STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT
PROGRAM REPORT FOR

Palm Beach Youth Academy
Sequel TSI of Florida, LLC
(Contract Provider)
9680 Weisman Way
West Palm Beach, Florida 33411

Review Date(s): September 11-14, 2018

PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES

Rating Definitions

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

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

Review Team

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

Patrick Morse, Office of Program Accountability, Lead Reviewer (Standard 3)
Nicos Antonakos, Office of Program Accountability, Technical Assistance Specialist, (SPEP)
Jennifer Bailey, Office of Program Accountability, Prioritization & Planning Supervisor (Standard 2)
Christopher Goodman, Office of Program Accountability, Bureau Chief (Standard 5)
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Maryann Sanders, Office of Program Accountability, Deputy Regional Supervisor (Standard 1)
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Program Name: Palm Beach Youth Academy
Provider Name: Sequel TSI of Florida, LLC
Location: Palm Beach County / Circuit 15
Review Date(s): September 11-14, 2018

MQI Program Code: 1417
Contract Number: 10341
Number of Beds: 82
Lead Reviewer Code: 83

Methodology

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Assessment and Performance Plan, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards.

Persons Interviewed

- ☒ Program Director
- ☒ DJJ Monitor
- ☒ DHA or designee
- ☒ DMHCA or designee
- **3** # Case Managers
- **3** # Clinical Staff
- **1** # Food Service Personnel
- **2** # Healthcare Staff
- **1** # Maintenance Personnel
- **3** # Program Supervisors
- **3** # Staff
- **3** # Youth
- _____ # Other (listed by title): _____

Documents Reviewed

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

Surveys

- **9** # Youth
- **9** # Direct Care Staff
- _____ # Other: _____

Observations During Review

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

Comments

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

Standard 1: Management Accountability
Residential Rating Profile

Indicator Ratings

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

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

Standard 2: Assessment and Performance Plan
Residential Rating Profile

Indicator Ratings

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

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

Indicator Ratings

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

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Standard 4: Health Services
Residential Rating Profile

Indicator Ratings

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

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Standard 5: Safety and Security
Residential Rating Profile

Indicator Ratings

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

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Strengths and Innovative Approaches

- As part of the program's efforts to promote staff morale and retention, they host a weekly event called the facility administrator's (FA's) café which is geared toward creating fellowship amongst co-workers through good food, music, and good times. Every Friday, the FA hosts a luncheon for all staff as a way of saying thank you for all they do and to break the monotony of the day to day routine of working in a high-stress environment.

- As part of the program's Youth Concept Gallery, the program partnered with Livin' the Rhythm to formulate monthly drum circle sessions for the youth. As part of this process, the program has embraced the therapeutic process of using various drums and instruments to engage youth in healthy forms of expression and movement. During these sessions, youth also learn about the role music plays in West African tradition and culture. This program allows youth the opportunity to explore different forms of music and entertainment while interacting with peers in a prosocial activity. The youth have a great time collaborating through music and dance.

- The program surprised the youth of PACE Center for Girls with a special Valentine's Day gift. The youth at the program assembled sixty-five gift boxes filled with Valentine's Day themed treats and trinkets which were delivered by program staff.

- During the Fourth of July holiday, the program participated in a project in collaboration with Forgotten Soldiers Outreach. The youth voted on several items to donate including food and hygiene products which were sent in care packages to our American soldiers overseas. The youth also took time to write encouraging messages on cards which were sent along with their care packages to show appreciation to our troops for their service.

- The program's youth advisory board filled over 300 eggs with candy for the annual ARC Easter Egg Hunt. The ARC provides services for youth and adults with developmental disabilities. The youth advisory board also assembled Easter candy bags for program residents. In addition, the youth assembled 100 coloring books to donate to the ARC for National Coloring Book Day.

- The program hosted several guest speakers including a former prison inmate who spent 25 years in prison after facing a life sentence in his youth. He now works for the City of Riviera Beach and often takes time to share his story with youth. He shared his experiences and choices which led him to incarceration and gave a message of hope and redemption.

- On May 8th, 2018, the program welcomed the ladies of Mother's Against Murderers Association (M.A.M.A.) for their annual Mother's Day Luncheon. M.A.M.A. is comprised of women who have lost children due to gun violence. Each youth adopted a mother of M.A.M.A. for the day and welcomed each mother with a rose, a card, and a hug. Through tears of grief, each mother shared their story of loss while the youth in the program provided comfort. The mothers had their spirits lifted with a special program

prepared by the youth including poetry readings, art presentations, and musical performances. The youth engaged in conversation with the mothers over a delicious meal prepared by our kitchen staff.

