

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

Okeechobee Juvenile Sex Offender Treatment Program - Re-Review

TrueCore Behavioral Solutions, LLC

(Contract Provider)

[Street Address]

Okeechobee, Florida 34972

Review Date(s): November 13-14, 2019



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

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

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

Review Team

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

Yvrose Sylvain, Office of Program Accountability, Lead Reviewer (Interviews)
Patrick Morse, Office of Program Accountability, South Regional Supervisor, (Standard 3)
Maryann Sanders, Office of Program Accountability, South Regional Deputy Supervisor, (Standard 3)

BUREAU OF MONITORING AND QUALITY IMPROVEMENT
RE-REVIEW ADDENDUM

Program Name: Okeechobee Juvenile Sex Offender Program
Provider Name: TrueCore Behavioral Solutions, LLC
Location: Okeechobee County / Circuit 19
Review Date(s): November 13-14, 2019

MQI Program Code: 1428
Contract Number: 10289
Number of Beds: 48
Lead Reviewer Code: 125

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	Failed
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	Failed
3.07	Treatment and Discharge Planning *	Satisfactory	Satisfactory
3.08	Specialized Treatment Services*	Satisfactory	Failed
3.09	Psychiatric Services *	Satisfactory	Failed
3.10	Suicide Prevention Plan *	Satisfactory	Satisfactory
3.11	Suicide Prevention Services *	Satisfactory	Satisfactory
3.12	Suicide Precaution Observation Logs *	Satisfactory	Satisfactory
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 *	Satisfactory	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 **Failed Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. The program has a full-time licensed mental health counselor (LMHC) who serves as the interim designated mental health clinician authority (DMHCA), responsible for the provision, coordination, implementation, juvenile sex offender treatment services, and supervision of the mental health and substance abuse services in the program. Documentation showed the DMHCA 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. It was reported the program's human resource staff have participated in job fairs, posted the vacant position on employment websites, placed advertisements in newspapers, and on the local chamber of commerce website. According to the program's contract, the interim DMHCA is required to be on-site Monday through Friday and on-call twenty-four hours a day, seven days a week. During the week of the annual compliance review, the program provided a schedule which showed the interim DMHCA is scheduled to be on-site forty hours a week and had a caseload of twelve youth. The schedule showed the interim DMHCA will be on-site Monday through Friday, and a borrowed clinical director from the Okeechobee Girls program will be on-call twenty-four hours a day, seven days a week for consultation and emergencies. The program could not provide clear documentation of the interim DMHCA was on-site five days a week for forty hours as contractually required from December 2018 through March 31, 2019. Also, the interim DMHCA did not meet the educational requirements to perform qualified juvenile sex offender treatment services. A written interview with the interim DMHCA indicated she provides clinical services to include individual, group, and supportive services when necessary to youth in the absences of assigned therapist. The interim DMHCA is currently a regional interim DMHCA overseeing several residential programs in addition to Okeechobee Juvenile Sex Offender Treatment Program, located in the same geographic region. It should be noted the interim DMHCA is carrying a caseload of twelve which was above the maximum requirement of ten youth. Documentation showed the interim DMHCA had a clear and active license in the State of Florida. The program provided a copy of an offer letter for the projected DMHCA candidate with a documented start date of April 22, 2019. The program's regional compliance manager reported the candidate was licensed; however, did not possess the education requirements for a juvenile sex offender therapist as required. Prior to posting, as of May 4, 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, reviewed documentation supported the DMHCA attended the National Adolescent Perpetration Network (NAPN) conference in Fort Lauderdale, Florida May 2-4, 2019. The DMCHA received the required course work and training requirements which meets the standards for approval, as set forth in Florida Administrative Code Approved Courses for Continuing Education 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 session as needed. The DMHCA facilitates the crisis stabilization of youth, as needed, and facilitates staff training and mock mental health and suicide drills. The DMHCA participates in weekly meetings with the psychiatrist to discuss youth receiving services and conducts quarterly mental health and/or suicide 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 a full-time licensed mental health counselor (LMHC) currently filling the role of the designated mental health clinician authority (DMHCA) and is responsible for the supervision of mental health, substance abuse, and sex offender treatment services at the program. The program's clinical social worker (LCSW) was fulfilling the lead therapist position which became vacant on March 20, 2019. The program's juvenile sex offender therapist position has been vacant since October 5, 2018. According to the program's contract, the psychiatrist is scheduled to be on-site bi-weekly for four hours. The facility administrator (FA) interview and documentation showed the psychiatrist provided tele-psychiatry/tele-medicine and was not physically on-site bi-weekly for the required four hours since August 22, 2018. During the annual compliance review, the program provided documentation of a newly hired psychiatrist staff with a projected start date of May 6, 2019. The program did not maintain a written agreement/contract with the current State of Florida licensed psychiatrist who oversaw the program's psychiatric services and supervision of treatment for youth who are prescribed psychotropic medications, in coordination with the DMHCA. 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. The program is contracted to provide mental health overlay services (MHOS) and/or substance abuse treatment overlay services (SAOS), and juvenile sex offender treatment services to each youth in the program. The interim DMHCA ensures staff working under her supervision are performing services they are qualified to provide based on their education, training, and experience.

