventy-two hours of admission to the program on page two of the Facility Entry Physical Health Screening. Each test was documented in the IHCR and the screenings were completed prior to their placement in general population. Results of the TST were documented on the Facility Entry Physical Health Screening (FEPHS) form, the Comprehensive Physical Assessment (CPA) form, and/or on the Infectious and Communicable Disease (ICD) form. The program utilizes the Department’s Tuberculosis Testing Log form to maintain a record of all TST administered at the program in addition to the documentation required in each IHCRs. When applicable, all positive TST results is reviewed by the designated health authority (DHA) or designee.

**4.16 Sexually Transmitted Infection Screening****Satisfactory Compliance**

*The program shall ensure all youth are evaluated and treated (if necessary) for sexually transmitted infections (STIs).*

The program maintained written policy and procedures to ensure all sexually active youth received evaluation and treatment, if necessary, for sexually transmitted infections (STI). A review of seven youth individual healthcare records (IHCR) found three youth were identified as sexually active and each received clinical screening and evaluation for STI at the time of their admission. When applicable, the test results were documented on the Infectious and

Communicable Disease (ICD) form and were placed in the youth's IHCR. A review of each IHCR's Health Related History (HRH) and STI forms confirmed the completion of the screenings and re-screenings, in each applicable case. Re-screenings are to be conducted when the sexually active youth has been out of the program's physical custody for over thirty days and/or if symptoms present. There were no applicable instances STI screenings were documented within the nursing progress notes, the Comprehensive Physical Assessment (CPA), and HRH. It is the program's practice to maintain STI test results within sealed envelopes marked "Confidential" and maintained within in the lab section of the IHCR reserved for laboratory results.

<b>4.17 HIV Testing</b>	<b>Satisfactory Compliance</b>
<i>The program shall routinely offer counseling, testing, and referrals for medical treatment to all youth at risk for HIV infection.</i>	

The program maintains a written policy and procedures to ensure all youth at risk for human immunodeficiency virus (HIV) are offered testing, counseling, and referrals for medical treatment. A review of seven youth individual healthcare records (IHCR) confirmed all youth were offered counseling, testing, and treatment for HIV. The reviewed records indicated five of the seven youth consented to HIV testing and all five indicated the youth received a pre-test and post-test HIV test conducted by a Broward House/Broward County Health Department 501-certified HIV counselor. Each reviewed IHCR reflected a completed Department's Human Immunodeficiency Virus Antibody Test Youth Consent form signed and dated by the youth and the program's health services administrator. Pre-test and post-test counseling was documented on each youth's individual health education record (IHER). In all applicable reviewed records, the HIV results were maintained confidentially in a sealed envelope marked "Confidential." A review of the sexually transmitted infection forms as well as IHER forms confirmed the documentation of the program's practice. An interview with the health services administrator and a review of the program's internal alert system validated a youth's HIV status was never included on the program's internal alert system. If any youth wishes to release their HIV status information to any other individual(s), the youth must sign a consent/release form stating those individuals to whom this information should be released to. However, no youth has requested to release their HIV status in the past year. Seven youth were interviewed, and each stated they could ask for a HIV test at the program.

<b>4.18 Sick Call Process – Requests/Complaints</b>	<b>Satisfactory Compliance</b>
<i>All youth in the facility shall be able to make Sick Call requests and have their complaints treated appropriately through the Sick Call system.</i>	

The program maintains a written policy and procedures to respond to the medical and dental needs of youth at the program. Reviewed documentation and an interview with the health services administrator revealed the nurse is notified through printed Sick Call Request forms. A tour of the program demonstrated the Sick Call Request forms were available to all youth in the program. Reviewed documentation and an interview with the health services administrator confirmed the program provides sick call twice a day on weekdays at 10:00 a.m. and 2:00 p.m. and on weekends at 8:00 a.m. and 5:00 p.m. All sick calls are conducted by a registered nurse (RN). When a RN is unavailable and/or not on site, the shift supervisors are to review all sick call requests within four hours of their submission. Seven records were reviewed and only two were applicable for having sick calls requests. Therefore, an additional applicable record was reviewed in order to achieve the minimum required sample size. Reviewed documentation

found the program utilizes the Department’s Sick Call/Referral Log form. A review of seven youth individual healthcare records (IHCR) indicated none of the youth presented the same complaint three times within a two-week period. A review of completed sick call request forms validated they were maintained with the progress notes in each applicable IHCR in reverse chronological order. There were no evidence of any youth in severe pain requiring an immediate referral to a licensed healthcare professional since the last compliance review.

<b>4.19 Sick Call Process – Visits/Encounters</b>	<b>Satisfactory Compliance</b>
<i>The facility shall respond appropriately, in a timely manner, and document all Sick Call encounters, as required by the Department.</i>	

The program maintains a written policy and procedures to address the program’s sick call process. An interview was conducted with the health services administrator who confirmed all sick calls in the program are completed by the registered nurses (RN). A review of seven youth individual healthcare records (IHCR) revealed two of the seven youth had Sick Call encounters. Therefore, an additional applicable record was reviewed in order to achieve the minimum required sample size. Reviewed documentation found all sick call forms were completed and progress notes were documented as required. All sick calls conducted were documented on the program’s Sick Call Referral Log. Reviewed documentation also validated the program has each youth sign the Sick Call Request form reflecting they were seen for sick call. An interview with the health service administrator revealed the program had more episodic care visits than sick call visits due to the open-door policy implemented by the health services administrator. The open-door policy provides for youth to be seen immediately by the nurse rather than having youth wait for the scheduled sick call hours. Reviewed documentation also confirmed the completed Sick Call Request forms were maintained with the progress notes in each applicable individual healthcare record (IHCR) in reverse chronological order. Observations confirmed the youth’s confidentiality and privacy was maintained throughout the observed process. The program maintains a Sick Call log, Episodic Care log, tuberculosis log, and Chronic Condition log. Each log was reviewed and found to be accurate and up-to-date. Seven staff were interviewed, and all seven indicated the program’s registered nurses (RN) conducts sick call while two of the seven staff indicated the doctor conducts sick call.

<b>4.20 Restricted Housing</b>	<b>Non-Applicable</b>
<i>All youth in Room Restriction/Controlled Observations shall have timely access to medical care, as required by the Department.</i>	

The program’s policy, procedures, or contract states the program do not use restricted housing, to include confinement, seclusion, room restriction, or secure observation; therefore, this indicator rates as non-applicable.

<b>4.21 Episodic/First Aid Care</b>	<b>Satisfactory Compliance</b>
<i>The facility shall have a comprehensive process for the provision of Episodic Care and First Aid.</i>	

The program has written policy and procedures to ensure the provision of episodic/first aid care to the youth at the program. Observations were made of an episodic care visit which demonstrated the health services administrator identified them self and requested the youth to state the reason of the episodic/first aid care visit. The youth’s initials documented they were seen at the time of the visit. The provision of episodic care was observed with the youth’s



permission and confirmed the encounter ensured the youth's confidentiality and privacy was maintained. A review of seven youth individual healthcare records (IHCR) found three required and received on-site first aid or episodic care. However, a review of the program's Episodic Care Log and with an interview with the health services administrator confirmed all episodic/first aid care provided since the last annual compliance review were provided only by licensed healthcare staff. Reviewed documentation found the program has emergency medical and dental care including emergency medical services (EMS) available twenty-four hours a day. The youth have unimpeded access to call the Florida Abuse Hotline using the telephones located throughout the program. The program has an automated external defibrillator (AED) located in master control. The program maintains seven first aid kits, three of which are stored in master control and two of which are assigned for use while transporting youth in the program's two vans. One first aid kit is stored in each of the medical office, the kitchen, and in each of the two laundry rooms. All first aid kits are secured with snap tabs to indicate any time a kit has been opened. Three first aid kits were inspected, and each was found to be fully stocked with the approved contents and an inventory of the approved contents was maintained on each kit, and were monitored weekly by the health services administrator. All program staff, contracted employee, teacher, and/or volunteer have the right to contact 9-1-1 in any potentially life-threatening situation involving a youth in the program. Reviewed training documentation indicated the health services administrator, in consultation with the facility administrator, ensures staff are properly trained in emergency response and procedures, cardiopulmonary resuscitation (CPR), AED, basic first aid, recognition of signs and symptoms of mental illness, and chemical dependency. Reviewed documentation also revealed the program conducted monthly emergency drills on each shift. Seven youth were interviewed, and all seven confirmed they can see a dentist or a doctor, if needed. Seven staff were interviewed, and all seven confirmed they are personally allowed to call 9-1-1 if a youth has a medical emergency.

<b>4.22 Emergency Care</b>	<b>Satisfactory Compliance</b>
<i>The facility shall have established processes and procedures for either directly providing Emergency Care or facilitating an appropriate response to an emergency situation.</i>	

The program maintains a written policy and procedures to ensure the provision of emergency care or facilitating an appropriate response to emergency situations. Reviewed training documentation found each staff maintained current certification in cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED). The program conducted monthly emergency medical drills on each shift to simulate episodic care events requiring first aid and/or the administration of CPR techniques. Emergency drills, both announced or unannounced, were conducted for each shift, on a quarterly basis at a minimum, and simulated life-threatening emergency episodic care events calling for immediate first aid and/or administration of CPR techniques and the initiation of the emergency procedures. A tour of the program revealed a list of emergency numbers posted in medical, the maintenance department, master control, and the supervisors station, all of which are inaccessible to youth. An interview with the health services administrator and a review of training documentation indicated all healthcare and supervisory direct care staff were appropriately trained in the use of the EpiPen Auto Injector and one youth in the program at the time of the review had a prescribed EpiPen Auto Injector. The program maintains one AED on-site which is stored in a cabinet in master control. Inspection of the device was conducted, and the health services administrator powered the unit on which confirmed the AED was functional. The pads installed on the AED had an expiration date of March 28, 2019, and the battery was valid until May 29, 2019. The AED is monitored monthly by the health services administrator. The pads and battery on the AED were last changed on November 21, 2016. The AED's operational instructions were attached to the AED and are also

provided verbally by the device once powered on. Seven staff were interviewed, and each confirmed they are personally allowed to call 9-1-1 if a youth has a medical emergency.