- The program hosted an Father's Day luncheon for the youth who are fathers. Members of the Omega Psi Phi Fraternity, Inc. and the program's youth advisory board shared stories about the significance of their fatherly role and provided guidance for their journey into fatherhood.

- Palm Beach State College and their Trio Program facilitated a workshop which walked youth through the college application process and introduced them to the Free Application for Federal Student Aid (FAFSA).

- Planned Parenthood facilitated a Sexual Health Workshop focused on STDs/HIV prevention. The youth learned how to be safe and where to get tested for free.

- In the program's Youth Concept Gallery, youth are working on a screen play titled "Real Life." This play is based on the trials and tribulations of a troubled youth who made a choice to leave the street life behind him. This play is produced by the youth in the creative writing club.

- The program hosted a community canvas project with youth in the program and youth at local West Palm Beach parks to collaborate on a seven-foot canvas mural to present to the community as a token of youth empowerment.

- The program acquired two therapy dogs who were previously in shelters and were abused by prior owners. Thor and Triton are American Bulldogs who specialize in different therapeutic areas including stress and anger management. They are also both deaf, which challenges the youth to show patience and empathy while interacting with them. During sports games, the dogs represent as the program's team mascots.

- In partnership with One Blood, the program hosted a blood drive. A mobile blood bank came on-site and provided several staff with the opportunity to donate blood. Staff who participated were treated to lunch and received several giveaways. Additionally, all staff who donated blood were recipients of ten hours of community service which they in turn could donate to youth in the program.

Standard 1: Management Accountability

Overview

Palm Beach Youth Academy (PBYA) is a secure residential treatment program serving a male population of youth ages fifteen to twenty-one years of age who have been adjudicated by the court and committed to the Department after being assessed and classified as a high-risk to public safety. The Department contracts with Sequel TSI of Florida, LLC. to operate the program in West Palm Beach, Florida. The program has a bed capacity to serve fifty youth who may benefit from mental health overlay services (MHOS) and twenty-eight youth in need of substance abuse overlay services (SAOS). In addition to providing safe supervision of youth, the program provides youth with clinical services. The program provides intervention treatment services with evidenced-based therapeutic community models for each youth. The program's management staff includes a facility administrator (FA), an assistant facility administrator (AFA), an AFA for operations, an AFA for administrative services, a clinical director, an assistant clinical director, a director of nursing, case manager supervisor, business manager, a program manager, training coordinator, and a kitchen manager. Additionally, the program contracts with two licensed medical doctors. One serves as the designated health authority (DHA), and the second serves as the program's psychiatrist. Palm Beach County Schools (PBCS) provides educational services with varying opportunities for youth to select the type of diploma and/or certification they express an interest in. Youth are provided with aptitude skill tests, accompanied by education assessments to determine the level of academics they should be provided and subsequently advised. Home Builder's Institute (HBI) is structured within the program, offering vocational education and training. Youth who have obtained their general equivalency diploma (GED) are assessed and admitted for HBI job skills training.

The program offers animal assisted therapy through a partnership with the Pixel Fund, a non-profit organization devoted to rescuing dogs from high rate kill shelters. As part of the program, youth foster puppies rescued from these shelters and provide basic training such as human socialization, house breaking, and basic commands. The puppies remain in the program for approximately six weeks, at which point their adopting families will come to the program to receive their new puppies in an adoption ceremony facilitated by the program in which the youth will be able to educate the adopting families all about their new family pet. Once a set of puppies is adopted, the program receives a new set and repeat the process.

The Palm Beach Youth Academy Concept Gallery is a community-based art collective which consists of aspiring artists from inner cities located throughout South Florida. These aspiring artists have innovated a new concept for at-risk youth targeting a strong education initiative with the main focus remaining on core studies such as reading, writing, math and science. In addition to the core studies, at-risk youth will also receive sound knowledge in the areas of creative arts, self-awareness and community services programming outreach. At the Youth Concept Gallery, youth can indulge in a series of urban tales of fiction and non-fiction, art, lifestyle, and autobiographic books which have been donated by the West Palm Beach Public Library. The Youth Concept Gallery partners with the Palm Beach Public Library Association in efforts to spread awareness to the young men within the community. The program's library, which is located inside the art gallery dormitory, features a variety of literature and reading materials for youth to check out to include several magazine subscriptions. In addition to having the ability to check out books for research purposes, leisure reading, and for school related assignments, the environment inside the library is very conducive to creating a tranquil reading

environment. Furthermore, in partnership with a local Starbucks, the program is provided with pastries, teas, and coffees for youth and staff for special events.

