

**STATE OF FLORIDA  
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND  
QUALITY IMPROVEMENT**

**Annual Compliance Report**

**Okeechobee Juvenile Offender Correctional Center Re-Review**

***TrueCore Behavioral Solutions, LLC***

**(Contract Provider)**

**[Street Address]**

**Okeechobee, Florida 34972**

***Review Date(s): October 8-10, 2019***



**Promoting Continuous Improvement and Accountability  
in Juvenile Justice Programs and Services**



## Rating Definitions

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

|                                |  |
|--------------------------------|--|
| <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:

Maryann Sanders, Office of Program Accountability, Lead Reviewer (Standard 3)

Patrick Morse, Office of Program Accountability, South Regional Supervisor, (Standard 3)

BUREAU OF MONITORING AND QUALITY IMPROVEMENT  
RE-REVIEW ADDENDUM

Program Name: Okeechobee Juvenile Offender Correctional CenterMQI Program Code: 1047  
Provider Name: TrueCore Behavioral Solutions, LLC Contract Number: 10289  
Location: Okeechobee County / Circuit 19 Number of Beds: 48  
Review Date(s): October 8-10, 2019 Lead Reviewer Code: 153

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.

**Overall Rating Summary**

| Overall Rating Summary   |
|--|
| All indicators have been rated Satisfactory and no corrective action is needed at this time. |

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

| Indicator Ratings                                       |  |                |                 |
|---|--|----------------|-----------------|
| Standard 3 - Mental Health and Substance Abuse Services |  |                |                 |
|   |  | Re-Review      | Original Review |
| 3.01  | Designated Mental Health Clinician Authority or Clinical Coordinator | Satisfactory   | Limited         |
| 3.02  | Licensed Mental Health and Substance Abuse Clinical Staff *          | Satisfactory   | Limited         |
| 3.03  | Non-Licensed Mental Health and Substance Abuse Clinical Staff        | Satisfactory   | Failed          |
| 3.04  | Mental Health and Substance Abuse Admission Screening                | Satisfactory   | Limited         |
| 3.05  | Mental Health and Substance Abuse Assessment/Evaluation              | Satisfactory   | Satisfactory    |
| 3.06  | Mental Health and Substance Abuse Treatment                          | Satisfactory   | Satisfactory    |
| 3.07  | Treatment and Discharge Planning *                                   | Satisfactory   | Satisfactory    |
| 3.08  | Specialized Treatment Services*                                      | Satisfactory   | Satisfactory    |
| 3.09  | Psychiatric Services *   | Satisfactory   | Failed          |
| 3.10  | Suicide Prevention Plan *  | Satisfactory   | Satisfactory    |
| 3.11  | Suicide Prevention Services *  | Satisfactory   | Failed          |
| 3.12  | Suicide Precaution Observation Logs *                                | Satisfactory   | Limited         |
| 3.13  | Suicide Prevention Training *  | Satisfactory   | Satisfactory    |
| 3.14  | Mental Health Crisis Intervention Services *                         | Satisfactory   | Satisfactory    |
| 3.15  | Crisis Assessments *   | Satisfactory   | Satisfactory    |
| 3.16  | Emergency Mental Health and Substance Abuse Services *               | Satisfactory   | Satisfactory    |
| 3.17  | Baker and Marchman Acts *  | Non-Applicable | Non-Applicable  |

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

## **Standard 3: Mental Health and Substance Abuse Services**

### **3.01 Designated Mental Health Clinician Authority or Clinical Coordinator**

The program originally received a **Limited Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program's designated mental health clinician authority (DMHCA) position was vacant at the time of the annual compliance review. The position has been vacant since December 20, 2018. The program's administrator indicated they have attempted to fill the DMHCA position since the initial vacancy. The program's human resource staff have participated in job fairs, posted the vacant position on the employment websites, placed advertisements in newspapers, and on the local chamber of commerce website. The program has a licensed mental health counselor (LMHC) serving as the interim DMHCA and the clinical director. The interim DMHCA has a clear and active license in the State of Florida, with an expiration date of March 31, 2021. The DMHCA is required to be on-site forty hours a week, on-call twenty-four hours a day, seven days a week and is responsible for the coordination and implementation of mental health, substance abuse, and specialized services at the program. During an informal interview with the program compliance manager, it was reported the program will borrow a clinical director from a nearby program which will be on-call twenty-four hours a day, seven days a week for consultation and emergencies. In addition to providing at least one hour of clinical supervision a week for unlicensed mental health therapists. However, there was no documentation to confirm the interim DMHCA has been on-site five days a week from December 2018 through March 1, 2019. The program could not provide clear documentation of the interim DMHCA being on-site five days a week for forty hours as contractually required from December 2018 through March 31, 2019. The interim DMHCA reported the program offers mental health counseling and substance abuse services through group counseling sessions, family counseling, and individual sessions with the youth. Prior to posting, as of May 6, 2019, the DMHCA position has been filled for the program.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program has a licensed mental health counselor who serves as the program's designated mental health clinician authority (DMHCA) and the director of clinical services. The DMHCA holds a clear and active license in the State of Florida, with an expiration date of March 31, 2021. In addition, the DMHCA holds a certification as a sex offender treatment provider. Reviewed documentation supported the DMHCA attended the National Adolescent Perpetration Network (NAPN) conference in Fort Lauderdale, Florida on May 2 - 4, 2019. The DMHCA received the required course work which meets the standards for approval as set forth in Florida Administrative Code Approved Courses for Continuing Education. The program has established a training plan for the DMHCA to maintain the qualified training requirements to practice juvenile sex offender therapy, as outlined in Florida Administrative Code. The DMHCA is on-site 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. The DMHCA is also responsible for ensuring youth receive evidenced-based group therapy from qualified and supervised clinicians, receive the required Standardized Program Evaluation Protocol (SPEP) services, as well as supplemental specialty services to address each youth's unique clinical needs. In addition, the DMHCA facilitates group counseling sessions and assists with family, individual, and/or supporting sessions, as needed. The DMHCA facilitates the crisis stabilization of youth, as needed, and facilitates staff training and

drills. The DMHCA participates in weekly meetings with the psychiatrist to discuss youth receiving services and conducts quarterly mental health drills to ensure all staff participate. An interview with the DMHCA confirmed their role in the coordination and implementation of mental health and substance abuse services. A review of the position description indicates the DMHCA acts as the program's mental health and substance abuse authority.