<b>4.23 Off-Site Care/Referrals</b>	<b>Satisfactory Compliance</b>
<i>The facility shall provide for timely referrals and coordination of medical services to an off-site health care provider (emergent and non-emergent), and document such services as required by the Department.</i>	

The program maintains a written policy and procedures related to off-site care and referrals to ensure timely referrals and coordination of medical services to off-site healthcare providers. A review of seven youth individual healthcare records (IHCR) indicated three of the seven were applicable for off-site care referrals. Two of the applicable reviewed youth records required parental notification and each contained completed Parental Notification of Health-Related Care: General. One record was for an eighteen-year-old youth; therefore, the youth did not require parental notification. Reviewed documentation validated the Summary of Off-Site Care Consultation Report form was utilized in each instance and maintained in the IHCR. Reviewed documentation of all off-site care forms, returning off-site orders, and progress notes for all events in each youth's IHCR reflected each was completed, as required. Each applicable IHCR documented a review by the program's designated health authority (DHA) who signed and initialed all off-site care findings, instructions, and discharge information. Reviewed documentation indicated referrals were tracked by program staff and each youth received appropriate and timely follow-up care, as needed.

<b>4.24 Chronic Illness/Periodic Evaluations</b>	<b>Satisfactory Compliance</b>
<i>The facility shall ensure youth who have chronic illnesses receive regularly scheduled evaluations and necessary follow-up.</i>	

The program maintains a written policy and procedures to ensure youth with chronic illnesses receive regularly scheduled evaluations and necessary follow-up. The program's procedures require periodic evaluations are conducted at least once every three months and more frequently if recommended by the practitioner. A review of seven youth individual healthcare records (IHCR) revealed four were identified on the Facility Entry Physical Health Screening (FEPHS) as having a chronic condition. Scheduling and tracking of periodic evaluations is conducted by the health services administrator utilizing the Chronic Physical Conditions Roster. Each reviewed IHCR documented the youth's medical grade classification, and each youth's FEPHS form documented the chronic illness, as required. Each applicable youth received periodic evaluations, an individual specialized treatment plan and each Problem List was updated, as required. There were no indication of lapses in care or missed periodic evaluations and those who had not been in the program long enough for a periodic evaluation were already noted on the roster for their next evaluation. Periodic evaluations conducted on-site were documented in the chronological progress notes in each IHCR. Periodic evaluations conducted off-site were documented on the Summary of Off-Site Care form and were maintained in each applicable IHCR in the chronological progress notes in reverse chronological order. An interview with the facility administrator (FA) confirmed the program conducts daily morning management meetings during which healthcare staff discuss medical issues. An interview with the designated health authority (DHA) confirmed the program's practice.

**4.25 Medication Management – Verification****Satisfactory Compliance***A youth’s medication regimen shall be ascertained upon admission to the facility.*

The program maintains a written policy and procedures to ensure any prescribed medications a youth is admitted with are verified upon their arrival to the program. Only medications from a licensed pharmacy with a current patient-specific label intact on the original medication container are accepted. The program does not accept containers holding more than one medication. A review of the Facility Entry Physical Health Screening (FEPHS) form and related intake progress notes in seven youth individual healthcare records (IHCR) revealed four were applicable for being admitted to the program with a prescribed medication. All four youth were admitted to the program directly from the Department’s detention centers. A review of the progress notes in the four applicable records confirmed the designated health authority (DHA) and/or psychiatrist were timely notified by the healthcare staff conducting the youth’s admission to the program. Reviewed documentation confirmed the health services administrator obtained an order from the designated health authority (DHA) and/or the psychiatrist to continue each youth’s medication(s) until they were seen by the medical authority. An interview with the health services administrator indicated the program utilizes the Department’s Prescription Medication Verification Checklist form and the Medication Receipt, Transfer, and Disposition form when medication verification is necessary.

**4.26 Medication Management – Orders/Prescriptions****Satisfactory Compliance***All medications shall have a current, valid order and are given pursuant to a current prescription or Practitioner Order.*

The program maintains a written policy and procedures in place to address medication management. A review of seven youth individual healthcare records (IHCR) found six were applicable for medication management. Each of the six applicable records contained current/valid orders and all medication was administered pursuant to a current prescription. Applicable medications prescribed prior to the youth’s admission were renewed or refilled for the life of the prescription if there were no changes in the total dosage or route. When a youth’s current medications were continued, discontinued, changed, or new medications were ordered, the designated health authority (DHA) included an order within the section of the (IHCR) reserved for practitioner orders. Additionally, the applicable psychiatrist’s clinical psychotropic progress notes confirmed the psychiatrist’s medication orders and the youth’s medication regimen. A review of the applicable DHA orders and nursing chronological/notification progress notes validated the program’s practice related to medications. In two applicable records, over-the-counter medications not listed on the Authority for Evaluation and Treatment (AET) were administered according to the approved nursing protocols and according to the practitioner’s orders.

**4.27 Medication Management – Storage****Satisfactory Compliance***All medications (e.g., prescriptions, over-the-counter, topical) are stored in separate, secure (locked) areas inaccessible to youth.*

The program maintains written policy and procedures to address medication management and storage. Observation of the medical clinic confirmed the area was clean, organized, and well maintained. The program’s medications were securely stored in a locked medical cart, maintained in the medical clinic which is secured behind two locked doors. Observations also

revealed the program’s medication cart was clean and organized with stock items stored separately from youth-specific medications. Oral medications are not stored with injectable or topical medications. All controlled medications were observed securely double-locked within the medical cart. The program has a secured refrigerator utilized solely for medication, there were no medications requiring refrigeration stored at the time of the annual compliance review. The program also maintains a written policy and procedures specific to the disposition of any unused medication. All unused medications remaining at the program are disposed of on-site by the licensed consultant pharmacist each month using Rx Destroyer™ medication disposal system.

<b>4.28 Medication Management – Medication and Sharps Inventory</b>	<b>Satisfactory Compliance</b>
<i>All medications and sharps shall be inventoried as per department requirements.</i>	

The program has a written policy and procedures in place to address the inventory of medication and sharps. All sharps were secured in a dedicated locked sharps box which is stored within a locked cabinet in the medical clinic. All medications and sharps are inventoried in accordance with the Department’s requirements. Syringes and sharps are counted and documented on a perpetual inventory, descending count as each sharp is utilized and disposed of. Additionally, the program conducts weekly sharp counts which are documented on the sharps log which was reviewed and found to consistently confirm this practice. Observation of a count of three randomly selected sharps and three randomly selected over-the-counter (OTC) medications was conducted and each matched the count indicated on the inventory sheets. Inventories are verified on a weekly basis by the health services administrator. There was a written standing procedure for detecting and responding to inventory discrepancies, which the health services administrator explained during an interview. Reviewed documentation of youth’s Medication Administration Records (MARs) confirmed the program maintained perpetual daily inventories for all prescription medications. An inspection of the program’s documented counts for the six months prior to the annual compliance review indicated no count discrepancies occurred. A random count of three selected youth medications, including two controlled medications, confirmed the medication counts recorded on the MARs corresponded and the perpetual counts on each separate log. The OTC medications were inventoried using a perpetual inventory. The inspection of three randomly selected sharps, three randomly selected youth medications, and three randomly selected OTC medications verified all counts matched the recorded ending inventory numbers.

<b>4.29 Medication Management – Controlled Medications</b>	<b>Satisfactory Compliance</b>
<i>All controlled substances shall be inventoried, stored, and documented, as per Board of Pharmacy and Department requirements.</i>	

The program maintains a written policy and procedures to address the management of controlled medications and to ensure the pharmaceutical services in the program meet state regulations and accepted medical practices for custodial care. The written policy stipulates the program’s shift-to-shift controlled medications procedure. Observations made of the area designated to store controlled medications reflected it was clean, organized and well maintained. All controlled substances are inventoried, stored, and documented in accordance as required. The program stores all controlled medications in a located metal box within the locked medication cart which is stored inside the locked medical office. The program receives controlled medications packaged in pre-printed blister packs which documents the number of pills. The remaining balance of each pill, tablet, or dosage after each administered dosage was

documented on each applicable youth's Controlled Medication Inventory Record form (HS 008). The program maintains shift-to-shift inventory counts of all controlled medications pursuant to Board of Pharmacy regulatory requirements, including a third shift to first shift count at the start of first shift. Observations made of three randomly selected controlled medications by the health services administrator validated the counts for all three were accurately noted on the medication logs and each count reflected the accurate ending inventory numbers. The program designated, in writing, the names and titles of seven trained supervisory level staff authorized to assist in the delivery of controlled substances.