Palm Beach Youth Academy was selected as one of three of the state's pilot sites for the Youth in Custody Practice Model (YICPM). Informed by research on "what works" in serving youth in custody, as well as professional standards and the field's preeminent thinking on best practices, the YICPM initiative is designed to assist state and county juvenile correctional agencies in implementing a comprehensive and effective service delivery approach. Utilizing the YICPM monograph as a roadmap, the Council of Juvenile Correctional Administrators (CJCA), the Center for Juvenile Justice Reform at Georgetown University's McCourt School of Public Policy (CJJR), and a team of consultants provide participating agencies with eighteen months of training and technical assistance to align core, research-based principles with everyday practice, and achieve more positive outcomes for youth, families, staff and communities. The YICPM provides agencies with guidance on essential practices in the four key areas of case planning, facility-based services including education, behavioral health, behavior management, and rehabilitative programming, transition/reentry, and community-based services.

The program conducts a twelve-week financial literacy course for a selected group of program residents. The purpose of the course is to give youth an overview, insight, and teachings into the world of financial literacy, investments, and wealth. Over the twelve- week course the youth work with a team of community financial analysts, investors, and bankers from several highly reputable financial institutions. Topics the youth learned about included the basics of a checking and savings account, stocks, bonds, and financial investments. Additionally, youth competed in a challenge where they were given fictitious cyber money and were able to invest it in stocks to determine who in the class made the most profitable investments. Upon completion of the course due to the generosity of those involved, all youth receive a monetary contribution upon their release from the program to start their own investment fund. During this annual compliance review period, two of the graduates of the course were awarded a full expense paid trip to New York City where they got to visit the New York City Stock Exchange and visit several other prominent destinations in the city to learn more about the concepts of financing they learned about in the class.

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

The program has a written policy and procedures for initial background screening. The program had forty-nine newly hired staff since the last annual compliance review. The program did not have any new interns, volunteers, or contracted staff requiring an initial background screening. A review of forty-nine staff records supported background screenings were completed, by the Department's Background Screening Unit (BSU)/Clearinghouse, prior to each individual's date of hire and/or contact with youth or access to confidential information. One background screening required an exemption and reviewed documentation supported the exemption was obtained prior to the staff's date of hire. Each newly hired staff's criminal history and Central

Communications Center (CCC) Person Involvement Report were reviewed. The Annual Affidavit of Compliance with Level 2 Screening Standards was submitted to BSU on November 27, 2017, meeting the annual requirement. Each direct care staff hired after July 1, 2018 is required to complete a pre-employment assessment and receive a passing score. The program had sixteen direct staff hired after July 1, 2018 who required a pre-employment assessment. Reviewed documentation found a pre-employment assessment was completed by seven newly hired direct care staff and a copy of the passing score was maintained in each staff's personnel record. The pre-employment assessment was not completed for nine staff. The program's human resources liaison confirmed the pre-employment assessments were not completed as required.

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

The program has a written policy and procedures addressing the rescreening process for staff every five years based upon their original date of hire. Rescreening documentation must be submitted to the Department's Background Screening Unit (BSU)/Clearinghouse at least ten days prior to the staff's five-year anniversary date. The program maintains a staff roster which is reviewed routinely by the program's human resources liaison to determine when a five-year rescreening is required. The program underwent a start-up monitoring review on April 1, 2016; subsequently, no staff are eligible for a five-year background rescreening until April 2021.