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 sex offender therapist; however, this position became vacant as of November 4, 2019 when the full-time therapist became pro re nata (PRN). The program is currently seeking qualified candidates to fill this position. The program has three licensed clinicians. The licensed mental health counselor (LMHC) serves as the program's clinical director and designated mental health clinician authority (DMHCA). One licensed clinical social worker (LCSW) served as the lead sex offender therapist until November 4, 2019 and one additional LCSW who maintains the required credentials provides sex offender therapy. The reviewed licenses of the two LCSWs 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 has a clear and active license in the State of Florida with an expiration date of January 31, 2021. The psychiatrist completed education 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. The psychiatrist is scheduled to be on-site on a weekly basis and reviewed

documentation supported this practice. 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 LCSWs 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 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 non-licensed, master's-level mental health staff working under a full-time licensed mental health counselor (LMHC), currently filling the role of the designated mental health clinician authority (DMHCA). The program's lead therapist was a full-time licensed clinical social worker (LCSW) and resigned as of March 20, 2019. The program has employed two non-licensed master's-level therapists to work part-time and/or as needed. A review of the program's clinical supervision logs for the six months prior to the annual compliance review and interviews with the interim DMHCA found each therapist did not receive face-to-face clinical supervision weekly in group and/or individual settings. A review of the four non-licensed weekly supervision notes indicated therapists were missing from two to twelve weeks of face-to-face clinical supervision in group and/or individual settings each. There was no documentation to support face-to-face weekly clinical supervision for the part-time therapists occurred. The program documented clinical supervision on a program form which includes all required elements of Department's Mental Health and Substance Abuse form (MHSA 019), with the exception of eight weeks. The program documented eight weeks of clinical supervision on the back of staff sign-in sheets not on the Department's MHSA019 form or a form containing all of the required information. Reviewed training documentation found the non-licensed clinical staff received the minimum twenty hours of training and supervised experience in assessing suicide risk, mental health crisis interventions, and emergency mental health services, including the administration of five Assessments of Suicide Risk (ASR). All required trainings for non-licensed therapists who administer the ASR were received prior to independent administration of the ASR, as required. Reviewed credentials revealed all six non-licensed, master's-level therapists were qualified to perform services based on their education, training, and experience.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. The program has six non-licensed therapist positions, four of which carry of case load of sex offender youth; however; each of the six non-licensed therapists provide sex offender education to applicable youth. Each of the six non-licensed therapists are master's-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 logs from March 2019 through November 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.

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 maintains a written policy and procedures for mental health and substance abuse services in place which includes intake mental health and substance abuse screening process and administering the Massachusetts Youth Screening Inventory – Second Version (MAYSI-2). The program also provides comprehensive sex offender treatment services. A review of seven youth mental health and substance abuse records found the program completed a Massachusetts Youth Screening Inventory – Second Version (MAYSI-2), and an Assessment of Suicide Risk (ASR), for each youth upon admission. Florida Administrative Code 63E-7.004 (2) (b) indicates the MAYSI-2 is to be administered and scored utilizing the Department's Juvenile Justice Information System (JJIS) and the program's policy indicates the assigned therapist or licensed mental health professional facilitates a mental health/substance abuse screening using the MAYSI-2 electronic screening on JJIS. However, the program had different staff scoring and administering the MAYSI-2. Six of the seven reviewed MAYSI-2s documented the assessments were administered by the mental health staff but were entered and scored in JJIS by the file clerk staff. The seventh MAYSI-2 was administered and scored by the licensed mental health counselor. Six of the seven reviewed MAYSI-2s were applicable for a referral for additional assessment; however, the programs staff checked "no referral for additional assessment based on available information" on five of the six applicable screenings. A review of training records indicated the four mental health staff and the file clerk at the program are trained in MAYSI-2 administration as part of the clinical pre-service training plan. Documentation showed the program staff reviewed all available information to include the commitment packet, reports and records for existing documentation of mental health or substance abuse problems. An interview with the facility administrator (FA) indicated upon each youth's admission to the program the staff completes a screening for Victimization and Sexually Aggressive Behavior (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 has policies and procedures regarding mental health and substance abuse screening. A review of five youth records indicated all five youth received a Massachusetts Youth Screening Inventory – Second Version (MAYSI-2) screening and an Assessment of Suicide Risk (ASR) administered by the assigned therapist or a licensed mental health professional on the date of admission to the program. The MAYSI-2 is a validated instrument which includes mental health/substance abuse history, history of trauma, medical status, and a suicide risk screening instrument. The completed MAYSI-2 includes findings and recommendations for further evaluation and treatment. All staff administering the MAYSI-2 were