<b>4.30 Medication Management – Medication Administration Record</b>	<b>Satisfactory Compliance</b>
<i>The standard Department Medication Administration Record (MAR) shall be maintained at the facility for each youth who has a current, valid medication order.</i>	

The program has a written policy and procedures in place regarding the Medication Administration Record (MAR). Reviewed documentation found the program utilizes a pre-printed pharmacy MAR which has all required elements as outlined in the Florida Administrative Code. A review of seven youth individual healthcare records (IHCR) revealed four were applicable for a MAR. The initial MAR matched each youth's medication list and indicated the youth received their medications, as ordered. The MAR included the youth's name, the youth' Department's Juvenile Justice Information System (JJIS) identification number, date of birth, allergies, precautions, and medical grade. Each youth's picture is maintained within the MAR log located in the program's clinic. Each youth's reviewed MAR indicated clear start/stop dates for each medication. A review of the progress notes of the four applicable youth records revealed all youth medication was continued by order of the designated health authority (DHA) subsequently to their program admission. Daily side effect monitoring is documented on the MAR each time medication is administered. Reviewed documentation reflected it is the program's practice for the youth and staff to sign the MAR each time, even when the medication is administered by a nurse. If a youth refused a treatment, the youth's refusal was documented on the MAR and on a Refusal of Treatment form which was also maintained within the ICHR. The refusal documentation reflects the date, time, treatment or medication refused.

<b>4.31 Medication Management – Medication Administration by Licensed Staff</b>	<b>Satisfactory Compliance</b>
<i>Medication Administration shall occur as scheduled in a comprehensive, accurate, and organized manner in the facility, only by a licensed nurse.</i>	

The program has a written policy and procedures in place regarding the administration of medication by a licensed staff. Medication administration was the sole responsibility of the health services administrator during the time of scheduled medication pass. The program has one health services administrator, on-site daily, and another full-time registered nurse (RN). Medication pass is conducted at 9:00 a.m. and at 7:00 p.m. seven days a week. Observation of one instance of midday medication administration by the health services administrator confirmed the medication was administered in accordance with the Six Rights of Medication Administration (medication, route, time, client, dosage, and documentation). The health services administrator's work space was clean and well organized, and had control of the medication containers and cart. Observation confirmed there is a structured process for the youth to approach the nurse. Youth are to stand until they are called by the nurse to the opposite side of the medication cart. After approaching the cart, the youth states their name, states the possible side effects for the medication and the nurse completes the medication administration process.

Observations reflected the nurse validated the youth's identity and medication by comparison with the youth's photograph and medication in the youth's Medication Administration Record (MAR). Once the youth's medication is administered, the nurse examines the youth's open mouth and had the youth cough to ensure the youth swallowed the medication. No pre-poured medications were observed, and each medication was administered. The nurse questions each youth daily, prior to administering medications, about relevant side effects. There were no youth in the program requiring parenteral medications during the annual compliance review. All youth refusals are clearly documented on the MAR and each youth who refused medication signed and dated the Department's Refusal of Treatment form. Seven interviewed staff each indicated the program's nurses provide medication to the youth while six staff also reported trained supervisory-level staff may provide medication when the nurse is not available. Two of the seven interviewed youth each indicated the nurse administers their medications while five reported they did not take medication.

<b>4.32 Medication Management – Medication Provided by Non-Licensed Staff</b>	<b>Satisfactory Compliance</b>
<i>Trained, non-health care staff may assist youth with self-administration of oral prescription medications or over-the-counter medications, only when licensed nurses are not available on site. The nurse shall delegate the delivery, supervision, and oversight of youth during self-administration of medications.</i>	

The program has a written policy and procedures for medication administration by non-licensed staff. The program has seven supervisory-level staff trained by the health services administrator to assist youth with self-administration of oral prescription medications or over-the-counter (OTC) medications only when a licensed nurse is not available on-site. The licensed nursing staff does not delegate the delivery, supervision, and oversight of administration of medications to non-licensed staff while licensed healthcare staff are on-site. It is the program's practice to have all staff, including licensed health care staff, sign the Medical Administration Report (MAR) and have the youth sign as well if a non-medical staff provided their medication. Refusals of medications are clearly documented on the MAR and on a refusal form, when applicable. A review of seven youth individual healthcare records (IHCR) reflected five youth received medication from a non-licensed healthcare staff while one youth was not taking medication and one youth received medication only from licensed nurses. Each applicable youth's MAR documented the youth and staff's initials validating the youth took the required dosage. The non-healthcare staff are to confirm the allergy status of the youth and any current perceived side effects or adverse reactions to the medication. The Six Rights of Medication Administration (medication, route, time, client, dosage, and documentation) are to be maintained. Seven interviewed staff each indicated the program's nurses provide medication to the youth while six staff also reported trained supervisory-level staff may provide medication as well. Two of seven interviewed youth each indicated the nurse provides medications while five youth reported they did not take medication at the program.

<b>4.33 Medication Management – Psychotropic Medication Monitoring</b>	<b>Satisfactory Compliance</b>
<i>The facility shall have a comprehensive process in place for the monitoring of psychotropic medications, to ensure youths' safety, as required by the Department.</i>	

The program maintains a comprehensive process for psychotropic medication monitoring to ensure the safety of each youth, as required. Reviewed documentation confirmed the designated health authority (DHA) and psychiatrist were notified of each youth admitted to the

program on psychotropic medications. Seven youth individual healthcare records (IHDR) were reviewed and reflected one of the seven were applicable for psychotropic medication monitoring. Therefore, two additional applicable records were selected for review in order to achieve the minimum required sample size. Each of the three applicable records contained supporting documentation indicating the youth was admitted into the program while on psychotropic medication. A review of the applicable IHCRs found each contained an Initial Psychiatric Referral Form signed and dated by the program's designated mental health clinician authority (DMHCA). A review of each applicable youth's progress documented notification to the required parties when the youth was admitted to the program with a psychotropic medication. The reviewed progress notes and Clinical Psychotropic Progress Note (CPPN) confirmed each youth was seen by the psychiatrist for a psychiatric evaluation within fourteen days of their admission to the program. Psychotropic medication monitoring included all required information and was documented on the CPPN. The program does not utilize any standing or emergency treatment orders for psychotropic medications. Documentation revealed the nursing staff monitor psychotropic medication daily for all applicable youth upon each youth's medication administration record (MAR). An interview with the health services administrator indicated in the case of a medication being prescribed subsequently to admission, clinical staff complete a psychiatrist referral form. If the youth needs psychotropic medication, an initial diagnostic psychiatric interview or a psychiatric evaluation is completed within fourteen days, and an in-depth psychiatric evaluation is completed within thirty days of the initial psychotropic medication prescription. An interview with the health services administrator confirmed it is the program's practice for the nursing staff to complete daily monitoring of Tardive Dyskinesia for applicable youth who are prescribed antipsychotic medications. At the time of the annual compliance review there was one applicable youth in the program requiring Tardive Dyskinesia monitoring.

<b>4.34 Infection Control – Surveillance, Screening, and Management</b>	<b>Satisfactory Compliance</b>
<i>The facility shall have implemented Infection Control procedures including prevention, containment, treatment, and reporting requirements related to infectious diseases, as per OSHA federal regulations and the Centers for Disease Control and Prevention (CDC) guidelines.</i>	

The program has implemented infection control procedures including prevention, containment, treatment, and reporting requirements related to infectious diseases. The procedures were reviewed and in accordance with Occupational Safety and Health Administration (OSHA) federal regulations and standard as well as with the guidelines of the Centers for Disease Control and Prevention (CDC). The program has a combined infection control/exposure control plan last updated on September 1, 2018 and signed by the facility administrator (FA). The procedures included the practice of universal precautions and addressed all recommended types and categories of diseases. There were no instances of infectious diseases since the last annual compliance review which required notification to the CDC, the Department's Central Communications Center (CCC), and/or the Broward County Health Department.

<b>4.35 Infection Control – Education</b>	<b>Satisfactory Compliance</b>
<i>The facility's comprehensive Infection Control education plan shall include pre-service and in-service training for all staff, and youth infection control education, as per Centers for Disease Control and Prevention (CDC) guidelines.</i>	

The program has a written policy and procedures to address infection control education. The program maintained an infection control education plan which includes pre-service for each new hire and annual in-service training; thereafter, for all staff. Additionally, the program maintains

youth infection control education in accordance with the guidelines of the Centers for Disease Control and Prevention (CDC). The program maintains a bloodborne pathogen exposure and infection control plan which was reviewed and signed by the designated health authority, the health services administrator, and the facility administrator. The program also maintains procedures for needle stick post-exposure. Reviewed training documentation revealed specific exposure control plan training was conducted for every staff at the time of their hiring and annually; thereafter. Staff training was documented in each individual staff training record. A review of seven youth individual healthcare records (IHCR) confirmed each youth received training and education specific to infection control and bloodborne pathogens upon admission which was documented in each youth's health education record.

<b>4.36 Infection Control – Exposure Control Plan</b>	<b>Satisfactory Compliance</b>
<i>The facility's exposure control plan shall meet the requirements of OSHA standards (29 CFR 1910), with maintenance and documentation of the plan, as per the requirements of the Department.</i>	

The program maintains a combined exposure/infection control plan written in accordance with Occupational Safety and Health Administration federal regulations and standards which was last revised on September 1, 2018. The program's plan includes risk assessments and methods of compliance. The program also maintains a comprehensive policy and procedures for needle stick post-exposure. An interview with the health services administrator and the designated health authority (DHA) confirmed the program did not have instances of infectious diseases which needed to be reported to the local county health department and/or Centers for Disease Control and Prevention (CDC) during this review period. Additionally, there were no instances involving the quarantine or hospitalization of ten percent of the programs total population of youth or staff during this annual compliance review period. An interview with the facility administrator (FA) indicated copies of the exposure control plan are maintained in the medical clinic which is available to all staff.