1.03 Provision of an Abuse-Free Environment (Critical)	Satisfactory Compliance
The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. • *Posting of the Florida Abuse Hotline telephone number and the Central Communications Center for youth 18 years of age and older telephone number.* • *All allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.* • *Youth and staff have unhindered access to report alleged abuse to the Florida Abuse Hotline pursuant to Section 39.201 (1)(a), F.S.* • *The environment is free of physical, psychological, and emotional abuse.* • *A code of conduct for staff who clearly communicates expectations for ethical and professional behavior, including the expectation for staff to interact with youth in a manner promoting their emotional and physical safety.*	

The program has a written policy and procedures which address a code of conduct. Nine applicable staff personnel records were reviewed, and each contained the signed

acknowledgement, receipt, and review of the program's code of conduct. Observations of the physical plant during the annual compliance review found the telephone numbers for the Department's Central Communications Center (CCC) and the Florida Abuse Hotline posted throughout. The facility administrator (FA) reported youth have unimpeded access to the Florida Abuse Hotline and the CCC, for youth who are eighteen years of age. If a youth wishes to call the Florida Abuse Hotline or the CCC during regular business hours, they are taken to the case manager's office located in each dormitory and granted the call. If a call is requested after business hours or a case manager is not available, there is a telephone in the program's multi-purpose room which youth are escorted to by direct care staff. The program maintains a logbook for all reports made to and accepted by the CCC and/or the Florida Abuse Hotline, and a separate logbook for reports which were made, but not accepted.

A review of all incidents since the last annual compliance review found two applicable incidents during the annual compliance review period which involved complaints against staff. Reviewed internal incident reports and reports made to the CCC reflected both of these incidents were reported to the CCC and the Florida Abuse Hotline, as required. One of these incidents was substantiated and the staff involved was subsequently terminated. The other incident is pending conclusion of an investigation. The FA and assistant FA stated once an allegation against staff is made, the staff is immediately placed on administrative leave and an internal investigation is initiated. Action may include oral warnings, coaching notes, written disciplinary action, suspension, and/or termination. Nine interviewed youth reported feeling safe in the program, never being denied a telephone call to the Florida Abuse Hotline if they wanted it, and never being deprived of basic rights. In addition, nine interviewed staff and nine interviewed youth stated they have never heard staff use profanity or threats towards a youth. Each interviewed staff was able to describe the program's abuse reporting process.

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

The program maintains a written policy and procedures which address management's response to allegations. A review of internal incidents and reports made to the Department's Central Communications Center (CCC) and an interview with the facility administrator found the program had two incidents concerning allegations against staff for incidents of physical, psychological, and/or emotional abuse since the last annual compliance review. Reviewed documentation for both incidents supported management immediately initiated an internal investigation and placed both staff on administrative leave. One incident was substantiated, and the staff involved was terminated, and the other incident is pending investigation and the staff involved remains on administrative leave. In an interview, the facility administrator reported staff are trained on incident reporting as part of their pre-service and annual in-service training.

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

The program has a written policy and procedures regarding reports to the Department's Central Communications Center (CCC). The program had thirty-three incidents reported to the CCC during the last six months, of which five were reviewed. Documentation validated each incident was reported to the CCC within the mandatory two-hour time frame and in accordance with CCC reporting procedures. The program maintains a master logbook for documenting reports to the CCC and a review of the logbook supported all reports were documented. A review of internal incidents for the past six months determined there were no incidents which should have been reported to the CCC but were not. The program's facility administrator stated if a youth feels they have been abused, they are given unimpeded access to the Florida Abuse Hotline or the CCC, if eighteen years old.

1.06 Protective Action Response (PAR) and Physical Intervention Rate	Satisfactory Compliance
The program uses physical intervention techniques in accordance with Florida Administrative Code. Any time staff uses a physical intervention technique, such as countermoves, control techniques, takedowns, or application of mechanical restraints (other than for regular transports), a PAR Incident Report is completed and filed in accordance with the Florida Administrative Code.	

The program has a written policy and procedures, as well as written plan, addressing Protective Action Response (PAR). The program had twenty PAR reports completed since the last annual compliance review and five reports were reviewed. Reviewed documentation found each report included a review by a PAR-certified instructor and documented a post-PAR interview conducted within thirty minutes of the incident. A review of the PAR incident reports and comments by the facility administrator or designee within seventy-two hours of the incident, was found in each PAR report. One of the reviewed reports required a PAR medical review and documentation validated the youth was seen on-site by medical staff. Documentation confirmed each report was reviewed within the mandated time frame and processed by a supervisor and a PAR instructor to determine if use of force was consistent with policy in each PAR report. None of the reviewed reports required a report to the Central Communications Center (CCC), and there was no documentation to support any involved youth made a report to the Florida Abuse Hotline. Logbooks were reviewed and documentation did not reveal any additional PAR incidents occurred. The program maintains a PAR binder which contains all PAR reports and PAR summary reports, which are submitted to the Department on a monthly basis. The facility administrator reported all PAR incidents are discussed during daily morning meetings, weekly management team meetings, and through the monthly summary reports which are submitted to the Department and to the program's corporate office. Additionally, as a program, they conduct monthly trend analysis of all PAR related incidents. The program's PAR rate during the annual compliance review period was 0.87, which is below the statewide Residential PAR rate of 1.49.