trained according to records available in the Department's Learning Management System (SkillPro). The available information indicated therapists reviewed the commitment packet and any other pertinent information regarding mental health and substance abuse problems the youth may have. All five reviewed youth MAYSI-2 assessments indicated a further assessment was required, the facility administrator or designee was notified, and referrals were made for further evaluations. Two of the five youth MAYSI-2 assessments indicated a suicide ideation category required an ASR needed to be completed within twenty-four hours. The youth were placed on precautionary observation and referred for additional services. It is the program's policy to complete an ASR on all youth regardless of MAYSI-2 assessment outcome and to notify the facility administrator or designee for approval. An interview with the facility administrator indicated the Victimization and Sexually Aggressive Behavior (VSAB), the MAYSI-2, and the ASR are used during the intake screening process to identify youth at risk for mental health and substance abuse problems and suicide risk.

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. A review of seven mental health and substance abuse records found each youth received a comprehensive mental health assessment prior to admission into the program. The program practice is to complete a new comprehensive mental health and substance abuse evaluation within thirty-days of each youth admission. A review of seven mental health and substance abuse youth records confirmed each youth received a new comprehensive mental health and substance abuse evaluation validating the program's practice. All reviewed evaluations were completed within thirty-days of each youth admission, reviewed, and then signed by the designated mental health authority (DMHCA) within ten calendar days after the evaluation was completed. All seven reviewed evaluations incorporated the pre-admission comprehensive evaluations, findings, recommendations, and applicable screenings completed during admission process. All seven new comprehensive mental health and substance abuse evaluations contained all required elements as outlined in Florida Administrative Code 63N-1. In all youth records signed consents were observed for substance abuse treatment, release of treatment records to the judicial court and parent/guardian, and consent for urine collection and analysis.

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-psychosocial evaluation regardless of identified needs for each new admission. A review of five youth mental health and substance abuse records found the youth were assessed utilizing the Juvenile Sex Offender Assessment Protocol – II (J-SOAP-II), Bumbly Cognitive Distortion Scales: The Molest Scale, Trauma Symptom Checklist for Children (TSCC), Adolescent Psychopathology Scale – Short Form (APS-SF), Screening for Vulnerability to Victimization and Sexually Aggressive Behavior (VSAB), Reynolds Adolescent Depression Scale – Second Edition (RADSD-2), Adolescent Substance Abuse Subtle Screening Inventory (SASSI-A2), Substance Abuse Subtle Screening Inventory – Fourth Edition (SASSI-4 for applicable adults), and the American Society of Addiction Medicine (ASAM). The results of the assessments are utilized for the completion of the comprehensive mental health and substance abuse bio-psychosocial evaluation. Reviewed documentation supported each bio-psychosocial evaluation was completed within twenty-eight calendar days of the youth's admission and the program practice is to complete a new