<b>4.37 Prenatal Care – Physical Care of Pregnant Youth</b>	<b>Non-Applicable</b>
<i>The facility shall provide prenatal care at recommended intervals. High-risk pregnant youth shall be provided additional testing and services as recommended.</i>	

This is an all-male program, therefore, this indicator rates as non-applicable.

<b>4.38 Prenatal and Neonatal Care – Nutrition, Education of Youth, and Lactation</b>	<b>Non-Applicable</b>
<i>The facility shall provide nutritious foods in sufficient quantities meeting the standards of the minimum daily allowances for pregnant youth. Each pregnant adolescent shall receive prenatal, post-partum, and parenting education including topics directly related to health care issues and medical risk for pregnant adolescents.</i>	
<i>The program provides education to pregnant and postpartum girls about infant care and lactation.</i>	

This is an all-male program, therefore, this indicator rates as non-applicable.



<b>4.39 Prenatal and Neonatal Staff Education</b>	<b>Non-Applicable</b>
<i>All non-healthcare staff involved in the supervision or treatment of pregnant youth and their infants must receive appropriate education.</i>	

This is an all-male program, therefore, this indicator rates as non-applicable.

## **Standard 5: Safety and Security**

### **Overview**

Broward Youth Treatment Center is a forty-bed non-secure residential commitment program for young males ages thirteen to eighteen. The program is currently operated by contracted provider Youth Opportunity Investments, Inc. The facility administrator, assistant facility administrator, program supervisors, and direct care staff are responsible for the safety and security of all youth and staff in the program. Supervision of all youth is provided twenty-four hours a day, seven days a week. Youth counts are conducted formally and informally throughout the day as well as prior to any youth movement from one area of the facility to another. The program is equipped with fifty-nine closed-circuit television (CCTV) cameras hardwired to four digital video recorders (DVR) to aid in ensuring security and facility control. The entrance to the program is controlled by front lobby direct care staff and includes key control. Upon arrival, all staff and visitors are searched upon entering the facility. There is a system in place for key control to ensure the safety of all youth and staff. Key control is maintained by collecting staff's personal keys and storing them in a locked cabinet in the front lobby. Staff then report to master control where facility keys are distributed to staff according to their assigned job duties. The program has procedures for lost or damaged keys to ensure damaged or missing keys are reported immediately to administration. The program's daily schedule was observed to be posted and available to youth in each living area. The program has a level-based behavioral management system (BMS) in place which is designed to foster compliance with the program rules, decrease unwanted behaviors, and increase desired behaviors through reinforcements. The BMS also teaches youth alternative pro-social methods for dealing with problems by way of utilizing both rewards and a system of progressive discipline. Observations made reflected youth supervision and movements are consistently taking place daily. The program has two vans used by authorized program staff to transport youth. One van was being repaired and inspected during the week of the annual compliance review and could not be observed. Each van is inspected annually, and the one van was observed to be equipped with an up-to-date fire extinguisher, seatbelt cutter, and a window punch. Each van has an assigned first aid kit which is stored in master control until a transport is required. The program has a continuity of operations plan (COOP). The COOP outlines procedures for emergency drills and addresses alternative housing plans in case an evacuation is warranted. The program's physical plant manager is responsible for the safety and security regarding tools, flammable, toxic, caustic, and poisonous materials which are securely maintained and stored at the facility. Recreational and leisure activities are provided to all youth each day for at least one hour to promote the opportunity for youth to make choices, assume meaningful roles, and give input into the rules and operations of the program. The program has filled the recreational therapist position since the last annual compliance review. The recreational therapist is responsible for planning, developing, and implementing daily recreation and leisure time activities designed to be physically challenging, educational, and constructive for the youth.

**5.01 Youth Supervision****Satisfactory Compliance**

*Program staff shall maintain active supervision of youth, including interacting positively with youth, engaging in a full schedule of constructive activities, closely observing behavior of youth and changes in behavior, and consistently applying the program's behavior management system (BMS). Program staff can account for the whereabouts of youth under their supervision at all times.*

The program maintains written policies and procedures regarding youth supervision. The program promotes safety and security by maintaining active supervision of youth to include interacting positively with youth, engaging youth in a full schedule of constructive activities, closely observing behavior of youth, redirecting inappropriate behavior, and consistently applying the program's behavior management system. An informal interview with the facility administrator indicated youth care workers are Protective Action Response (PAR) certified direct-care positions and are included in the staff to youth ratio. All supervisors, facility administrator, assistant facility administrator, medical staff, mental health staff, case management staff, maintenance staff, and kitchen staff are PAR certified and are qualified to supervise youth in special circumstances. The program has a daily schedule posted in the lobby, youth living areas, and throughout the facility. Youth and staff observations were conducted each day throughout the week of the annual compliance review and reflected during class, lunch, recreation time, and movement, staff were strategically positioned to ensure proper supervision and to ensure there were no physical obstructions in their view of the youth. Observations made throughout the review week included youth movement from classroom to classroom, classroom to cafeteria, and from dormitory to the outdoor recreation area. Youth-to-staff ratios were observed to be compliant with the program's contract of one staff for every eight youth. During the observations, staff were actively supervising youth. Informal interviews were conducted with supervising staff each day and reflected staff were aware of how many youth they were supervising and understood the program's procedures to take when there is a discrepancy in youth counts. Prior to any movement, staff informed master control of the count and movement. If there was not a master control operator working, shift supervisors would radio movements. All youth and staff movement as well as youth counts made throughout the day are documented in the facility logbook. Formal and informal resident counts are consistently completed throughout each day. Observations found interactions with program staff and youth were positive and followed the program's behavior management system (BMS).

**5.02 Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training****Satisfactory Compliance**

*The program shall have a detailed written description of the collaborative behavior management system (BMS). The written description is conspicuously posted and provided in a resident handbook to allow easy access for youth, including rules governing conduct and positive and negative consequences for behavior including while in the classroom.*

*All staff shall be trained in the behavior management system (BMS) employed at the program.*

The program has a clearly written behavior management system (BMS) outlined in the youth handbook which offers a detailed explanation of the program's system, program rules, and expectations. An informal interview conducted with the program's Vice President of Florida Operations confirmed their BMS has not changed since the last annual compliance review. The BMS is a four-level system which is a coordinated system of promoting, monitoring, recognizing, and rewarding a youth's progress. Each youth enters the program on orientation level and then proceeds to progress their way up the four levels. The four-levels of the BMS include junior

varsity level, varsity level, college level, and pro level. The BMS provides immediate on-going feedback to youth related to their behavior, promotes positive behavior, teaches youth alternative ways and skills to solve problems, and outlines the program's rewards and privileges, which includes responsibilities, expectations, and level advancement. The BMS provides opportunities for positive reinforcement and individual recognitions for pro-social behaviors and accomplishments, positive behaviors, and promotes conflict resolution while minimizing separation of youth from the general population and routine activities. A review of the documentation reflected daily point sheets are totaled each day and at the end of each week. The program maintains a monthly nightly privilege calendar and system for positive reinforcement opportunities. The program's Student Council members, along with administrative staff, develop a monthly nightly incentive calendar filled with fun and meaningful activities. Youth must earn the appropriate number of points each day to earn their nightly privilege. Rewards include, but are not limited to; canteen, honor room privileges, later bedtimes, snacks, games, movies, and verbal praise. In addition to the nightly privilege, the program has an incentive each Monday and Friday as well, labelled "Marvelous Mondays" and "Fantastic Fridays," respectively. On Mondays, an incentive is given for any youth who went the entire weekend without incurring any major rule violations. On Fridays, an incentive is given for any youth who goes the entire week without receiving any major rule violations and makes their daily points each day for the week. Furthermore, the program also has a system called, "Gotcha" This system is utilized to catch someone doing the right thing while in the program. When youth are exhibiting appropriate behavior such as displaying empathy to their peers, demonstrating leadership, encouraging peers to make good decisions, following staff's first prompt, picking up trash without being told to, displaying good manners, and/or being patient, staff may issue them a "Gotcha" award. Each time a youth receives one of these awards, their name is placed in a raffle for a reward drawing at the end of the month. Two youth are selected each month from the mods to have lunch of their choice with a treatment team member. A review of seven youth case management records confirmed each youth was oriented upon admission through the program's youth handbook, which includes a detailed outline of the BMS. A review of the documentation reflected each youth signed the youth handbook to acknowledge their receipt of the handbook upon admission into the program. A review of seven pre-service training records and seven in-service training records, inclusive of three supervisors, were reviewed and confirmed each staff was trained in the program's BMS. The program provided training and sign-in sheet documentation of staff members from the Broward County School Board receiving training on the program's BMS. Observations of the facility made while on the tour reflected the program has postings of the BMS throughout the facility which is accessible to all youth. A review of the program's facility operating procedure coupled with an interview with the program's facility administrator (FA) confirmed fidelity checks are used during daily and monthly staff and treatment team meetings to monitor rewards and consequences/punishments to ensure rewards outnumber consequences at a minimum ratio of four-to-one positive to negative consequences. Seven interviewed youth each reported rewards include, but are not limited to, later bedtimes, extra telephone time, snacks, canteen, games, movies, personal hygiene items, and verbal praise.