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

The program has a written policy and procedures addressing pre-service training. The program maintains a pre-service training plan and calendar for all new staff which was submitted to the Department's Office of Staff Development and Training on January 29, 2018 and approved on January 31, 2018. Three weeks of pre-service training is conducted through web-based and instructor-led courses. Nine staff training records were reviewed for pre-service training. All reviewed records found each staff completed the certification process within 180 days of hire and completed all required trainings inclusive of Protective Action Response (PAR), first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), professionalism and ethics, suicide prevention, emergency procedures, child abuse reporting, and Prison Rape Elimination Act (PREA) prior to having any contact with youth. All training was conducted by qualified trainers and documented in the Department's Learning Management System (SkillPro). The facility administrator confirmed staff performing in all positions receive the same pre-service training, apart from the teachers who are employed by the Palm Beach County School Board. There are no additional training requirements outlined in the program's contract.

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

The program maintains a written in-service training plan which was submitted to the Department's Office of Staff Development and Training on January 29, 2018 and approved on January 31, 2018. Nine applicable staff training records, including three supervisor's training records, were reviewed for in-service training. Each reviewed staff training record documented the staff exceeded the twenty-four hours of in-service training requirements. Each staff had current certifications in first aid, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), and Protective Action Response (PAR). Each staff also completed training in professionalism and ethics, including standards of conduct, as well as suicide prevention. Three supervisor training records were reviewed for completion of eight hours of management and supervisory training inclusive of management, leadership, personal accountability, employee relations, communications skills, and fiscal. Reviewed documentation supported each supervisor exceeded this requirement. All trainings were delivered by qualified trainers and documented in the Department's Learning System (SkillPro). The program's contract was reviewed and confirmed there were no additional training requirements.

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

The program has a written policy and procedures addressing the grievance process. Youth are provided a handbook upon admission which outlines the youth grievance process. The program utilizes Request to Speak forms prior to a youth filing a grievance. Observations during the annual compliance review found grievance forms and Request to Speak forms are located in each dormitory and in the multi-purpose room. If a youth does wish to file a grievance, the youth completes the grievance form and places it in the grievance box located outside of each dormitory or in the multi-purpose room. The designated supervisor, who gathers the forms once a day, has four days to respond to the youth in writing. Should the youth feel the initial response from staff does not adequately address his concerns, the issue is presented to the next level of management staff. The facility administrator (FA) and/or designee will then provide their written response to the youth within two days. A review of the program's grievance binder reflected one grievance was filed since the last annual compliance review and it was resolved in the informal stage. An interview with the FA validated the program's policy and procedures, allowing youth to express their concerns and how staff respond. The first phase of the process is the youth completes the grievance form and the second phase is for the youth to meet with the facility grievance officer. The final phase includes a review by the FA or a meeting with the resident administrator if the youth is not satisfied with the resolution proposed by the grievance officer. Nine interviewed youth were able to describe and demonstrate an understanding of the grievance process and each indicated they may request assistance, if needed, when completing the grievance form. Nine interviewed staff were able to describe the grievance process, though two staff were unsure of the time frames when the grievance was in the formal stage. Each of the nine interviewed staff confirmed they will assist youth with filling out the grievance form, if needed.