evaluation annually. Four of the five reviewed evaluations were completed by non-licensed, master's-level therapists and one was completed by the licensed clinical social worker (LCSW). When completed by a non-licensed therapist, the licensed therapist documented their review within ten days of completion, as required. All reviewed bio-psychosocial evaluations contained all required elements outlined in Florida Administrative Code. 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 **Failed 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 the program's mental health and substance abuse services. A review of seven youth mental health and substance abuse records confirmed the program assigned a primary therapist and a multi-disciplinary treatment team to each youth upon admission. Each youth signed an orientation form acknowledging a treatment team was identified and discussed with the youth during the admission screening process. The program conducts mental health and substance abuse treatment teams at the same time as case management treatment teams. A review of the seven records confirmed each youth had a signed consent to receive substance abuse services and release substance abuse information. The seven healthcare records showed each youth had a signed Authority for Evaluation and Treatment (AET) form in their record. A review of the seven youth's individual progress notes and group sign-in sheets for the last six months documented substance abuse groups did not have more than fifteen youth in a group; however, mental health groups consistently had more than ten youth in a group for each week during the annual compliance review period. Observations of a mental health group showed the program had thirteen youth participating in the group which was above the maximum group size of ten youth. All seven reviewed records contained documentation of provided services to include substance abuse groups, mental health groups, weekly individualized sessions, psychiatric services, medication management, monthly family sessions, and supportive sessions. However, none of the seven records had documentation showing the youth received services as outlined in their individualized mental health and substance abuse treatment plans. The first youth's progress notes showed the youth was missing three weeks of individualized sessions and two months family sessions. The second youth's progress notes showed the youth was missing five weeks of individualized sessions and one-month family session. The third youth's progress notes showed the youth was missing seventeen weeks of individualized sessions and five months family sessions. The fourth youth's progress notes showed the youth was missing sixteen weeks of individualized sessions and three months family sessions. The fifth youth's progress notes showed the youth was missing sixteen weeks of individualized sessions and five months family sessions. The sixth youth's progress notes showed the youth was missing twelve weeks of individualized sessions and four months family sessions. The seventh youth's progress notes showed the youth was missing seven weeks of individualized sessions and one month of family sessions. A review of the clinical staff training records documented they received proper training in mental health and substance abuse services, as well as group facilitator training. Interviews with seven youth indicated each youth is currently attending group treatment at the program. The youth indicated they were attending groups such as Impact of Crime, Pathways, mental health groups, anger management groups, life skills group, and restorative justice groups. Six interviewed staff validated the clinical staff 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. A review of five youth mental health and substance abuse records found each youth was assigned to a multidisciplinary treatment team upon admission into the program. Each reviewed record identified treatment team members to include the youth, program administration, residential living unit representative, therapist, case manager, education, medical, and parent/guardian, when applicable. Reviewed documentation validated each youth had a properly executed Authority for Evaluation and Treatment (AET) form and two youth were eighteen years of age or older and signed consent to receive services. Each youth record also had a signed Youth Consent for Substance Abuse Treatment and 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 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 annual compliance review team was on-site. Three of five reviewed youth records determined the youth required substance abuse treatment and found goals outlined on the individualized mental health and substance abuse treatment plan. The two youth with no substance abuse diagnosis each had a goal of substance abuse education.

The program maintains a current Chapter 397 license through the Department of Children and Families with an expiration date of April 7, 2020. At the time of the annual compliance re-review, the program had one full-time LCSW position vacant as of November 4, 2019. The LCSW moved into a pro re nata (PRN) position. A review of the three non-licensed therapists assigned caseload assignments found each had nine or less assigned. All reviewed records found each youth was provided services, as stipulated in their individualized mental health and substance abuse treatment plan. According to Florida Administrative Code, mental health groups are limited to ten or fewer youth and substance abuse group are limited to fifteen or fewer. Reviewed group documentation and attendance logs during the week of the annual compliance re-review found groups were in compliance with this requirement. An interview with the designated mental health clinician authority (DMHCA) indicated the DMHCA oversees 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, 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. Five interviewed youth indicating each was participating in groups and receiving specialized therapies. The youth indicated they were attending groups such as Impact of Crime, mental health, Thinking for a Change, Healthy Sexuality, and substance abuse. groups. Five interviewed staff validated the clinical staff facilitate mental health and substance abuse groups.

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. A review of seven youth mental health and substance abuse records indicated each youth had an initial treatment plan developed on the youth's date of admission and the individualized treatment plan developed within thirty-days of admission. Each initial individualized treatment plan prescribed a need for individual, group, and family therapy. All seven youth's initial mental health and substance abuse treatment plans were developed on a program form which contains all elements in the Department's Mental Health and Substance Abuse (MHSA 015) form and Florida Administrative Code 63N-1. Three of the seven reviewed initial treatment plans were applicable for psychiatric needs and those needs along with each youth's medication and frequency of monitoring by the psychiatrist was documented each applicable plan. All seven youth's initial treatment plans and individualized treatment plans were signed by a licensed professional within ten days of completion. All seven reviewed initial treatment plans were signed by all treatment team members who participated in the development of the plan. Each youth's individualized treatment plan was developed on a program form which included all required elements of the Department's Individualized Mental Health/Substance Abuse Treatment Plan form (MHSA 016). All seven individualized treatment plans were reviewed and signed by a licensed professional within ten days of completion. Five of the seven individualized treatment plans were signed by all treatment team members. The sixth plan was not signed by a living unit representative, facility administrator or a member of the administrative team. The seventh plan was not signed by the education treatment team member. All seven reviewed youth individualized MHSA records contained individualized treatment plan reviews, which were completed on a program form with all elements of the Department's Individualized Mental Health/Substance Abuse Treatment Plan Review (MHSA 017) form. Five of the seven reviewed records contained treatment plan reviews completed every thirty days for the review period. The sixth record was missing one monthly treatment team review. The seventh record indicated two months of treatment team reviews were missing. The three-applicable youth prescribed psychotropic medications had separate goals on their individualized treatment plan. Each youth plan documented the medication, purpose, dosage, and the frequency of the medications. A review of three closed youth records found the program completed a mental health and substance abuse treatment discharge summary which was provided to the youth, parent/guardian, and emailed to the assigned juvenile probation officer (JPO). However, one youth discharge summary was missing the youth's signature. Each reviewed discharge summary indicated none of the youth were released with any suicide risk alerts.