### **3.02 Licensed Mental Health and Substance Abuse Clinical Staff (Critical)**

The program originally received a **Limited Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has one full-time licensed mental health counselor (LMHC) serving as the acting designated mental health clinician authority (DMHCA) and licensed treatment director. The program did not maintain a written agreement/contract with the current State of Florida licensed psychiatrist who supervised the program's psychiatric services and supervision of treatment for youth who are prescribed psychotropic medications, in coordination with the DMHCA. A review of the program's contract indicated the psychiatrist is required to be on-site bi-weekly at a minimum of four hours. The facility administrator (FA) informal interview, in comparison with documentation, found the psychiatrist provided tele-psychiatry/tele-medicine and was not physically on-site bi-weekly for the required four hours since August 22, 2018. The regional compliance manager provided written documentation of a potential psychiatrist staff with a projected start date of May 6, 2019. The program is licensed through the Department of Children and Families (DCF) in accordance with Chapter 397, Florida Statutes, to provide substance abuse services for outpatient treatment. Documentation revealed the licensed psychiatrist was not on-site as required. Documentation showed the psychiatrist's license is current and active in the State of Florida and expires January 31, 2020.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program recently amended their contract to add an additional licensed therapist to serve as the lead therapist for the maximum-risk program. The program has, in total, two licensed clinicians. The licensed mental health counselor (LMHC) serves as the program's clinical director and designated mental health clinician authority (DMHCA). The licensed clinical social worker serves as the lead therapist for the maximum-risk program. The reviewed licenses of the two additional licensed therapists found each was clear and active in the State of Florida, both with an expiration date of March 31, 2021. In addition, the program hired a new psychiatrist as of May 20, 2019. Reviewed credentials supported the psychiatrist had a clear and active license in the State of Florida with an expiration date of January 31, 2021. The education was in child and adolescent psychiatry. The DMHCA or licensed therapists provide at least one hour of clinical supervision each week for each non-licensed mental health therapist. According to the program's contract, the program is required to have a licensed psychiatrist who is board certified in psychiatry, as well as child and adolescent psychiatry, and is required to be on-site four hours bi-weekly. Reviewed documentation reflected the psychiatrist was on-site weekly, exceeding the requirement. The reviewed records of the licensed clinical staff demonstrated each worked 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. In addition, the DMHCA and the lead sex offender therapist received the required course work which meets the standards for approval as set forth in Florida Administrative Code Approved Courses for Continuing Education. The program has established a training plan for the DMHCA and the lead sex offender therapist to maintain the qualified training requirements to practice juvenile sex offender therapy as outlined in Florida Administrative Code. 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 7, 2020.

### **3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff**

The program originally received a **Failed Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has four master's-level, non-licensed clinical staff. All non-licensed clinical staff work under the direct supervision of the acting designated mental health clinician authority (DMHCA). The program maintains a current Chapter 397 license through the Department of Children and Families to provide substance abuse services. The program's policy indicates all non-licensed staff who provide clinical services to the youth at the program are required to have weekly supervision by a licensed professional for a minimum of one hour weekly. The program documents clinical supervision on a program form which includes all required elements of Department Mental Health and Substance Abuse form (MHSA 019). The reviewed documentation found the clinical supervision log included all required elements, as outlined in Chapter 397, Florida Statutes. However, form MHSA 019 was not utilized on five separate occasions. A review of documentation for the past six months found the four non-licensed clinicians did not receive direct supervision as required. A review of the four non-licensed weekly supervision notes indicated each therapist was missing from one to nine weeks of face-to-face clinical supervision in group and/or individual settings. Additionally, reviewed documentation found the clinical supervision notes indicated the interim DMHCA conducted the supervision by telephone on several occasions. Training records for the non-licensed staff validated each staff completed the required twenty-hours of training 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 (ASR) 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 form (MHSA 022).

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program has six non-licensed therapist positions. Each of the six non-licensed therapists are master's-level and/or doctorate-level clinicians with degrees in social work, mental health counseling, and/or human services. Three of the non-licensed staff are registered mental health counselor interns and one non-licensed staff is a registered clinical social worker intern. All six staff work under the direct supervision of the designated mental health clinician authority (DMHCA). The program maintains an independent contract agreement with a master's-level board certified behavior analyst (CBA). The CBA is scheduled to be on-site for approximately five hours each week for the entire Okeechobee campus, splitting time between each program. A review of the clinical supervision log from March 2019 through October 2019 found the non-licensed mental health staff received at least one hour of face-to-face direct supervision from the DMHCA or lead therapist each week. The reviewed documentation found the program utilized their own clinical supervision log which included all required elements, as outlined in Chapter 397, Florida Statutes. The reviewed forms reflected a review of the clinician's case load, clinical services provided, documentation, miscellaneous directions, instructions, and recommendations. Training records for the six non-licensed staff validated each have 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).

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

The program originally received a **Limited Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. 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, including suicide prevention. All youth admitted into the program are administered the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) at the time of admission to ensure the identification of mental health and substance abuse issues requiring immediate attention and/or further assessment and evaluation. The suicide risk screening process includes an initial evaluation of each youth during intake utilizing the Victimization and Sexually Aggressive Behavior (VSAB) and the Department's Assessment of Suicide Risk (ASR). Each MAYSI-2 is administered by a trained staff in the Department's Juvenile Justice Information System (JJIS). Seven youth mental health and substance abuse records were reviewed and confirmed the mental health and substance abuse staff reviewed all available information included in each youth's commitment packet regarding mental health and substance abuse histories. The information collected was documented on the youth's admission card, mental health and substance abuse screening checklist, and entry checklist. Reviewed documentation found each youth received a MAYSI-2 on the day of admission. Two of the seven MAYSI-2s were completed and entered into the Department's Juvenile Justice Information System (JJIS) by the same licensed therapist on the date of admission. Five MAYSI-2s were completed by the therapists. However, documentation showed all five assessments were entered and scored in JJIS by the file clerk staff. According to the program's policy, only the assigned therapist or licensed mental health professional facilitates a mental health/substance abuse screening using the MAYSI-2 electronic screening in JJIS. Two of seven applicable reviewed youth records contained hits on the MAYSI-2 and were referred for further assessment. Three applicable youth had hits based on the MAYSI-2 results; however, the screener indicated no referral was necessary based upon available information and the form was completed incorrectly. It is the program's practice to refer all youth, regardless of the MAYSI-2 results, to receive a new comprehensive mental health and substance abuse bio-psychosocial evaluation. Reviewed documentation confirmed all seven youth records contained a comprehensive mental health and substance abuse bio-psychosocial evaluation. An interview with the facility administrator (FA) indicated upon each youth's admission to the program the staff completes a VSAB, MAYSI-2, and the ASR to assess any suicide risks the youth may have.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written policy and procedures to ensure each youth's mental health and substance abuse needs are identified through a comprehensive screening process, including suicide prevention. Youth admitted into the program are assessed utilizing the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) during the admission screening process to ensure the identification of mental health and substance abuse issues requiring immediate attention and/or further assessment and evaluation. The suicide risk screening process includes an initial evaluation of each youth during intake utilizing the Department's Assessment of Suicide Risk (ASR). A review of seven youth mental health and substance abuse records supported each youth was assessed utilizing a MAYSI-2 completed on the day of admission and administered in the Department's Juvenile Justice Information System (JJIS) by a trained staff member. Each reviewed youth mental health and substance abuse record confirmed the mental health and substance abuse staff reviewed all available