5.03 Behavior Management System Infractions and System Monitoring	Satisfactory Compliance
<p><i>The program's behavior management system (BMS) is designed to maintain order and security, provide constructive discipline and a system of positive and negative consequences to encourage youth to meet expectations for behavior, provide opportunities for positive reinforcement and recognition for accomplishments and positive behaviors, promote dialogue and peaceful conflict resolution, and minimize separation of youth from the general population.</i></p> <p><i>Supervisors shall monitor staff implementation of the behavior management system (BMS), and ensure the use of rewards and consequences are administered fairly and consistently in application among all staff.</i></p>	

The program has a clearly written behavior management system (BMS). The BMS provides for positive and negative consequences in a ratio of four-to-one positive to negative consequences. The system makes provisions for staff to explain to the youth the reason for any sanctions imposed, youth to explain their behavior, and gives staff and youth the opportunity to discuss the behavior's impact on others. Consequences and sanctions for rule violations are directly related to the seriousness of the inappropriate behavior and are clear and constantly imposed. All program infractions are reflected on the applicable youth's daily point cards. The BMS is not used to increase a youth's length of stay. The program does not utilize room restrictions as a form of imposing sanctions for inappropriate behavior. An informal interview with the program's assistant facility administrator (AFA) coupled with a sample of randomly selected staff position descriptions were reviewed and reflected they specified implementation of the BMS as a job requirement. A review of the documentation confirmed staff receive an initial ninety-day performance evaluation followed by an annual evaluation; thereafter, which includes an evaluation of the staff's implementation of the BMS. The program's facility administrator (FA) reported the BMS is monitored in the program's monthly meetings and performance evaluations to ensure it is administered fairly and consistently. Program management provides updates and feedback on the staff's use of rewards and consequences regarding the BMS when noticed, during staff meetings, and during shift briefings. Seven staff were interviewed, and all seven stated their supervisors provide feedback to staff regarding the implementation of the BMS immediately or when made aware about a situation. Seven interviewed staff each confirmed rewards include, but are not limited to, later bedtimes, extra telephone time, snacks, canteen, games, movies, personal hygiene items, and verbal praise. Seven interviewed youth each confirmed they are never allowed to punish another youth. When asked how they would rate the program's BMS, four youth rated it as fair, two youth rated it as very good, and one youth rated it as good.

5.04 Ten-Minute Checks (Critical)	Satisfactory Compliance
<p><i>A residential commitment program shall ensure staff observe youth at least every ten minutes while they are in their sleeping quarters, either during sleep time or at other times, such as during an illness or room restriction. Staff shall conduct the observations in a manner to ensure the safety and security of each youth and shall document real time observations manually or electronically.</i></p>	

The program has a written policy and procedures in place for staff to conduct and document room checks every ten minutes on a ten-minute check log when youth are in their sleeping quarters. Staff must ensure the youth's skin, or a body part is seen to confirm the youth's safety and security. An informal interview was conducted with the assistant facility administrator (AFA) who confirmed the program's internet and video recording units were updated this year through

AT&T. The program has replaced some of the older cameras with new high-definition cameras. The program is equipped with fifty-nine digital closed-circuit televisions (CCTV) cameras hardwired to four digital video recorders (DVR) to aid in ensuring security and facility control. The video system can store video recordings for up to thirty-days. If there are any issues with the cameras, the program utilizes Florida State Security for service repair. The camera system on the program's Dolphin side has two DVR systems which record continuously throughout the day while the camera system on the Hurricanes side of the facility has two DVR systems which record on a motion-activated camera recording system. A review of the documentation of the program's ten-minute check log forms reflected staff documented the actual time of the room check and initialed on the ten-minute check log sheets verifying who completed the room check. If a youth is not in their room, an "X" is marked in the box for the time of the room check. A review of ten-minute check logs from six randomly selected days and times from two different shifts were reviewed and compared with corresponding video recordings. A review of the documentation verified checks were conducted at least every ten minutes by staff with fidelity and were documented accordingly in real time. In some instances, staff were observed entering the youth's room to conduct the check. When interviewed, the AFA advised sometimes the staff cannot see the youth's skin or body part due to being covered by their comforter. As a result, to ensure fidelity, the staff may enter the room to ensure the youth is observed to be safe and sound. According to the program's contract, the program is required to maintain a minimum ratio of at least one staff for every twelve youth during sleeping hours. According to the program's facility operating procedure regarding youth supervision, the program utilizes a staff to youth ratio of one staff for every ten youth during sleeping hours. The program was observed to be following the one staff for every ten-youth ratio during sleeping hours, which exceeds their contractual requirement. The program also has a practice to have supervisory staff conduct room checks each night one time every hour and visibly see flesh of each youth in their room. These checks are documented in red on the ten-minute log sheets to include the time of the check and their initials. A review of the documentation confirmed a supervisor conducted ten-minute checks, as required, on the six different days reviewed and were documented in red on the ten-minute check logs. Six of seven interviewed staff each confirmed room checks are conducted every ten minutes while one staff stated room checks occur every five minutes for non-suicidal youth.

5.05 Census, Counts, and Tracking	Satisfactory Compliance
<p><i>The program ensures youth are accounted for at all times through a system of physically counting youth at various times throughout the day.</i></p> <p><i>The program shall conduct and document resident counts minimally at the beginning of each shift, after each outdoor activity, and during emergency situations such as escapes or riots.</i></p> <p><i>The program shall maintain a chronological record of events as they occur, or, if an event disrupts the safety and security of the program, as soon as is practicable after order has been restored.</i></p> <p><i>The program tracks daily census information, including, at a minimum, the total daily census count, new admissions, releases or direct discharges, transfers, and youth temporarily away from the program. If at any time staff cannot account for the whereabouts of any youth, or discrepancies are found between resident counts and census information, the program reconciles immediately and takes follow-up action as needed.</i></p>	

The program has a written policy and procedures to track the daily census of youth. Youth are accounted for at all times by a physical count and through random youth counts made throughout each day. All counts are to be documented in the facility's master control logbook by master control or supervisory staff. Furthermore, the program maintains a grease board within master control to track the program's census. According to the program's policy, staff are to conduct formal and informal counts of youth throughout the day. Formal or scheduled visual counts are to take place every hour where all youth are physically counted and/or accounted for and their location if off campus or away from the group/program. These counts are reported to the shift supervisor on duty or designee and documented in the log book. Informal unscheduled counts shall take place consistently throughout the program any time a group leaves an area and enters another area. These counts take place at various times during activities to ensure all staff know the location of all youth at all times. A review was conducted of random dates in the facility logbooks for the past six months and confirmed youth counts were conducted each hour for formal counts and also at the beginning of each shift, after outdoor activities, and before/after any movement from one area of the facility to another. Documentation in the logbooks also included youth temporarily away from the program, and emergency counts. Observations reflected the master control operator, or a shift supervisor announced formal head count for direct care staff to complete. Additionally, prior to any youth movement, master control was contacted to inform the number of youth being moved and to what location. Seven staff were interviewed, and each confirmed the importance of emergency counts and how often those counts must be performed, which aligned with the program's policy.

<b>5.06 Logbook Entries and Shift Report Review</b>	<b>Limited Compliance</b>
<i>The program maintains a chronological record of events, incidents, and activities in a central log-book maintained at master control, living unit logbooks, or both, in accordance with Florida Administrative Code. The program ensures direct care staff, including each supervisor, are briefed when coming on duty.</i>	

The program has a written policy and procedures regarding logbooks to provide procedures and documentation for a daily account of routines and emergency situations involving youth through the use of facility logbooks. The program maintains bound logbooks with numbered pages which are stored within master control. The master control operator and/or shift supervisors are responsible for documenting the daily account of situations in the program's current logbook. A review of documentation reflected population counts, perimeter checks, emergency situations, incidents, transports, removal of youth from population, admissions, releases, Department's Central Communications Center (CCC) calls/incidents, Florida Abuse Hotline calls/incidents, are documented. Furthermore, supervisors are able to leave special instructions pertaining to the supervision of specific youth. Reviewed documentation of randomly selected days within the logbooks reflected each entry was legible and made in ink with no erasures or white-out. The program conducts staff briefings prior to the beginning of each shift. An observation of a shift briefing was made on the first day of the annual compliance review. Observations made reflected incoming staff are briefed on the previous shift occurrences and any applicable pertinent information with the shift supervisor. Observations coupled with randomly selected documentation of past shift briefing reports reflected incoming staff did not sign and date the shift briefing report for the previous shift to document their review or were verbally briefed on the contents of the shift briefing report. The program's practice is to have the shift supervisor or unit manager document staff names on the form who were briefed during the shift briefing meeting; however, staff did not sign or date the form, as required. The findings were brought to the attention of the program's facility administrator (FA) on the first day of the review. The program revised their Shift Briefing form to include instructions and a space for staff to sign and date the

form on the second day of the review. The FA stated all staff were advised of this change in their practices to ensure staff sign shift reports from now on. Additional documentation was submitted by the program's assistant facility administrator (AFA) after the review containing Shift Briefing reports which occurred after the deficiency was discovered. A review of the documentation confirmed the program has implemented the new forms and staff are signing the Shift Briefing report forms upon being briefed.