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 licensed therapist or a non-licensed master's-level therapist working under the direct supervision of the licensed clinician. 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 services. Five 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. Four of the five reviewed youth records were applicable for being admitted on prescribed psychotropic medications. All four applicable youth reviewed treatment plans documented each youth was referred for medication management and included details of the psychotropic medication dosage, and monitoring frequency.

Reviewed documentation supported all five youth's individualized treatment plans were 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. Four of five reviewed plans documented the licensed clinician reviewed and signed each within ten days of completion, as required. One was signed three days late. Each reviewed plan contained the required signatures of all treatment team members who participated in the development of the plan with the exception of the parent/guardian for the three youth under the age of eighteen. Four applicable youth were currently on prescribed psychotropic medications and the individualized treatment plan included psychiatric services, including psychotropic medication and frequency of monitoring. Each reviewed plan documented the prescribed services the youth receives daily, weekly, and monthly. All five 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 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. One of the three reviewed records documented a copy of the discharge plan was provided to the parent/guardian and assigned JPO. Two youth were directly discharged from court and copies of the discharge summary were sent to the parent/guardian and assigned JPO. Each reviewed discharge plan contained clear treatment recommendations for continuing mental health and applicable substance abuse services.

3.08 Specialized Treatment 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 offers specialized treatment services for mental health, substance abuse treatment, and juvenile sex offender treatment services. The program's contract requires the program to have a licensed juvenile sex offender therapist available to provide services and is required to be on-site at least five days a week for forty hours. The juvenile sex offender therapist position has been vacant since October 5, 2018. The facility administrator verbally reported there were recruitment efforts through career fairs, CareerSource Center and the employer's referrals system. However, there was no documentation to support if the program has been attempting to interview any candidates and/or if any applicants have applied for the position. The comprehensive juvenile sex offender-specific psychosexual evaluations have not been completed for any youth admitted to the program after October 5, 2018, due to the absence of a qualified juvenile sex offender therapist. During the annual compliance review period, the program had nine new admissions. The program's current licensed psychiatrist had no agreement/contract with the program, has not been on-site since hired on August 22, 2018, and has not been on-site for four hours bi-weekly. The program's specialized juvenile sex offender treatment services, as well as mental health and substance abuse services, include individual therapy sessions on a weekly basis and family therapy sessions on a monthly basis, conducted on-site or by telephone conference calls. Mental health and juvenile sex offender group therapy are conducted seven days a week. The program

utilizes the Pathways curriculum as the primary juvenile sex offender treatment service. Observation and documentation of group sign-in sheets showed groups sizes were above the maximum of ten youth requirement for juvenile sex offender treatment service. The program provides the substance abuse groups to include anger management for substance abuse and mental health clients, Towards No Drugs, and Living in Balance. The program provides the mental health groups to include Thinking, Feeling and Behaving, Teen Relationships, Young Men's Work, strategies for anger management, Skills Streaming, and Passport. The program's contract requires the lead therapist and/or the designated mental health clinician authority (DMHCA) to possess the education requirements and completion of necessary coursework to be a licensed and qualified juvenile sex offender therapist. The program's DMHCA resigned in December 2018. The interim DMHCA provided services from January through March 2019. However, there was no documentation to show the interim DMHCA was on-site five days a week for forty hours as required. The program's lead therapist does not possess the required qualifications. The program's juvenile sexual offender treatment was not in accordance with Florida Administrative Code 64B19-18.0025 or 491.012(1)(n). The program did not have a plan in place since the previous DMHCA resigned on March 30, 2019. According to the program contract, the therapist caseload shall not exceed ten youth for sex offender treatment. The interim DMHCA and four non-licensed, master's-level therapists carry a caseload of twelve to fourteen youth each. The therapist's caseload size was above the maximum requirement. An informal interview with the facility administrator confirmed most of the specialized treatment services provided in the program and staff vacancies remain an ongoing challenge.