information included in each youth's commitment packet regarding mental health and substance abuse histories and documented the findings on the Records Review Form and the Youth Admission Card. Six of seven reviewed youth records contained hits on the MAYSI-2 requiring a referral for further assessment. However, it is the program practice to refer all youth, regardless of the MAYSI-2 findings, for a comprehensive mental health and substance abuse bio-psycho-social evaluation. One youth had a hit for an elevated risk of suicide and was assessed by the therapist utilizing the ASR. An interview with the facility administrator (FA) indicated upon each youth's admission to the program, the staff completes a MAYSI-2, ASR, and Victimization and Sexually Aggressive Behavior (VSAB) to assess any suicide risks the youth may have.

### **3.05 Mental Health and Substance Abuse Assessment/Evaluation**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a written policy and procedures outlining a comprehensive plan for mental health and substance abuse services. The program's practice is to complete a new comprehensive mental health and substance abuse evaluation regardless of identified needs for each new admission. Each youth identified through the preliminary screening process is referred for further mental health and substance abuse assessment. Reviewed documentation for seven mental health and substance abuse records found each youth had a completed mental health and substance abuse bio-psycho-social evaluation. Each comprehensive mental health and substance abuse bio-psycho-social evaluation was completed within thirty calendar days of the youth's admission. All completed evaluations were conducted by a licensed mental health counselor or non-licensed master's-level clinician and was reviewed by a licensed mental health counselor within ten days of completion. Eight out of nine reviewed bio-psycho-social evaluations contained all required elements outlined in Florida Administrative Code. One reviewed bio-psycho-social evaluation did not include the recommendations or findings.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written policy and procedures outlining a comprehensive plan for mental health and substance abuse services. In addition, the program maintains a written comprehensive plan for mental health and substance abuse services ensuring all youth receive clinical services. The program's practice is to complete a new comprehensive mental health and substance abuse bio-psycho-social evaluation regardless of identified needs for each new admission. A review of seven youth mental health and substance abuse records found each youth was assessed utilizing the Trauma Symptom Checklist for Children (TSCC), Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2), Reynolds Adolescent Depression Scale – Second Edition (RAD5-2), Adolescent Psychopathology Scale – Short Form (APS-SF), American Society of Addiction Medicine (ASAM), Jesness Inventory – Revised (JI-R), and the Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB). The results of the assessments are utilized for the completion of the comprehensive mental health and substance abuse bio-psycho-social evaluation. Reviewed documentation supported each bio-psycho-social evaluation was completed within twenty-eight calendar days of the youth's admission and the program practice is to complete a new evaluation annually. All completed evaluations were conducted by a licensed therapist or non-licensed master's-level therapist. When completed by a non-licensed therapist, the licensed therapist documented their review within ten days of completion. All seven reviewed bio-psycho-social evaluations contained all required elements outlined in Florida Administrative Code and two reviewed records supported a new evaluation completed one year from the previous evaluation. An interview with the designated mental health clinician authority (DMHCA) indicated they assist in completing intake assessments and admission consents.

### **3.06 Mental Health and Substance Abuse Treatment**

The program originally received a **Limited Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has a written policy and procedures to ensure all mental health and substance abuse treatment services are available to all youth at the program who are determined to meet clinical criteria to receive services. Mental health and substance abuse treatment is steered by an individualized treatment plan addressing all of the youth's needs in accordance with Florida Administrative Code 63N-1. A review of seven youth mental health and substance abuse records found each youth was assigned to a multidisciplinary treatment team upon admission into the program. Each of the seven reviewed records identified treatment team members to include the youth, therapist, program administration, case manager, education, medical, direct care staff, and parent/guardian, when applicable. Observations of a formal multidisciplinary treatment team meeting during the annual compliance review confirmed all required members participated, except for the living unit representative who was not present and/or actively participating through submission of written updates. Reviewed documentation validated each youth had a properly executed Authority for Evaluation and Treatment (AET) form. Each youth record also had a signed Youth Consent for Release of Substance Abuse Treatment Records form. Weekly progress notes were documented in the format outlined in Florida Administrative Code 63N-1 and the Department's Counseling/Therapy Progress Note form. The program's practice is to document progress daily on the mental health and substance abuse daily services program record and progress notes. A review of progress notes found issues regarding individual/family/group services. Three of the seven reviewed records found the youth were provided services, as stipulated in their treatment plans. According to Florida Administrative Code, mental health groups are limited to ten or fewer youth. Observations made during the week of the annual compliance review found groups had more than ten youth participating. A review of group sign-in sheets documented each of the Passport mental health groups provided during the entire annual compliance review period had more than ten youth. Substance abuse groups are not to have more than fifteen youth participating during the groups, which a review of sign-in sheets confirmed. Three staff were interviewed during the annual compliance review. Two staff reported they do not facilitate any mental health or substance abuse groups. One staff reported case managers and therapist facilitate mental health and substance abuse groups.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program has a written policy and procedures ensuring all mental health and substance abuse treatment services are available to each youth who is determined to meet clinical criteria to receive services. Mental health and substance abuse treatment is steered by an individualized treatment plan addressing all of the youth's needs in accordance with Florida Administrative Code 63N-1. A review of seven youth mental health and substance abuse records found each youth was assigned to a multidisciplinary treatment team upon admission into the program. Each of the seven reviewed records identified treatment team members to include the youth, program administration, residential living unit, therapist, case manager, education, medical, and parent/guardian, when applicable. Reviewed documentation validated each of the seven youth had a properly executed Authority for Evaluation and Treatment (AET) form. Two of the seven youth turned eighteen years old while in the program and had signed consent to receive services. Each youth record also had a signed Youth Consent for Release of Substance Abuse Treatment Records form. Weekly progress notes were documented in the format outlined in Florida Administrative Code 63N-1 and the Department's Counseling/Therapy Progress Note form. The program's practice is to document