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

The program provides delinquency interventions through evidence-based practice, promising practice, or a practice with demonstrated effectiveness, for each youth. Evidenced-based interventions are those designed to reduce the influence of risk factors related to re-offending behavior. The program utilizes Thinking for a Change (T4C), Aggression Replacement Therapy (ART) and Impact of Crime (IOC) as the delinquency intervention models with each youth placed in groups according to their identified individual needs. This practice was confirmed by the facility administrator (FA). Interviews with the program's clinical director and FA confirmed delinquency interventions are delivered by the program's case managers, recreation therapists, master's-level therapist, assistant clinical director, and clinical director. Youth are matched with a case manager, therapist, and dormitory staff based upon pre-classification meetings conducted for each youth admitted into the program. A review of each of the designated staff's

training records reflected all staff had the appropriate education and qualifications to be hired in their respective positions and completed the required training to facilitate the delinquency intervention groups. The program's daily schedule reflects delinquency intervention groups are conducted seven days a week, pursuant to the program's contract and reviewed sign-in sheets confirmed this practice. Structured, planned programming and activities are provided for at least sixty percent of the youth's awake hours. A review of nine youth individual performance plans supported each youth had at least one delinquency intervention goal addressing an identified priority need. Reviewed group sign-in sheets validated each youth was participating. A T4C group was observed during the annual compliance review which validated the group was delivered, as designed.

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

The program has a written policy and procedures which provides interventions and instruction focusing on developing life and social skill competencies to youth through classroom and group instruction, hands-on experiences, and role modeled by staff and program administrators. The program's activity schedule allows for scheduled interventions for youth to receive life skills training pursuant to the contract. A review of randomly selected sign-in sheets validated youth are attending Thinking for a Change (T4C) and Aggression Replacement Therapy (ART) groups on a consistent weekly basis. Youth are identified for the intervention based upon the assessment and pre-classification process and their individual identified needs. A review of nine youth individual performance plans and sign-in sheets validated they are participating in life skill training for anger management, communication, critical thinking, interpersonal relationships, and communication, as indicated in each youth's identified priority needs. The program currently has six staff specifically trained in the delivery of life skills through T4C and ART and a review of each staff's training records confirmed each has received the required training to deliver the curricula. An interview with the facility administrator confirmed all youth are participating in life skills training. Nine interviewed youth reported they are participating in life skills groups and were able to articulate some of the skills they have learned such as anger management and conflict resolution. A T4C and ART group was observed during the annual compliance review which validated the groups were delivered, as designed.

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

The program provides delinquency interventions through evidence-based principles and practices of restorative justice. The evidenced-based interventions are those designed to reduce the influence of risk factors related to re-offending behavior. The program utilizes Impact of Crime (IOC) as the delinquency intervention model of restorative justice with each youth placed in groups according to their identified individual needs. This practice was confirmed by the facility administrator. IOC is a closed group and at the time of the annual compliance review, there were two separate cohorts running. Interviews with the program's clinical director and facility administrator confirmed delinquency interventions are delivered by the program's two recreational therapists; however, the program currently has five staff trained to deliver the IOC

curriculum. A review of five applicable staff training records reflected all staff had the education and qualifications to be hired in their respective positions and completed the required training to facilitate the delinquency intervention groups. The program invites guest speakers who are also victims to speak to the youth in conjunction with victim videos provided with the IOC curriculum. Youth participate in various community events and activities including building and donating furniture to Habitat for Humanity and adopting mothers from the Mothers Against Murderers Association who have lost children to murder for Mother's Day, each year. The youth also host an annual event for first responders to commemorate the events on September 11, 2001 which occurred during the annual compliance review. An IOC group was observed during the annual compliance review which validated the curriculum is being delivered as designed.

1.13 Gender-Specific Programming	Satisfactory Compliance
The program provides delinquency intervention and gender-specific treatment services.	

The program has a written policy and procedures which address gender-specific programming for a male population, pursuant to the contract. The program identified Young Men's Work (YMW) groups as part of the gender-specific programing. The program's case manager conducts the YMW groups and reviewed documentation confirmed he has been trained to deliver the interventions for the targeted gender group. In addition to the case manager, the program's clinical director also received the required training to facilitate the YMW groups as a back-up in the event the case manager is unavailable. The facility administrator stated all youth participate in the evidenced-based YMW groups, which addresses many aspects of the characteristics of the program's population through a twenty-six-lesson group study guide. During the annual compliance review, a YMW group was observed which confirmed the curriculum was delivered, as designed. The daily activity schedule allows for recreation and leisure time activities for the male population. As part of the gender-specific programming, the program offers a structured intramural sports program which has enables the youth to participate in a variety of structured sports programs, leagues, and tournaments. The football component of the program has evolved to where the program has set flag football team which has competed against other Department programs. The program's basketball team recently competed against a local Amateur Athletic Union (AAU) team. As part of this program, the youth have been exposed to a multitude of individuals from the sports world including several former and current professional football players who have worked with and mentored the youth. The program has also had local high school coaches, former collegiate and professional track and field athletes, professional mixed martial arts fighters, and representatives from the local law enforcement community mentor the youth through the intramural sports program. In addition to the program's intramural sports program, youth participate in the Beyond the Wall mentoring program. The Beyond the Wall mentoring program is a partnership between the program and a local nonprofit entity, Inner City Innovators. The program is a gender-specific twelve-week program which culminates gaining new skills. The program content is designed according to each youth's responses in the pre-survey which is given to all youth prior to beginning the course. Participants are each given a journal to write down their thoughts and answer weekly prompts to share during the sessions. The sessions are also supplemented with guest speakers who provide inspiration and insight into various topic areas. Areas of interest selected by the youth included a desire to learn how to change their perspective on life, how to improve communication skills, how to choose better friends, how to become a better father, how to properly treat women, and how to deal with anger.