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 the program provides specialized treatment services to youth ages thirteen to twenty-one years of age and classified as high-risk or maximum-risk to public safety and in need of juvenile sex offender treatment services. The program's contract requires the program to have a licensed juvenile sex offender therapist available to provide services and is required to be on-site at least five days a week for forty hours. At the time of the annual compliance re-review, the program had one licensed mental health counselor (LMHC) serving as the designated mental health clinician authority (DMHCA) and one licensed clinical social worker (LCSW). The program did have another LCSW until November 4, 2019, whereby the clinician went from full-time to pro re nata (PRN). Reviewed documentation supported both licensed staff maintained a position description and/or agreement identifying the position expectations and essential functions. In addition, both licensed clinicians 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 both clinicians to maintain the qualified training requirements to practice juvenile sex offender therapy as outlined in Florida Administrative Code. 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. Juvenile sex offender therapeutic groups include Pathways and Health Sexuality. Mental health, substance abuse, life skills, gender-specific groups include Path to Self-Discovery, Strategies for Anger Expression, Healthy Male Relationships, Living in Balance, and Skill Streaming. Supportive counseling is available and provided on an as-needed basis. The program's clinical staff also provide 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 five youth mental health and substance abuse records validated each youth received juvenile sex offender therapy, 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 nine youth. The program's specialized juvenile sex offender treatment services, as well as mental health and substance abuse services, include individual therapy sessions on a weekly basis and family therapy sessions on a monthly basis, conducted on-site or by telephone conference calls. Mental health and juvenile sex offender group therapy are conducted seven days a week.

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. 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. The program did not maintain an agreement, contract, or job description outlining the responsibilities of a psychiatrist to oversee 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). On August 10, 2018, the program's previous psychiatrist resigned. On August 22, 2018, the program hired a licensed psychiatrist with no agreement/contract. The psychiatrist has not been on-site since hired on August 22, 2018, for the required on-site services four hours bi-weekly. The psychiatrist's ultimate responsibility for the prescription and monitoring of psychotropic medications in the program could not be verified due to the absence of written agreement/contract. A review of the psychiatrist tele-psychiatry/tele-medicine weekly logs found the interim DMHCA did not summarize the psychiatrist weekly summary findings for each youth for provision to each therapist. There was no clear documentation to support the current psychiatrist participated in treatment planning, treatment team, or for on-call services. Since the program did not maintain a contract with the psychiatrist, the Department was unable to verify if the psychiatrist was available for emergency consultation twenty-four hours a day, seven days a week. An interview with the psychiatrist documented the licensed psychiatrist was not on-site four hours bi-weekly and was not available for consultation twenty-four hours a day, seven days a week. A review of seven youth mental health and substance abuse records found each youth entering the program is referred for a psychiatric interview and received an initial diagnostic interview within fourteen calendar days through tele-psychiatry/tele-medicine. Three of the seven reviewed youth records indicated the youth were receiving psychotropic medications. Each youth record documented monthly tele-psychiatry/tele-medicine medication monitoring reviews and the corresponding clinical psychotropic progress notes were completed, signed, and dated by the psychiatrist, with the exception of one month for one youth. The program has been utilizing tele-psychiatry services which has not been approved by the Department. The psychiatrist documented all three-initial diagnostic psychiatric interview on the Department's Clinical Psychotropic Progress Note (CPPN) form and it contained all the required elements. All reviewed youth records documented psychiatric services in the individual treatment plans including addendums related to psychotropic medications.

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 evaluations 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. An interview with the designated mental health clinician authority (DMHCA) indicated meetings with the psychiatrist occur weekly on the day the 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 five 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 four youth entered the program with prescribed psychotropic medication. All initial psychiatric evaluations were completed on the Department's Clinical Psychotropic Progress Note (CPPN). All four applicable 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 five reviewed youth mental health and substance abuse records validated this practice. Four 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 maintains a written comprehensive plan for mental health and substance abuse (MHSA) services and a plan detailing suicide prevention procedure. The MHSA plan was reviewed and signed by the interim designated mental health clinician authority (DMHCA) on April 9, 2019. The program's written plan detailed suicide prevention procedures and included all required elements as outlined in Florida Administrative Code 63N-1. 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 signs. The plan included the referral process, communication, notification, documentation, immediate staff response, and review process. An interview with the