progress daily on the mental health and substance abuse daily services program record and progress notes. A review of treatment team documentation validated the meetings were held, as required, and the treatment team members were in attendance. The education and medical staff provided written updates prior to each treatment team meeting. Observations of a treatment team was not conducted due to none scheduled while the review team was on-site.

All seven reviewed youth records determined a need of substance abuse treatment based on the youth's diagnosis. Reviewed documentation supported treatment was provided by six master's-level and doctoral-level non-licensed therapist as well as the three licensed therapists. The program maintains a current Chapter 397 license through the Department of Children and Families with an expiration date of April 7, 2020. All seven reviewed records found the youth were provided services, as stipulated in their individualized mental health and substance abuse treatment plans. According to Florida Administrative Code, mental health groups are limited to ten or fewer youth and substance abuse groups are limited to fifteen or fewer. Reviewed group documentation and attendance logs during the week of the annual compliance review found groups were in compliance with this requirement. An interview with the designated mental health clinician authority (DMHCA) indicated they oversee the monitoring and tracking of clinical service delivery and documentation, including daily group therapy, monthly individual therapy, monthly family therapy, and weekly progress note documentation. In addition, the DMHCA oversees monthly treatment team planning and review, monthly psychiatric meetings and medication review, and annual assessments and updates. According to the DMHCA, they provide individual, group, and family therapy and assist in facilitating mental health groups when needed. The DMHCA indicated they complete and review Assessments of Suicide Risk and crisis assessments for youth experiencing crisis issues. Each of the seven interviewed youth indicated they were participating in groups and receiving specialized therapies.

### **3.07 Treatment and Discharge Planning (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has a written policy and procedures outlining responsibilities and required elements of mental health and substance abuse treatment services and planning. All mental health and substance abuse treatment services provided at the program are provided by a mental health staff person, or under the direct supervision of the licensed clinical director. Each youth released from the 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 service. Seven reviewed mental health and substance abuse records validated the multidisciplinary treatment team developed an initial treatment plan on each youth's date of admission to the program. Each initial plan was signed by treatment team members who participated in the development of the plan. The initial treatment plans were documented on a form containing all required elements, as outlined in Florida Administrative Code 63N-1, and on the Initial Mental Health/Substance Abuse Treatment Plan form (MHSA 015). Each of the reviewed plans contained substance abuse and mental health planning for the youth. Three of the seven reviewed youth records were applicable for psychotropic medications two of three reviewed treatment plans documented each youth was referred for medication management and included details of the psychotropic medication dosage, and monitoring frequency. One youth initial treatment plan did not document the youth's psychiatric needs. A review of seven youth's individualized treatment plans were documented on the program's Individualized Mental Health/Substance Abuse Treatment Plan form (MHSA 016) and contained all elements outlined Florida Administrative Code 63N-1. Six individualized treatment plans were completed within thirty days of admission. One was completed on day thirty-one. Each plan documented the

licensed clinician reviewed and signed each within ten days of completion as required. One youth record did not have a thirty-day review every thirty days and was missing the month of February. Three closed records were reviewed and contained the appropriate discharge plan documentation. None of the applicable discharges were applicable for youth being released on suicide precautions/suicide alert. All three records applicable for an exit conference documented the juvenile probation officer (JPO) and parent/guardian participated in a discussion regarding the discharge plan. Three of three applicable records documented mailing of the discharge plan to the parent/guardian and JPO. Each reviewed discharge plan contained clear treatment recommendations for continuing mental health and substance abuse services.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program has a written policy and procedures outlining responsibilities and required elements of mental health and substance abuse treatment services and planning. All mental health and substance abuse treatment services provided at the program are provided by a mental health staff, or under the direct supervision of the licensed clinical director. Each youth released from the 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 service. Seven reviewed mental health and substance abuse records supported the multidisciplinary treatment team developed an initial treatment plan on each youth's date of admission to the program. Each initial plan was signed by treatment team members who participated in the development of the plan. The initial treatment plans were documented on a form containing all required elements, as outlined in Florida Administrative Code 63N-1, and on the Department's Initial Mental Health/Substance Abuse Treatment Plan form. Each reviewed plan contained mental health and substance abuse planning for the youth. Five of the seven reviewed youth records were applicable for being admitted on prescribed psychotropic medications. All five applicable youth reviewed treatment plans documented each youth was referred for medication management and included details of the psychotropic medication dosage, and monitoring frequency. A review of seven youth's individualized treatment plans found each was completed within thirty days of admission and documented on the Department's Individualized Mental Health/Substance Abuse Treatment Plan form with containing all elements outlined Florida Administrative Code 63N-1. Six of seven plans documented the licensed clinician reviewed and signed each within ten days of completion, as required. One was signed seventeen days late. Three reviewed plans did not have the required signatures of all treatment team members who participated in the development of the plan. One was missing the facility administrator, and two were missing the living unit representative and case manager. Four applicable youth were currently on prescribed psychotropic medications and the individualized treatment plan included psychiatric services, including psychotropic medication and frequency of monitoring. One youth who was admitted on psychotropic medications was subsequently discontinued at the time of the annual compliance review. Each reviewed plan documented the prescribed services the youth receives daily, weekly, and monthly. All seven reviewed youth records required monthly treatment team reviews, and each was completed, as required. Three closed records were reviewed and contained the appropriate discharge plan documentation. None of the applicable discharge records were applicable for youth being released on suicide precautions/suicide alert. All three records applicable for an exit conference documented the juvenile probation officer (JPO) and parent/guardian participated in a discussion regarding the discharge plan. Each of the three applicable records documented mailing of the discharge plan to the parent/guardian and JPO. Each reviewed discharge plan contained clear treatment recommendations for continuing mental health and substance abuse services.