5.07 Key Control	Satisfactory Compliance
<p><i>The program has a system in place to govern the control and use of keys including the following:</i></p> <ul style="list-style-type: none"><li>• <i>Key assignment and usage including restrictions on usage</i></li><li>• <i>Inventory and tracking of keys</i></li><li>• <i>Secure storage of keys not in use</i></li><li>• <i>Procedures addressing missing or lost keys</i></li><li>• <i>Reporting and replacement of damaged keys</i></li></ul>	

The program has a written policy and procedures for key control and security, which includes assignment, inventory, tracking, and storage of keys. The program has a daily tracking key log which is utilized each day to track program keys. Facility keys are maintained in master control within a secure locked key box and personal keys are locked in a secure cabinet located in the front lobby. When staff arrive to the facility to begin their shift, they gain access to the facility by way of the front lobby and then report to master control to receive their assigned key, if applicable. Staff submit their personal keys to the assigned front lobby staff prior to entering the secure side of the facility. Applicable staff receiving keys sign the key log next to their name each shift. Restricted keys are maintained in the same locked cabinet as the program keys and only approved staff have access to the restricted keys. Approved staff include the nurses and administrative staff such as supervisors, the assistant facility administrator, and the facility administrator. The program maintains a list of staff who are assigned permanent keys. Staff who are authorized to possess permanent keys must sign an acknowledgment form indicating a key identification number and the number of keys issued. Reviewed documentation of the current key inventory was compared with the keys in use and the inventory matched the actual keys in use. The master control operator and the assistant facility administrator were interviewed and advised damaged keys are turned over to master control and maintenance personnel and administration is notified to have the key replaced. Staff are to also fill out a damaged key form. They also advised if lost keys have not been found within two hours, the incident is reported to the Department's Central Communications Center (CCC). Throughout the week of the annual compliance review, random checks of staff were conducted and confirmed none had their personal keys in their possession. Each program staff was found to only be in possession of the assigned program keys. Staff were informally interviewed at random throughout the week of the annual compliance review and confirmed none had their personal keys in their possession. Seven interviewed staff each knew the key control process including how keys are assigned and the process for missing or lost keys, damaged keys, and restricted keys. A random interview with youth indicated they do not have access to the facility keys.



5.08 Contraband Procedure	Satisfactory Compliance
<p><i>The program shall develop and implement a system to prevent the introduction of contraband into the program.</i></p> <p><i>A residential commitment program shall delineate items and materials considered contraband when found in the possession of youth. The program shall provide youth with the list of contraband items and materials and inform the youth of the consequences if found with contraband. The program shall establish a system to prevent the introduction of contraband and identify contraband items and materials through searches of the physical plant, facility grounds, and its youth.</i></p> <p><i>The program shall document the confiscation of any contraband and the manner of disposition. The program shall keep a copy of the documentation in the case file. If a confiscated item is not illegal, the program director or designee has the discretion to discard the item, return it to its original owner, mail it to the youth's home, or return it to the youth upon release. In all instances involving confiscation of illegal contraband, the program shall turn the item over to local law enforcement.</i></p>	

The program has a written policy and procedures regarding contraband control and searches in order to maintain the safety and security of the program by searching for, detecting, storing, and disposing of contraband/unauthorized items within the program. The policy identifies a list of unauthorized and illegal contraband and how it is to be disposed. Youth are notified through the program's youth handbook of unauthorized and prohibited contraband and the consequences of possessing contraband. Each youth receives a youth handbook upon their admission to the program. Visitors are also notified of unauthorized and prohibited contraband during visitation. Observations conducted throughout the week of the annual compliance review found all staff and visitors, including their bags, were searched with an electronic wand prior to entry. A review of the program's policy, youth handbook, and visitor contraband list verified a list of the required unauthorized items not permitted which includes personal cellular telephones or devices capable of taking photos and/or audio/video recordings. A review of the master control logbook found unannounced room searches are conducted routinely and perimeter searches are conducted daily on each shift. Any contraband found is documented on an incident reporting form and in the facility logbook which includes the method of disposal. A review of daily search reports and the safety perimeter check inspection reports for the past six months verified searches and facility checks are conducted daily on each shift. An interview with the facility administrator indicated discovery of unauthorized contraband is confiscated and either discarded, returned it to the original owner, mailed to the youth's home, or stored and returned to the youth upon his release. Any illegal contraband will be handed over to the local police department.

5.09 Searches and Full Body Visual Searches	Satisfactory Compliance
<p><i>The program shall perform searches to ensure no contraband is being introduced into the facility.</i></p>	

The program has a written policy and procedures to ensure searches and full body visual searches are conducted in accordance with Florida Administrative Code. Searches are to be conducted by two staff members of the same gender as the youth being searched, and the search is to be conducted in a private area. Youth are searched upon their admission to the facility, before and after off-campus activities, outdoor activities, visitation, school, group

sessions, outdoor recreation, meals, and vocational or work projects involving the use of tools. Youth who are a new admission, re-admission, returning from visitation, returning from off-campus, suspected of contraband, or are a security risk are searched as well. Observations coupled with reviewed documentation verified the program's practice of full body visual searches following movement from one area of the facility to another and after activities. Parents/guardians are notified of searches during visitation by way of a parent intake letter and packet containing the youth handbook and program rules which is mailed to the parents/guardians at the time of the youth's admission. Observation of searches being conducted before and after youth movements were made and reflected youth are given instructions regarding the search, were searched by a same gender staff member, were conducted in a manner not to degrade the youth and were based on the Protective Action Response (PAR) training manual. Seven interviewed staff each confirmed the process for conducting searches and stated youth are searched after movement, visitation, when returning to the facility, and if suspected a youth is in possession of contraband. Seven youth were interviewed and all seven indicated searches occur when returning from off campus, after outdoor recreation, when items are missing, after visitation, after meals, and after work detail.

5.10 Vehicles and Maintenance	Satisfactory Compliance
<p><i>All vehicles transporting youth shall receive appropriate maintenance and contain safety and emergency equipment so they may be operated in a safe manner.</i></p> <p><i>The program ensures any vehicle used by the program to transport youth is properly maintained, and maintains documentation on the use and maintenance of each vehicle. Each vehicle being used for transport of youth shall pass an annual safety inspection. Each vehicle used to transport youth is equipped with the appropriate number of seat belts, a seat belt cutter, a window punch, a fire extinguisher, and an approved first aid kit. Youth and staff wear seat belts during transportation, and youth are not attached to any part of the vehicle by any means other than proper use of a seat belt.</i></p>	

The program has a policy and procedures in place for vehicles and vehicle maintenance. The program has two vans utilized for the transportation of youth. The program identifies one van as van number three, which is a 2010 Ford E-Super Duty van, and the other van is identified as van number nineteen, which is a 2007 Ford Econoline Wagon. Van number nineteen, tag number 39589 was not on-site at the time of the annual compliance review due to the van being in the shop for maintenance repairs and the completion of the annual inspection. Van number three, tag number 26760, was on-site and was observed. Reviewed documentation relating to both vans reflected both to have all required maintenance, insurance, and registration documentation. A review of the documentation confirmed van number three had an annual inspection completed on November 20, 2017. A review of the documentation confirmed van number nineteen, had an annual inspection last completed in December of 2017. This van was currently in the shop receiving maintenance work and its annual inspection. Observations made of van number three reflected it is not equipped with a safety screen separating the driver's compartment from the passenger's compartment. Reviewed documentation and an interview with the AFA confirmed the program conducts travel with a minimum of two staff at all times, as one staff person always occupies the rear passenger's compartment to supervise the youth. A review of the documentation confirmed transportation staff conducts regular inspections of the vehicles. Each vehicle is inspected by staff for safety and security before and after each use. Observation of van number three was equipped with an up-to-date fire extinguisher, seatbelt cutter, window punch, an appropriate number of seat belts, and first aid kits. First aid kits are housed in the master control area until transports are ready to leave the facility. An observation

was made of a transport on day four of the annual compliance review. Staff were observed conducting a safety check on the van prior to transport. Observations confirmed staff searched the youth prior to the transport. Due to the nature of the transport, the program had two direct care staff and one of the program's registered nurses (RNs) participate on the transport. Staff and youth were observed using a seatbelt and the youth was not attached to any part of the vehicle by any means other than proper use of a seat belt. Additional documentation was submitted to the review team by the program's AFA after the annual compliance review regarding van number nineteen. A review of the documentation confirmed van number nineteen received an annual inspection through a local automotive repair shop on November 1, 2018.