regional compliance managers and the facility administrator indicated the program provides suicide prevention training throughout the year and conducts quarterly mock emergency mental health drills on each shift 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 **Satisfactory 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 plan detailing suicide prevention procedures. Seven reviewed mental health and substance abuse records found each youth was assessed for suicide precautions upon admission using the Department's Assessment of Suicide Risk (ASR). Five youth's ASRs were administered by a licensed clinical social worker (LCSW) and two were completed by the non-licensed therapists. The two youth's ASRs which were completed by a non-licensed mental health clinician and were reviewed by a licensed clinician within twenty-four hours. Six of the seven youth records found the youth were not at risk of suicide and were immediately stepped down to standard supervision. One youth record showed the youth was at risk of suicide and was not placed on constant supervision/precautionary observation (PO). Also, there was no Follow-up ASR and no suicide alert initiated in JJIS. The program staff reported the youth's PO log could not be found. An informal interview with the program's compliance manager did not offer any explanation as to why the youth was not immediately placed on precautionary observation and the Follow-up ASR was not completed. An additional two youth mental health and substance abuse records were reviewed for suicide prevention services to ensure an appropriate sample size of youth records. One youth was placed on constant supervision based on a referral from staff observations and one youth was placed on one-to-one supervision. The PO status youth remained on constant supervision until a Follow-Up ASR and mental health status examination was conducted. After the youth's Follow-up ASR, youth was determined to be appropriate for close supervision and then standard supervision. The secure observation status youth remained on one-to-one supervision until a Follow-Up ASR and mental health status examination was conducted. After the youth's Follow-up ASR, youth was transitioned from secure observation to PO. Another Follow-Up ASR discontinued precautionary observation and transitioned the youth

to close supervision and subsequently was stepped down to standard supervision. Documentation indicated approval and concurrence of supervision level of youth assessed in two of the three youth records. One youth's ASR did not clearly indicate the date/time and signature of conference held with facility administrator and a licensed clinical social worker (LCSW). Training documentation of the four master's-level non-licensed mental health therapists found the required twenty hours of training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. Reviewed documentation and interviews supported the program's licensed clinician communicated prior to reducing the level of supervision. Reviewed alerts indicated two of the three were entered into the Department's Juvenile Justice Information System (JJIS) at the time the youth was placed on one-to-one supervision, constant supervision/precautionary observation, updated when youth were placed on close supervision, and removed when placed on standard supervision. The program has three fully equipped suicide response kits. Six staff were interviewed, and each staff knew where the location of the program's suicide response kits.

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 are 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 five youth mental health and substance abuse records validated each youth was screened for suicide risk utilizing the Department's Assessment of Suicide Risk (ASR). All five ASRs were completed by a non-licensed therapist. A review of staff training records validated the 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 the licensed clinical social worker.

One of the five youth ASRs was identified with an elevated risk of suicide. Two additional applicable youth mental health and substance abuse 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. The program had two youth placed in secure observation since the last annual compliance review. A review of the two applicable youth mental health and substance abuse records indicated each youth was placed in 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. Both youth were removed from secure observation within twenty-four hours. Both reviewed records documented written consent for continuation by the licensed therapist. Each youth was 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. Five 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 **Satisfactory Compliance rating** for this indicator during the FY18-19 annual compliance review, conducted April 9-12, 2019. Seven youth mental health and substance abuse records were reviewed, and one was applicable for suicide prevention services upon admission to the program. Two additional youth records were reviewed for suicide prevention services to ensure an appropriate sample size of youth records. A review of the program's suicide precaution observation logs found youth were placed on precautionary observation (PO), due to an elevated risk in suicide, and the PO logs were appropriately utilized for the duration each youth was on suicide precautions. A review of three applicable youth records who were placed on precautionary observation found the program utilizes the Department's Mental Health and Substance Abuse form, in three of the four suicide events. The program was unable to locate one youth's PO log. Three of the four suicide events showed youth received the appropriate level of supervision with documentation of the youth's behavior. One of the three youth displaying warning signs were reported and responded to by a licensed clinical social worker (LCSW). The suicide precaution observation logs were reviewed and signed by each shift supervisor and mental health clinician, in three of the four suicide events. Each reviewed PO log did not exceed the thirty-minute intervals; however, were not documented in real time. Safe housing areas of the program were clearly identified on each of the reviewed youth's logs. In three of the four suicide events, each youth was appropriately transitioned from constant supervision to close supervision, and then transitioned to standard supervision. Interviews with the three-youth found each youth was never left alone for any time period and the staff maintained visual contact of all youth on elevated supervision levels.

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 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 was one applicable youth with 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 they 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 four non-licensed, master's-level mental health and substance abuse therapists and a full-time licensed clinical social worker (LCSW) confirmed each therapist received a minimum of six hours annual training in suicide prevention and implementation of suicide precautions. 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. All staff with direct contact with youth, on a day-to-day basis, did participate in a mock drill at least one time semi-annually. The program conducted four quarterly mock emergency medical drills since the last annual compliance review. A review of the mock emergency medical drills found the program conducted quarterly mock suicide drills on each shift, with the exception of one quarter. The drill was conducted on June 5, 2018, for C-shift and there were no suicide drills for A and B-shifts for the first quarter. Documentation showed the drills are reviewed with each staff in the program during the monthly meetings to ensure understanding and compliance with the policy and procedures.