### **3.08 Specialized Treatment Services (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. A review of the program's contract and clinical program description indicated mental health and substance abuse treatment services are available through the provision of mental health overlay services (MHOS) and/or substance abuse treatment overlay services (SAOS). Each youth is assessed upon admission for mental health and substance abuse needs utilizing the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) and the Department's Assessment of Suicide Risk (ASR). The program carries a Chapter 397 outpatient substance abuse license through the Department of Children and Families. The program's specialized mental health and substance abuse treatment services include individual therapy and family therapy sessions monthly and daily group therapy sessions. Mental health groups include group process therapy, anger management groups, conflict resolution, clinical education group forums, and other psycho-educational training groups. Supportive counseling is provided on an as-needed basis. Other services include initial screening process, clinical intake interviews, clinical assessments and evaluation, record review, bio-psychosocial evaluation, medical/psychiatric services, functional behavioral assessments, treatment plan development, daily therapeutic activities, and behavior modification. A review of seven youth mental health and substance abuse records confirmed each youth received individualized mental health services and substance abuse services. Each session addressed mental health, as well as substance abuse needs of the youth if applicable.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. A review of the program's contract and clinical program description indicated mental health and substance abuse treatment services are available through the provision of mental health overlay services (MHOS) and/or substance abuse treatment overlay services (SAOS). Each youth is assessed upon admission for mental health and substance abuse needs utilizing the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) and the Department's Assessment of Suicide Risk (ASR). The program maintains a current Chapter 397 outpatient substance abuse license through the Department of Children and Families with an expiration date of April 7, 2020. The program's specialized mental health and substance abuse treatment services include monthly individual therapy and family therapy sessions and daily group therapy sessions. Mental health and substance abuse groups include Healthy Male Relationships, Living in Balance, Skillstreaming, group process therapy, anger management groups, conflict resolution, and other psycho-educational groups. Supportive counseling is available and provided on an as-needed basis. The program's clinical staff also provides initial screenings, clinical interviews, assessments, and evaluations, record review, bio-psychosocial evaluation, medical/psychiatric services, functional behavioral assessments, treatment plan development, daily therapeutic activities, and behavior modification. A review of seven youth mental health and substance abuse records validated each youth received individualized mental health services and substance abuse services. Each session addressed mental health and/or substance abuse needs and was documented on the Weekly Progress Note form. The documentation supported the types of service the youth received to include the clinical intervention and the youth's response. A review of each therapist's caseload validated each did not exceed twelve youth.

### **3.09 Psychiatric Services (Critical)**

The program originally received a **Failed Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program did not maintain an agreement/contract with a psychiatrist to supervise the program's psychiatric services and supervision of treatment for youth who are prescribed psychotropic medications, in coordination with the interim designated mental health clinician authority (DMHCA). According to the program's contract, the program is required to have a licensed psychiatrist who is board certified in psychiatry, as well as child and adolescent psychiatry, and is required to be on-site four hours bi-weekly. On August 10, 2018, the program's previous psychiatrist resigned. On August 22, 2018, the program hired a licensed psychiatrist with no agreement/contract. Reviewed written psychotropic medication management policy and procedures validated the psychiatrist reviewed and approved the policy and procedures on April 9, 2019. A review of seven youth mental health and substance abuse records found each youth entering the program received an initial diagnostic psychiatric interview within fourteen calendar days of admission. Reviewed documentation supported three youth entered the program with prescribed psychotropic medication. All three initial psychiatric evaluations were completed on the Department's form entitled Clinical Psychotropic Progress Note (CPPN). All three reviewed youth records indicated each youth were receiving psychotropic medications and each documented monthly face-to-face medication monitoring reviews and the corresponding clinical psychotropic progress notes were completed, signed, and dated by the psychiatrist. One of the seven reviewed records indicated the youth was prescribed medication subsequent to admission and documentation reflected the psychiatric evaluation was conducted as required. All reviewed youth records documented psychiatric services in each individual treatment plan including addendums related to psychotropic medications. The program's practice is to conduct a psychiatric evaluation for each youth admitted into the program within thirty days, and reviewed documentation in seven youth mental health and substance abuse records validated this practice. The program's previous psychiatrist resigned in August 2018. Since then, the program has been utilizing tele-psychiatry services which has not been approved by the Department. Due to the lack of a written agreement, the psychiatrist did not have ultimate responsibility for the prescription and monitoring of psychotropic medications in the facility. A review of the psychiatrist weekly log found the interim DMHCA did not summarize the psychiatrist weekly summary findings for each youth and provide the information to each therapist. There was no clear documentation to support the interim psychiatrist participated in treatment planning, treatment team, or for on-call services. There is no contract for the doctor; therefore, the Department was unable to verify if the psychiatrist was available for emergency consultation twenty-four hours a day, seven days a week.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains an independent psychiatrist agreement with a State of Florida board certified licensed psychiatrist commencing on May 6, 2019. The agreement was signed and dated by the psychiatrist and TrueCore's president and chief executive officer on March 18, 2019 and March 21, 2019, respectively. The psychiatrist's license expires on January 31, 2021. Routine services include psychiatric screenings, assessments, and evaluations of youth upon admission and through referral by program staff. In addition, the psychiatrist provides medication evaluation and on-going monitoring of psychiatric medications. All youth on psychotropic medications are evaluated at least monthly. The program's contract with the Department outlines the psychiatrist is required to be on-site four hours bi-weekly. A review of the attendance logs since May 6, 2019 validated the psychiatrist has been providing on-site services weekly. Each reviewed attendance log documented the psychiatrist signed-in and out accompanied with their signature. The psychiatrist is available for emergency