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

The program has a written policy and procedures regarding entering alerts into the Department's Juvenile Justice Information System (JJIS) and the use of an internal alert system. An interview with the program's facility administrator and assistant facility administrator was conducted and confirmed the JJIS alert reports and internal alerts are distributed and reviewed by shift supervisors and administration, daily. Upon review of the alert lists, the supervisors discuss the alerts with all working direct-care staff, at each shift briefing. A current alert list is maintained in both master controls, sub-control, the medical clinic, and in the kitchen. There are also updated alert boards in both master control areas and in the medical clinic. A review of shift reports for the past six months confirmed alerts are a standing agenda item. The medical, mental health, and substance abuse staff, as well as the case managers, and administration enter and update any applicable or critical alert in the JJIS alert system and the program's internal alert system. If a youth with an alert is admitted to the program after a shift's briefing, the appropriate entity updates the internal alert list and the JJIS alert system and immediately distributes the new list to the shift supervisors, administration, and the kitchen, at which time the information is verbally communicated to direct-care staff. A review of nine youth records found each was applicable to have an alert entered into the program's internal alert system and the JJIS alert system. Reviewed documentation supported each youth had the appropriate alert entered into the internal alert system; however, two youth had internal alerts which were not entered into the JJIS alert system. There were alerts which should have been entered or closed, which affected the classification process. The facility administrator confirmed only medical staff are able to remove or downgrade a medical alert and only mental health staff are able to remove or downgrade a mental health alert.

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

The program maintains separate hardbound binders for case management, healthcare, and mental health and substance abuse records, all of which are maintained by the respective departments. Observations of the records found each marked "confidential" and secured in assigned offices when not in use. Reviewed records contained all of the most recent information in chronological order. Within each reviewed record, information was separated into clearly labeled designated sections for legal, demographic, case management with treatment plan and interventions, and correspondence, along with a miscellaneous tab.

1.16 Youth Input	Satisfactory Compliance
The program has a formal process to promote constructive input by youth.	

The program has established a youth advisory board which allows a forum for youth to discuss issues, concerns, and suggestions for possible changes in practice and program activities. Each dormitory has two representatives who are chosen by the treatment team members, rewarding youth who have demonstrated positive behaviors and progress with treatment goals. If a youth is interested in becoming a member of the advisory board, he completes an application and is subsequently interviewed during his assigned formal treatment team meeting. The youth advisory board meets monthly to discuss issues such as food service, including special monthly meals, behavior incentives, specialized programming, holiday and community service activities, abuse protocols, and healthcare, along with an open floor forum. Advisory board members are the liaisons between the youth and program administration. Youth advisory board members have assisted in the facilitation of student graduation ceremonies, family day activities, athletic activities, and community service events. Reviewed sign-in sheets validated meetings are held monthly. Representatives of the program's management team, inclusive of the assistant facility administrator and the community liaison, monitor the meetings and offer advice from the management perspective. The facility administrator stated the suggestions and information gathered from the youth advisory board are taken into consideration when planning all youth events. The youth advisory board helps youth feel a part of the process with valued opinions and input. Nine interviewed youth were aware of the program's youth advisory board and one youth stated he has seen changes resulting from suggestions made to the board.