During the annual compliance re-review, the program received a **Satisfactory Compliance rating** for this indicator. A review of five 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 consists of a thorough review of the suicide prevention plan and includes 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, and monthly for the months of October and November 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 once 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 policy and procedures to address mental health crisis intervention services. The program also had a written crisis intervention plan, which included all required elements inclusive of detailed crisis intervention procedures as outlined in Florida Administrative Code, 63N-1. The program utilizes a crisis assessment tool along with the Department's Crisis Assessment form (MHSA 023) which contains all mandated items for all crisis interventions completed. The plan was last reviewed, approved, signed, and dated by the interim designated mental health clinician authority (DMHCA) on April 9, 2019.

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's 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 addressing crisis assessment which was reviewed, signed, dated, and approved by the facility administrator and the interim designated mental health clinician authority (DMHCA) on April 9, 2019. Seven youth mental health and substance abuse records were reviewed and found none were applicable for crisis assessments. The program was able to provide three additional youth records for completion of crisis assessments. The program utilized the Department's Mental Health and Substance Abuse Crisis Assessment form (MHSA 023). All three crisis assessments were completed by the licensed clinical social worker (LCSW). Two of the three crisis assessments were reviewed by the facility administrator in less than two hours of identified crisis and one was reviewed within forty-eight hours. Two of the three reviewed crisis assessments documented parent/guardian notification of follow-up treatment recommendations and one did not. All three crisis assessments contained the reason for the assessment, mental status examination and interview, determination of danger to self and others, initial clinical impression, treatment recommendations, and recommendations for follow-up. Two of the three crisis assessments documented supervision recommendations and one did not. All three records contained documentation the youth's juvenile probation officer

(JPO) was notified of the youth's crisis and the completion of the crisis assessment. All three youth were maintained on standard supervision after the completion of the crisis assessments. None of the youth were placed on suicide precautions after the completion of the crisis assessments. Therefore, there was no need for the clinician to enter a mental health or suicide alert into the Department's Juvenile Justice Information System (JJIS).

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, the youth is placed on precautionary observation and a crisis assessment is completed by mental health staff. The crisis assessment documents the reason for the 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. Five youth mental health and substance abuse records were reviewed and found none were applicable for a crisis assessment. The program reported having one applicable youth who required completion of a crisis assessment during this annual compliance re-review period and this record was reviewed. Documentation supported the crisis assessment was completed by the designated mental health clinician authority, who is a licensed mental health counselor, on the date the youth was determined to be in crisis. The youth was assessed and determined not be in crisis; therefore, an alert was not required to be entered into JJIS, and the youth remained on standard supervision. The youth's parent/guardian was notified by telephone and written correspondence. The program had no 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 written policy and procedures related to the emergency care plan which were reviewed, signed, dated, and approved by the facility administrator and the interim designated mental health clinician authority (DMHCA) on April 9, 2019. The program also has an emergency mental health and substance abuse service plan reviewed, signed, and dated by the interim DMHCA on April 9, 2019. The plan contained all the required elements, as outlined in the Florida Administrative Code 63N-1 and identifies emergency measures to be implemented when there is reason to believe a youth may be at imminent danger to themselves or others. An interview with the regional compliance managers and reviewed documentation found emergency drills are completed by the therapists on every shift quarterly and all program staff participate in the drills. The program utilizes New Horizon of the Treasure Coast and Okeechobee in Fort Pierce, Florida for Baker Act crisis stabilization. The program utilizes the emergency services through Raulerson Medical Center in Okeechobee, Florida for substance abuse Marchman Act.

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 **Satisfactory Compliance rating** for this indicator. The program has a written policy and procedures addressing Baker and Marchman Act proceedings. The program reported having one applicable youth for Baker Act proceedings on two separate occasions during the annual compliance re-review period. The reviewed applicable youth record supported the direct care staff immediately notified mental health staff and the youth was placed on elevated one-on-one supervision in both instances. In one instance, the psychiatrist was on-site and began the Baker Act proceedings and authorized the transport to New Horizons of Treasure Coast and Okeechobee, the facility the program utilized for Backer Acts. In the second instance, the designated mental health clinician authority (DMHCA) who is a licensed mental health counselor began the Baker Act proceeding and authorized the transport. The youth was transported by law enforcement to New Horizons of Treasure Coast and Okeechobee in Fort Pierce, Florida in each instance. Upon return to the program from the Baker Act, the youth was placed on constant supervision and a Mental Health Status Exam was conducted in both instances. An Assessment of Suicide Risk was completed by the DMHCA in both instances and the youth remained on constant supervision until downgraded by the DMHCA and the facility administrator. The program has not had any Marchman Acts during the annual compliance re-review period.