consultation twenty-four hours a day, seven days a week. The program does not utilize a psychiatric advanced practice registered nurse. Reviewed documentation supported the psychiatrist reviewed and approved all facility operating procedures related to psychiatric services and psychotropic medication management on July 30, 2019. Interview with the designated mental health clinician authority (DMHCA) indicated meetings with the psychiatrist occur weekly on the day psychiatrist is on-site, typically on Mondays. The DMHCA briefs with the psychiatrist prior to the youth being seen for their follow-up psychiatric appointments and is present for any discussions between youth and the psychiatrist. Any medication issues brought up during formal treatment team are revisited in greater depth with clinical director, youth's primary therapist, and youth to determine an appropriate course of action. When the psychiatrist is not physically on-site, communication occurs by completion of Mental Health Referral form, which documents behaviors and events necessitating psychiatric referral/evaluation. In the event of a more urgent matter, the psychiatrist is contacted by telephone. A review of seven youth mental health and substance abuse records found each youth entering the program received an initial diagnostic psychiatric interview within fourteen calendar days of admission. Reviewed documentation supported five youth entered the program with prescribed psychotropic medication. All five initial psychiatric evaluations were completed on the Department's Clinical Psychotropic Progress Note (CPPN). All five reviewed youth records indicated each youth received the prescribed psychotropic medications and each documented monthly face-to-face medication monitoring reviews and the corresponding CPPNs were completed, signed, and dated by the psychiatrist. The program's practice is to conduct a psychiatric evaluation for each youth and seven reviewed youth mental health and substance abuse records validated this practice. Five reviewed youth records documented psychiatric services in each individual treatment plan including addendums related to psychotropic medications.

### **3.10 Suicide Prevention Plan (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has written suicide prevention plan describing suicide prevention procedures. The program's written plan includes all required elements, as outlined in Florida Administrative Code 63N-1. The suicide prevention plan was last updated and approved by the interim designated mental health clinician authority (DMHCA) on April 9, 2019. The plan discussed the assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, and review process. The plan included the referral process, communication, notification, documentation, immediate staff response, and review process. An interview with the interim DMHCA and the facility administrator indicated the program provides suicide prevention training throughout the year and conducts monthly mock emergency mental health drills to include emergency response to suicide attempts or self-inflicted injury.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written comprehensive plan for mental health and substance abuse (MHSA) services and a plan detailing suicide prevention procedures. The MHSA plan was updated and approved by the facility administrator on January 18, 2018 and corporate office on July 10, 2017. The facility administrator documented a review on July 24, 2019 and the designated mental health clinician authority (DMHCA) documented a review on July 30, 2019. The program's written plan detailed suicide prevention procedures and included all required elements, as outlined in Florida Administrative Code. The plan outlined the identification and assessment of youth at risk of suicide through the screening or alert process

and any time subsequently, as well as suicide precautions and the levels of supervision. The plan addressed the requirements for staff training as it relates to suicide prevention, the implementation of suicide precautions, and to recognize verbal and behavioral cues. The plan included the referral process, communication, notification, documentation, immediate staff response, and review process. In an interview, the facility administrator validated the program conducted monthly mock drills for staff which include emergency response to suicide or self-inflicted injury. In addition, suicide prevention training is conducted for all pre-service staff and then annually for all in-service staff. In an interview, the facility administrator stated mock emergency drills are completed at least monthly, inclusive of mental health and suicide drills.

### **3.11 Suicide Prevention Services (Critical)**

The program originally received a **Failed Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a written comprehensive plan for mental health and substance abuse (MHSA) services and a suicide prevention plan to safely screen, refer, assess, monitor, and protect youth with elevated risk of suicide in the least restrictive means possible. Two of seven records were applicable and one additional record was added to reach the minimum sample size. All three were placed on precautions due to self-reporting or staff observations. All three records had the Assessment of Suicide Risk (ASR) completed using the required DJJ form MHSA 004. Reviewed records indicated one of three youth was on constant supervision and two were on secure observation. One record documented safe housing areas, all supervision without missing observations. Two records had documentation to indicate precautionary observation was authorized. One of three records indicated mental health staff provided supportive services. Notification of potential suicide risk as indicated by an ASR was provided to the parent/guardian in two of three records. All three youth documented the at-risk youth were allowed to participate in activities with other youth and one of the three youth had their activity limited to their assigned sleeping room. Two of three records had the ASR completed within twenty-four hours of screening/concerns. Documentation showed the shift supervisor communicated the listing of youth on precautionary observation (PO) to the next shift. One youth was appropriately transitioned directly to standard precautions once the ASR determined the youth was not a potential suicide risk and the other two records were not applicable. All three-applicable youth were maintained on precautions until a follow up ASR indicated precautions could be completed. One of three records documented the youth was appropriately stepped down after the Follow up ASR indicated suicide precautions could be discontinued. The suicide precaution observation logs were missing from two youth's records. Two records were missing a Follow-up ASR completed prior to the removal of youth from precautionary observation. Discontinuation of close supervision was documented in only one record in accordance with the program's suicide prevention plan. One of three applicable records did not include notification to the parent/guardian of potential suicide risk as indicated by an ASR. None of the three records ever had a Department's Juvenile Justice Information System (JJIS) suicide alert initiated for the youth although all three were placed on suicide precautions. One of three records did not have the ASR completed within twenty-four hours of screening/concerns. There was no documentation in two of three records to indicate the youth was appropriately stepped down after the Follow up ASR indicated suicide precautions could be discontinued. Two of three records indicated the youth were not maintained on close supervision until the designated mental health clinician authority (DMHCA) or licensed mental health professional (LMHP) determined the precautions were no longer necessary. One of three records failed to document the LMHP conferred with the facility administrator prior to revising the supervision level. Three of three records had an ASR which was completed by non-licensed staff signed by the LMHP and the LMHP did not sign the ASR form the next scheduled time on-site. Two of three records indicated the youth were transitioned