<b>5.11 Transportation of Youth</b>	<b>Satisfactory Compliance</b>
<i>Appropriate minimum staff to youth staffing patterns shall be maintained while youth are transported off facility grounds to ensure the safety and security of youth, staff, and the public.</i>	

The program has a written policy and procedures to ensure the safety and security of youth, staff, and the community when youth are transported outside of the facility. The program has two operable vans utilized to transport youth. One of the vans (van number three, tag number 26760) was not on-site at the time of the annual compliance review due to being in an automotive repair shop (Jacob's Garage) for maintenance and completion of its annual inspection. Observations made of the one available van (van number nineteen, tag number 26760) confirmed it contained an up-to-date fire extinguisher, seatbelt cutter, and window punch. The program has a first aid kit assigned and dedicated to each of the transport vans. First aid kits are maintained in master control until transports are ready to leave the facility. The van was observed to have rear passenger doors which are unable to be opened from the inside. An interview with the assistant facility administrator (AFA) confirmed there is a safety screen separating the driver's compartment in van number nineteen; however, van number three does not have a safety screen separating the driver's compartment. A review of the documentation coupled with an interview with the AFA confirmed the program has a minimum of two staff for each transport and a staff person always occupies the rear passenger's compartment. Staff are not allowed to transport youth in their personal vehicles nor are youth allowed to operate staff vehicles. The program maintains a list of staff who are approved to transport youth and have eligible driver's licenses. Driver's license checks are conducted on all staff upon the initial hire date. If designated as a transport staff, staff's driver's licenses are checked monthly for validity. Informal interviews with staff coupled with a review of the program's policy confirmed the program maintains a minimum ratio of at least two staff for every five youth during any transport. Informal interviews with staff also confirmed staff are provided a program assigned cellular telephone to take with them on transports in order to communicate during emergency situations when transporting youth. The program's practice is to have staff call the program every hour when they are out on a transport with youth to provide a formal headcount and a status update on their location. In addition, the program's staff take a full-length picture of the youth to be aware of the youth's current clothing and appearance in case of an emergency. The program keeps an emergency binder in each van which contains current Authorization for Evaluation and Treatment (AET) forms as well as Face Sheets for all current youth in the program. Staff never leave youth unsupervised while in a vehicle. An inspection of approximately twenty-six randomly selected personal vehicles was conducted during the week of the annual compliance review to determine if staff locked their personal vehicles while working on-site. The results of the inspection founded two vehicles to have, at least, one of their doors unlocked. These discoveries were reported to the program's administrative and corporate staff to advise the applicable staff to lock their doors and to follow-up with the staff regarding this issue. Seven interviewed staff each reported the program provides a hand-held radio and cellular telephone

to take with them on transports to communicate during any emergency situations when transporting youth.

**5.12 Weekly Safety and Security Audits**

**Satisfactory Compliance**

*Appropriate minimum staff to youth staffing patterns shall be maintained while youth are transported off facility grounds to ensure the safety and security of youth, staff, and the public.*

The program maintains a written policy and procedures requiring weekly safety and security audits of the physical plant, grounds, and perimeter. The program's policy meets all the requirements of Florida Administrative Code 63E-7.013(5). The program's physical plant manager or designee is responsible for conducting safety and security audits every seven days. A review of the documentation reflected staff utilize the Department's Facility Security Audit and Safety Inspection form to document the weekly completion of audits and document deficiencies which need to be addressed. If any deficiencies are found, the program's administrative staff is made aware of the issue. If direct care staff find an issue, a work order is completed for the physical plant manager to complete the repair. If the physical plant manager finds an issue, the assistant facility administrator (AFA) is notified and the deficiency will be worked on. Depending on the magnitude of the issue, the AFA will create a corrective action plan to have the problem resolved. A major maintenance work order request is submitted to the Department for any applicable major physical plant deficiencies. An informal interview with the AFA coupled with reviewed documentation confirmed the AFA reviews all weekly safety inspection forms once a week. A review of safety and security inspection forms was conducted and reflected there was documentation to support the process and forms are completed weekly. An interview with the program's facility administrator (FA) confirmed the program's practice.

**5.13 Tool Inventory and Management**

**Satisfactory Compliance**

*The facility shall have a tool management system ensuring youth do not use tools or equipment as weapons or security breaches.*

The program has a written policy and procedures for tool management to ensure all program equipment and tools are properly stored and used within the facility, as part of an overall strategy to prevent escapes and eliminate the threat of harm against staff, visitors, volunteers, interns, and youth. The program identifies the physical plant manager as the designated tool control manager. All observed tools were securely stored when not in use and were stored in a locked cabinet inaccessible to youth. The program maintains a log of all tools at the facility. Authorized staff are required to sign tools in and out on the tool log. All tools listed on the tool list were also displayed within each cabinet on a shadow board in the maintenance area, kitchen, and locked utility closet. The physical plant manager maintains a perpetual inventory of all tools. Each tool is on a shadow board layout and are inventoried at the end of each day by the physical plant manager. Observations made of the tool storage area indicated it was organized and the physical plant manager confirmed youth are not allowed to utilize tools. A review of seven staff training records and seven youth case management records indicated staff and youth are trained on the safe use of tools. Seven interviewed youth each confirmed they use mops and brooms and one of the seven youth also said they have used a scrub brush.

**5.14 Youth Tool Handling and Supervision****Satisfactory Compliance***The program shall have procedures to ensure youth use tools safely and are supervised appropriately in order to prevent injuries to the youth, other youth, and staff.*

The program maintains a written policy and procedures regarding youth tool handling and supervision to ensure youth utilize tools safely and only under the direct supervision of staff. The program completes a Youth Risk Assessment on each youth at the time of their admission, every thirty days thereafter, and before any off-site activities. A review of the documentation confirmed assessments were completed on each youth prior to the youth utilizing Class B tools. Class B tools can be used only by youth who have been identified and approved on their latest youth risk assessment. The program has a locked storage closet within the laundry room on each side of the facility which is designated for the storage of cleaning products such as a mop bucket, broom, a dust pan, and a limited amount of cleaning chemicals. Youth are not permitted to use any Class A or B tools without staff supervision. A review of seven youth case management records of youth who have used tools indicated a risk assessment was completed prior to each youth's handling of tools. Seven interviewed staff each confirmed youth can use mops, brooms, and scrub brushes under staff supervision. One youth reported they have used a saw for a work project and was under staff supervision the entire time.

**5.15 Outside Contractors****Satisfactory Compliance***The program shall establish guidelines required for outside contractors, which includes information about tool control and restrictions.*

The program maintains a written policy and procedures to address outside contractors performing work projects at the facility. The program checks tools upon the worker's arrival and departure, and ensures immediate reporting of any tool the worker cannot locate and follows up if any tool is missing. The program requires all outside contractors to review and sign a contractor's agreement form to document their understanding and agreement with the rules, requirements, and guidelines to which the contractor must adhere to while working on-site at the program. A random selection of completed outside contractor forms compared with sign-in logs and submitted invoices were reviewed and confirmed the program's practice of having outside providers on-site. No youth are allowed in the work area while outside contractors are on-site. An informal interview with the assistant facility administrator (AFA) confirmed when a contractor is on-site, a staff member is assigned to supervise the contractor until the work is complete.

**5.16 Fire, Safety, and Evacuation Drills****Satisfactory Compliance***The program shall conduct fire, safety and evacuation drills to ensure youth and staff are prepared for immediate implementation or mobilization in the event of an emergency or disaster.*

The program maintains a written continuity of operations plan (COOP) which was approved by the Department on May 18, 2018. The COOP requires the program to conduct evacuation drills monthly on a random basis for each shift and unannounced fire drills once a month for each shift. Drills are to be conducted on a random basis under varied conditions when a majority of the youth are available. Program staff document drills on a program specific Emergency Drills form, which includes the beginning and ending time and the nature of the drill. A review of the documentation confirmed the program completed unannounced fire drills and COOP drills on each shift in accordance with their COOP, except for two instances. A COOP drill was not completed for the month of July on the Bravo shift and a fire drill was not completed in

September for the Alpha shift. Reviewed documentation and an interview with the assistant facility administrator (AFA) reflected the program's staff completed four fire drills for the month of July instead of completing an additional COOP drill. The COOP drills were at random and dealt with scenarios such as an escape, power outage, and riot. An interview with the facility administrator (FA) reflected fire and COOP drills are to be completed monthly for each shift. Seven interviewed youth each confirmed they had been instructed on what to do in the case of a fire. Interviews conducted with seven staff revealed they participated on various drills within the last six months including drill scenarios involving major disturbances, weather, bomb threats, chemical spills, flooding, terrorism, escape, medical emergencies, and fires.

<b>5.17 Disaster and Continuity of Operations Planning</b>	<b>Satisfactory Compliance</b>
<i>The program shall have a coordinated disaster plan and Continuity of Operations Plan (COOP) or one comprehensive plan incorporating both. The plan(s) shall provide for the basic care and custody of youth in the event of an emergency or disaster and continuity of the aforementioned, while ensuring the safety of staff, youth and the public. The plan shall be submitted to the regional director, or designee, for approval and signature.</i>	

The program has a continuity of operations plan (COOP) which encompasses a coordinated disaster plan. The plan was approved by the Department on May 18, 2018 and provides for basic care and custody of youth in the event of an emergency or disaster. The COOP addresses phases of a disaster plan, as well as emergency management including preparedness, response, and recovery. The COOP also addresses emergencies including fire prevention, bomb threats, evacuations, chemical spills, severe weather, and terrorist attacks. A review of the plan indicated alternative housing should the program have to be vacated due to an emergency or disaster. An informal interview with the facility administrator (FA) confirmed a copy of the COOP is maintained in master control, in the FA's office, and the assistant FA's office for staff to have access to.

<b>5.18 Storage and Inventory of Flammable, Poisonous, and Toxic Items and Materials</b>	<b>Satisfactory Compliance</b>
<i>The program director or designee shall maintain strict control of flammable, poisonous and toxic items and materials and a complete inventory of all such items.</i>	

The program maintains a written policy and procedures regarding the control of hazardous and chemical materials. Toxics are stored in a secured and locked metal cabinet located on the outside of the maintenance area which is inaccessible to youth. Observations made reflected the program maintains a list of materials and names of staff who are authorized to utilize the chemicals posted on the outside door. A review of the flammable, poisonous, and toxic items list verified the items stored. A Safety Data Sheet (SDS) logbook is located inside the storage area and contained a SDS for each chemical. When comparing the chemicals stored in the secured and locked cabinet with the SDS records, there were no inconsistencies noted. The program records the daily use of chemicals on a daily chemical usage log, inclusive of the name of the authorized staff using each chemical. Observations made of the storage area indicated it is securely locked and inaccessible to youth.