to a lower level of supervision without the non-licensed staff conferring with the LMHP and the facility administrator. One record was missing the controlled observation report for a youth placed on secure observation by the facility administrator and/or DMHCA. In one of two applicable instances, documentation did not confirm the secure observation room was inspected immediately prior to the youth's placement. Two applicable records did not document a mental health staff provided supportive counseling services. Three interviewed staff reported when youth expresses suicidal thoughts, direct care staff are responsible for contacting a supervisor, conducting constant sight and sound, contact a mental health staff, search youth and rooms for sharp objects, and document supervision. Each interviewed staff had knowledge of where the knife for life, wire cutters, and needle nose pliers were kept.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written comprehensive plan for mental health and substance abuse (MHSA) services and a suicide prevention plan to safely screen, refer, assess, monitor, and protect youth with elevated risk of suicide in the least restrictive means possible. All youth admitted into the program shall be screened for suicide risk factors as part of the initial intake and admission classification meeting process. The clinical therapists' complete screenings immediately upon intake and ensure the constant supervision of the youth throughout the intake process. A review of seven youth mental health and substance abuse records validated each youth was screened for suicide risk utilizing the Department's Assessment of Suicide Risk (ASR). Five were completed by a licensed therapist and two were completed by a non-licensed therapist. A review of staff training records validated both non-licensed therapists completed the required twenty hours of ASR training and five supervised assessments under the direct supervision and within the physical presence of a licensed mental health therapist. One of the seven youth was identified with an elevated risk of suicide. Two additional applicable youth healthcare records were reviewed to meet the minimum sample size. All three applicable youth were placed on precautionary observation (PO) due to self-reporting and staff observations. Parental/guardian and the assigned juvenile probation officer notification was documented. A review of the Department's Juvenile Justice Information System (JJIS) validated suicide risk alert was initiated and removed, as required. Suicide precaution observation logs were completed for each youth while on PO. Supervision was documented on each log to include mental health staff supportive services. Each applicable youth received a Follow-Up ASR completed prior to the removal from PO. Discontinuation of close supervision was documented in accordance with the program's suicide prevention plan.

A review of three applicable youth mental health and substance abuse records indicated each youth was placed on secure observation. Placement was authorized by the facility administrator and designated mental health authority (DMHCA). Reviewed documentation supported the secure room was designated in writing and a Health Status Checklist was completed prior to placement. A staff member of the same gender conducted a visual check of the youth to determine if there were any observable injuries. The secure observation room was inspected prior to the youth's placement to ensure it is safe and secure. Suicide precaution observation logs were completed in full while each youth was in secure observation. One youth was removed from secure observation within twenty-four hours and two youth were placed in secure observation for two days and four days respectively. Both reviewed records documented written consent for continuation by the licensed therapist. All three youth were provided supportive counseling services while in secure observation. Documentation validated the licensed therapist and the facility administrator concurred with the removal of suicide precautions for each youth.

The facility administrator has approved an established review process for every serious suicide attempt or serious self-inflicted injury and a mortality review for a completed suicide. The

multidisciplinary review includes all required elements to include the circumstance surrounding the event, facility procedures relevant to the incident, relevant training, pertinent medical and mental health services involving the victim, precipitating factors, and recommendations. Seven interviewed staff indicated when a youth expresses suicidal thoughts, direct staff are responsible for notifying mental health staff, search the youth and room for sharps, speak to the youth in private and notify the shift supervisor, and place the youth on constant sight and sound supervision. Each interviewed staff were aware of the program's suicide response kits locations each containing the knife-for-life, wire cutters, and needle nose pliers.

### **3.12 Suicide Precaution Observation Logs (Critical)**

The program originally received a **Limited Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a written comprehensive plan for mental health and substance abuse services and a plan detailing suicide prevention procedure. The suicide prevention plan establishes a method in which suicide prevention services shall be provided to all youth. Seven youth mental health records were reviewed and only one was applicable for suicide precautionary observation (PO). Two additional records were selected to reach the minimum sample size. Two applicable suicide precautionary observation logs were documented on Department's Mental Health and Substance Abuse form (MHSA 006) and contained all applicable elements. None of the reviewed PO logs were applicable for the observation of warning signs. One of two applicable records with observation logs documented the signature of each shift supervisor and mental health staff. Two of the reviewed available logs documented safe housing requirements. One applicable PO log could not be located by the program. None of the PO logs were documented in real time. One of two applicable records with observation logs did not document the signature of each shift supervisor and mental health staff.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written comprehensive plan for mental health and substance abuse services detailing suicide prevention procedures. The suicide prevention plan establishes a method in which suicide prevention services shall be provided to all youth. Three applicable youth mental health records were reviewed for suicide precautionary observation (PO). All three applicable suicide precautionary observation logs were documented on the Department's Mental Health and Substance Abuse form and contained all applicable elements. Each reviewed suicide precaution observation log was documented in real time and did not exceed thirty-minute intervals. There were no applicable warning signs documented. Each reviewed log documented the safe housing requirements and was reviewed and signed by the shift supervisor and by the mental health clinical staff. Interviews with three youth placed on precautionary observation validated while on suicide precautions, the youth were never left alone and staff were with them at all times.

### **3.13 Suicide Prevention Training (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program's comprehensive mental health and substance abuse plan outlines all staff will receive training on suicide prevention. The plan was last reviewed, approved, signed, and dated by the interim designated mental health clinician authority (DMHCA) on April 9, 2019. A review of seven in-service and seven pre-service training records confirmed each staff completed two hours of suicide prevention training in the Department's Learning Management System (SkillPro) and four hours of instructor-led training. A review of the program's suicide/mental health drills since the last

annual compliance review reflected the drills were conducted quarterly on each shift. A review of the mock emergency medical drills found the program conducted quarterly mock suicide drills on each shift, with the exception of the first quarterly mock drills. The program did not conduct mock suicide drills for A and B-shifts for the first quarter dated June 5, 2018; however, reviewed documentation confirmed the program reviewed the drills during monthly meetings for staff who were not able to participate in the drills.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. A review of seven staff training records and nine mental health staff found each staff completed two hours of suicide prevention training in the Department's Learning Management System (SkillPro) and four hours of instructor-led training. The program's comprehensive mental health and substance abuse plan outlines all staff will receive intensive training on suicide prevention. The training will consist of a thorough review of the suicide prevention plan and will include detention techniques, behavioral cues, and recommended responses. Within pre-service training, staff are provided a module on mental health and adolescent behavior. Within the module, the typical behaviors of youth with mental health needs as well as the strategies for working with the youth. Staff are provided with an overview of recognizing signs and symptoms of emotional disturbance and mental health illness in children and adolescents. Lectures and practical application are used to address suicide precautions, levels of supervision, crisis response, and documentation. Training includes signs and symptoms and stages of suicide. At least annually, six hours of suicide precautions and prevention will be provided as part of the annual in-service staff training. Mock drills in response to suicide attempt and/or serious self-injurious behaviors are conducted once a quarter on each shift. Reviewed mental health drills reflected clinical drills simulating a youth suicide attempt were conducted on each shift for each quarter within the last two quarters from April 2019 through September 2019. Each reviewed drill documented the description of the mock incident, a synopsis of the response, any applicable deficiencies identified, and any applicable corrective action required. Reviewed documentation supported mock drills which demonstrated life saving techniques such as cardiopulmonary resuscitation and use of the automatic external defibrillator were conducted at least once a quarter. Participating staff signed the clinical drill participation log indicating their understanding and compliance with the procedures. Documentation found each of the nine reviewed mental health staff participated in mock drills at least one time semi-annually. In addition, documentation reflected direct care staff participated in mental health drills at least quarterly.

### **3.14 Mental Health Crisis Intervention Services (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a written crisis intervention plan, reviewed, approved, signed, and dated by the interim designated mental health clinician authority (DMHCA) on April 9, 2019. The plan detailed crisis intervention procedures to include notification and alert system, means of referrals, including youth self-referral, communication, supervision, documentation, and review process.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written comprehensive plan for crisis intervention services in order to respond to youth in crisis in the least restrictive method possible, and to protect the personal safety of the youth and others while maintaining control and safety of the program. The crisis intervention plan was updated and approved by the facility administrator on July 25, 2017 and corporate office on July 10, 2017. The facility administrator documented a review on July 24, 2019 and the designated mental health clinician authority

(DMHCA) documented a review on July 30, 2019. The plan detailed crisis intervention procedures to include notification and alert system, means of referral, including youth self-referral, communication, supervision, documentation, and the review process. Low level crisis intervention is typically provided by the program's direct care staff and/or supervisor staff through interventions within the positive performance system (behavior management system). Youth demonstrating acute emotional, psychological distress, or behavioral issues are referred immediately to the mental health clinical staff for crisis intervention, assessment, and counseling. A youth can be placed on a mental health alert by direct care staff and/or clinical staff when a youth is identified as having a mental disorder or acute emotional distress which may pose a safety/security risk. All mental health alerts shall be entered into the Department Juvenile Justice Information System (JJIS) and shall be documented on the program's alert communication board and in the facility log book.

### **3.15 Crisis Assessments (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a written policy and procedures to respond to youth in crisis in the least restrictive method possible to protect the safety of the youth and others while maintaining control and safety of the facility. Seven youth records were reviewed and were not applicable for crisis assessments. Three additional records were reviewed found the program utilizes the Department's Crisis Assessment form (MHSA 023), which includes all the required elements. All three youth were placed on standard supervision. The assessments reviewed were conducted immediately by a licensed mental health counselor (LMHC), and one non-licensed mental health clinical staff working under the direct supervision of LMHC. Two youth records did not include parent/guardian notification. One youth record did not include supervision recommendations.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program's policy and procedures ensure when a youth is in crisis, the program utilizes the Department's Crisis Assessment Form (MHSA 023) completed by the clinical staff and approved by the licensed clinical staff. Once a youth is determined to be in crisis, they are placed on precautionary observation and a crisis assessment is completed by mental health staff. The crisis assessment documents the reason for the assessment mental status examination and interview, determination of danger to self and/or others, initial clinical impressions, supervision recommendations, and treatment recommendations. In addition, the crisis assessment documented the recommendations for follow-up and/or further evaluation and documented the notification by telephone and time to the parent/guardian. A mental health alert is placed in the Department's Juvenile Justice Information System (JJIS) and is removed when the youth is no longer determined to be in crisis. Seven youth mental health and substance abuse records were reviewed and found one applicable for a crisis assessment; therefore, two additional records were requested and reviewed. Each crisis assessment was completed a licensed mental health counselor or licensed clinical social worker on the date the youth was determined to be in crisis. Two of the three youth were placed on constant supervision pending a follow-up assessment, the parents/guardians were notified, and an alert was entered into JJIS. A Mental Health Alert – Observation Log was completed for both youth until each was stepped down to standard supervision by a licensed mental health staff. One of the three applicable youth was assessed and determined not be in crisis; therefore, no parental/guardian notification was required, and the youth remained on standard supervision. The program had youth applicable for an off-site crisis assessment during this re-review period.

### **3.16 Emergency Mental Health and Substance Abuse Services (Critical)**

The program originally received a **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program maintains a policy and procedures regarding an emergency response plan. The program maintained a written emergency mental health and substance use services plan, which was last revised and approved by the interim designated mental health clinician authority (DMHCA) on April 9, 2019. The emergency care plan included procedures for emergency identification and immediate staff response, supervision, authorization of transport for emergency services and transportation for mental health and substance abuse emergencies, documentation, review, and staff training. The plan contained all the elements required by Florida Administrative Code 63E-7 and 63N-1.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program maintains a written comprehensive emergency mental health and substance abuse services plan. The plan was updated and approved by the facility administrator on July 25, 2017 and the corporate office on July 10, 2017. The facility administrator documented a review on July 24, 2019 and the designated mental health clinician authority (DMHCA) on July 30, 2019. The emergency care plan included procedures for immediate staff response, notifications, communication, supervision, and authorization to transport for emergency mental health or substance abuse services. In addition, the plan outlined documentation requirements and staff training requirements to include recognizing signs and symptoms of emotional disturbance and signs and symptoms of substance abuse and mental health illness. Staff training specific to emergency care needs is provided within each staff member's orientation and pre-service training and staff participate in mock training situations at least semi-annually. Mock drills are used to review procedures for emergency responses to include suicide attempts and serious self-inflicted injury situations. The emergency care plan is reviewed with each staff member to ensure staff are aware of emergency identification and responses necessary to ensure the safety of the youth. On-site training includes egress plans and the location of all safety equipment include the suicide response kits, suicide rescue tools, first aid kits, and automated external defibrillator (AED). The program utilizes New Horizons of Treasure Coast and Okeechobee in Fort Pierce, Florida for crisis stabilization (Baker Act) and Lawnwood Regional Medical Center in Fort Pierce, Florida for Marchman Act.

### **3.17 Baker and Marchman Acts (Critical)**

The program originally received a **Non-Applicable rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program did not utilize a Baker Act or Marchman Act procedure during this review period; therefore, this indicator rates as non-applicable.

During the annual compliance re-review, the program received a **Non-Applicable rating** for this indicator. The program did not utilize a Baker Act or Marchman Act procedure during this review period; therefore, this indicator rates as non-applicable.