<b>5.19 Youth Handling and Supervision for Flammable, Poisonous, and Toxic Items and Materials</b>	<b>Satisfactory Compliance</b>
<p><i>The program shall maintain strict control of flammable, poisonous, and toxic items and materials.</i></p> <p><i>Youth shall not be permitted to use, handle, or clean dangerous or hazardous chemicals or respond to chemical spills. Youth shall not be permitted to clean, handle, or dispose of any other person's biohazardous material, bodily fluids, or human waste.</i></p>	

The program has a written policy and procedures to ensure youth do not handle poisonous, flammable, or toxic items and materials. The program's physical plant manager maintains strict control over all flammable, poisonous, and toxic items in the program. Youth are restricted from the area where toxic items are stored. Observations made during the annual compliance review confirmed the youth in the program do not have access to the areas where the toxic items are stored or used. An informal interview with assistant facility administrator (AFA) indicated youth do not use, clean, or dispose of any bio hazardous material, bodily fluids, or human waste. Observations were made during the week of the annual compliance review of youth performing daily cleaning activities of sweeping the floor with a broom and cleaning windows with a rag while staff sprayed the chemical. The youth was being directly supervised by a direct care staff member and was searched after completing the detail. Seven youth were interviewed and one youth stated they do not use any chemicals or cleaning products while five youth stated they have used paint, two youth stated they have used floor wax, one youth stated they have used bleach, six youth stated they have used laundry soap, and three youth stated they have used window or toilet cleaner. When asked to further explain the usage of the window or toilet cleaner, the youth stated staff poured or sprayed the chemicals for the youth under staff supervision.

<b>5.20 Disposal of all Flammable, Toxic, Caustic, and Poisonous Items</b>	<b>Satisfactory Compliance</b>
<p><i>The maintenance mechanic, or other trained staff who have the safety equipment for diluting, handling, and disposing of hazardous waste and/or solid waste, shall be responsible for disposing of hazardous items and toxic materials.</i></p>	

The program maintains a written policy and procedures for the disposal of chemicals which was developed in accordance with Occupational Safety and Health Administration (OSHA) standards. The program's physical plant manager is responsible for disposing of unused flammable, poisonous, toxic materials to a local household hazardous waste drop-off site when needed. The program maintains a disposal log sheet to track the disposal of such items. The program utilizes Alligator Septic & Drain to come on-site and pump out the grease trap for disposal every fifteen days. Kitchen liquid waste is disposed of in a plumbing drain in the kitchen. An interview conducted with the assistant facility administrator (AFA) confirmed there has not been any incidents of a chemical spill at the facility within the last six months and the program has a policy and procedures relating to a chemical spill if one occurs. An interview with the facility administrator (FA) confirmed the program's practice.

**5.21 Recreation and Leisure Activities****Satisfactory Compliance***The program shall provide a variety of recreation and leisure activities.*

The program has a written policy and procedures regarding recreation and leisure activities. These activities are geared to provide a range of supervised and structured indoor and outdoor recreation activities for the youth and shall be based on the developmental levels and needs of the youth in the program as well as youth input about their preferences and interests in various activities. According to the contract, the program is required to have a recreational therapist. The program filled the recreational therapist position on January 17, 2018. A review of the documentation reflected the recreational therapist has a bachelor's degree in recreation and sports management and has approximately four years of experience working with youth. The recreational therapist is responsible for planning, developing, and implementing daily recreation and leisure time activities designed to be physically challenging, educational, and constructive for the youth. A review of the documentation reflected recreational therapy activities are provided and are incorporated into goals on each youth's individualized treatment plan and each youth also works with the recreational therapist to develop a Wellness Plan to achieve their desired goals while in the program. The program's activity schedule was reviewed and reflected recreation activity each afternoon for one hour. The program maintains a monthly calendar of indoor and outdoor recreation activities planned for the youth targeted to promote team building and leadership skills. Randomly selected dates and times were reviewed in the program's facility logbooks and confirmed the youth have allotted time each day for recreation. Reviewed documentation of the program's activity schedule coupled with observations made during the annual compliance review of recreational activities confirmed youth are provided with at least one hour of outdoor recreation a day. Seven youth were interviewed regarding if they are provided physical and leisure activities for at least one hour each day. Each of the seven interviewed youth stated the program provides them with at least one hour of recreation and leisure time each day. Each youth reported they can play football, basketball, cards, board games, puzzles, dodge ball, letter writing, and watch television during recreation and leisure time. Three staff were interviewed and all three indicated the type of recreation and leisure activities are provided to youth are basketball, football, television, and board games for at least one hour.



5.22 Elements of the Water Safety Plan, Staff Training, and Swim Test (Critical)	Non-Applicable
<p><i>Programs choosing to participate in water-related activities shall develop and implement a water safety plan to ensure proper supervision and safety of the youth during water related activities. The plan shall also ensure staff are appropriately trained for each specific type of water activity.</i></p> <p><i>Programs allowing youth to participate in water-related activities shall have a water safety plan addressing, at a minimum, safety issues, emergency procedures, and the rules to be followed during water-related activities, as follows:</i></p> <ul style="list-style-type: none"> <li>• <i>Determination of the risk level for each participating youth, including whether or not the youth can swim, an assessment of swimming ability, and other factors to include age and maturity, special needs such as physical and mental health issues, and physical stature and conditioning;</i></li> <li>• <i>Type of water, such as pool or open water;</i></li> <li>• <i>Water conditions, such as clarity, turbulence, and bottom conditions;</i></li> <li>• <i>Type of activity, such as swimming, boating, canoeing, rafting, snorkeling, scuba diving, and shoreline and offshore activities to include fishing from a bank or pier, fishing while wading, or picnicking close to a body of water.</i></li> <li>• <i>Lifeguard-to-youth ratio and positioning of lifeguards;</i></li> <li>• <i>Other staff supervision; and</i></li> <li>• <i>Safety equipment needed for the activity, such as personal flotation devices when youth are in a boat, canoe, or raft, and availability of a lifeline during shoreline and offshore activities.</i></li> </ul> <p><i>Programs choosing to participate in water-related activities shall ensure staff are appropriately trained for each specific type of water activity.</i></p> <p><i>Programs choosing to participate in water-related activities shall assess each youth's aquatic ability prior to participation in water-related programming.</i></p>	

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

5.23 Visitation and Communication	Satisfactory Compliance
<p><i>The program allows visitation and communication for youth while in the program.</i></p>	

The program maintains a written policy and procedures regarding visitation and communication with family members in order re-establish family and community ties with the youth. Upon admission, youth are informed of visitation during the orientation process and receive a youth handbook which outlines visitation days, times, rules, and expectations. The program encourages communication and visitation from the parents/guardians by sending out a welcome letter and the youth handbook upon the youth's admission to notify the parent/guardian of the days and time for visitation, who can visit, incoming and outgoing mail, and the corresponding rules of visitation. The program has visitation hours set on Wednesdays from 6:00 p.m. until 8:00 p.m., on Saturdays from 1:00 p.m. until 3:00 p.m., and on Sundays from 1:00 p.m. until 3:00 p.m. An informal interview with the program's assistant facility administrator (AFA) confirmed the program considers requests for alternative visitation arrangements with parents/guardians who are not available during the scheduled visitation days and/or times. A list

of authorized visitors and correspondence is maintained in the youth's case management records. Youth are provided writing materials to send letters to family members while in the program. Letters are sent out twice a week and youth can receive letters as they come in. Youth have unimpeded access with the courts, attorneys, juvenile probation officer (JPO), and/or the Department of Children and Families (DCF) case worker, if applicable. Observations of the facility indicated the visitation schedules were visibly posted. An informal interview with the assistant facility administrator (AFA) confirmed the program holds visitation in the cafeteria on the Dolphins side of the facility. A review of seven case management records indicated each record included a completed orientation check list, which includes the process of visitation and communication at the program, as well as an approved visitor list, telephone list, and mail list. Seven interviewed youth each stated they are provided the opportunity to communicate with family members by phone, telephone, or at visitation.

<b>5.24 Search and Inspection of Controlled Observation Room</b>	<b>Non-Applicable</b>
<i>The program shall conduct youth searches and room inspections prior to placing a youth on Controlled Observation.</i>	

The program's policy, procedure, and practice confirm the program does not use controlled observation; therefore, this indicator rates as non-applicable.

<b>5.25 Controlled Observation</b>	<b>Non-Applicable</b>
<i>Programs shall only place youth in Controlled Observation when non-physical interventions would not be effective.</i>	

The program's policy, procedure, and practice confirm the program does not use controlled observation; therefore, this indicator rates as non-applicable.

<b>5.26 Controlled Observation Safety Checks Release Procedures</b>	<b>Non-Applicable</b>
<i>The program shall conduct safety checks for youth on Controlled Observation. The program director or designee shall approve a release when it is determined, based on his or her behavior, the youth is no longer an imminent threat to self or others.</i>	

The program's policy, procedure, and practice confirm the program does not use controlled observation; therefore, this indicator rates as non-applicable.

Program Name: Broward Youth Treatment Center  
Provider Name: Youth Opportunity Investment, LLC  
Location: Broward County / Circuit 17  
Review Date(s): October 23-26, 2018

MQI Program Code: 1269  
Contract Number: 10553  
Number of Beds: 40  
Lead Reviewer Code: 154

## **Overall Rating Summary**

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

Limited Ratings	Failed Ratings
5.06 Logbook Entries and Shift Report Review	