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

The program maintains a written policy and procedures establishing a community advisory board. The program employs a community liaison who assists in the recruitment of board members and coordination of activities. The community partnerships have been developed to connect the local community with the goals and objectives of the program's design. In addition to representatives from the Department, the community advisory board currently has partnerships with the Palm Beach County School Board, law enforcement inclusive of the Palm Beach County Sheriff's Office and the Riviera Beach Police Department, the judiciary of the fifteenth circuit, victim advocates, various religious organization, several members of the local business community, community activists, former Department youth and parents, several community partners inclusive of a retired Customs and Boarder Protection officer, a retired fire fighter, former National Football League player, and a current state senator and legislative aid. An informal interview with the state senator who was at the program during the annual compliance review confirmed his participation with the advisory board and the positive things which have resulted from the program's numerous community partnerships, activities, and events. The community advisory board meets at least quarterly and reviewed agendas, meeting minutes, and sign-in sheets confirmed this practice. The program sends out written invitation letters by way of the United States Postal Service to each board member, notifying them of the time and location of the next quarterly meeting. The program maintains a binder containing all invitations, sign-in sheets, meeting minutes, agendas, and a current list of advisory board members. Standing agenda items include community partnerships, activity and community service updates, new program updates and plans, discussion on how the program and Sequel Youth Services, as a company, can play a larger role in community-based events/programming

in addition to how the advisory board can be of assistance to the youth, and the recruitment of new members and retention of current ones. The next community advisory board meeting is scheduled for September 20, 2018.

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

The program maintains a policy and procedures regarding the program's planning process and to ensure provisions for adequate staffing. The program conducts morning management meetings each weekday inclusive of staff from administration, mental health, medical, case management, and the maintenance department. Additionally, the program conducts weekly meetings on various days inclusive of administration, education and vocation, food service, case management, clinical, and shift supervisors. All areas of facility operations are discussed, addressing subjects such as alerts, safety and security, video review, youth progress, medical and mental health updates inclusive of alerts, maintenance requests, security updates, and any applicable special circumstances such as any Florida Abuse Hotline reports and/or reports to the Department's Central Communications Center (CCC). Additionally, the program conducts all-staff meetings monthly for each staff on each shift, and monthly coaching which enables supervisors to share information with their staff. A review of sign-in sheets from the all-staff meetings for the past six months indicated staff meetings were conducted, as scheduled. The meeting's agendas and minutes reflected staff were informed of numerous subject areas including operations, risk management, and case management, while allowing each specific department the opportunity to present their concerns. Comprehensive Accountability Report (CAR) data is also shared with staff at the monthly all-staff meetings. The program utilizes the Groups Expected Response of an Individual (GERI) Indicator which measures the normal standards and overall culture of the program to include insight of staff morale. The program utilizes youth and staff surveys, weekly and monthly reports, and contractual program performance measures as a means of evaluating outcome data. The program maintains an incentive binder which showcases the incentive activities staff have participated in. These activities include staff appreciations days, employee recognition lunches, staff bowling, and staff participation in various athletic competitions. As part of the program's efforts to promote staff morale and retention, they host a weekly event called the facility administrator's café which is geared toward creating fellowship amongst co-workers through good food, music, and good times. Every Friday, the facility administrator hosts a luncheon for all staff as a way of saying thank you for all they do and to break the monotony of the day to day routine of working in a high-stress environment. These practices were confirmed during an interview with the facility administrator. The facility administrator also stated while there was an increase in staff turnover during this annual compliance review period, the program never experienced a challenge with recruitment of new qualified staff. Nine interviewed staff stated communication in the program was either very good, good, or fair. Each interviewed staff reported meetings are conducted monthly and as-needed, and issues pertaining to mental health, medical, overall youth issues, drills, alerts, staff scheduling, and overall staff issues are discussed. Staff incentives are also discussed inclusive of employee of the month and other staff recognition. Eight interviewed staff reported the CAR reports, annual compliance reports, and youth and parent/guardian surveys are discussed at all-staff meetings and one staff stated they were not familiar with the CAR reports.

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

The program has a policy and procedures addressing the evaluation of staff performance. Performance evaluation measures are completed annually for in-service staff and at the initial ninety-day probationary period for pre-service staff, addressing areas including basic job knowledge, reliability, attendance, education and training, initiative, adherence to policy, interpersonal relationships, judgement, competency, and goals achieved. The evaluation process also includes best practice elements adapted by the program. Evaluations are specific for the different types of staff positions at the program. Staff who facilitate groups are evaluated on their skills at facilitating a delinquency intervention, and all staff are evaluated on the implementation of the program's behavior management system. Staff are rated using the rating guidelines of outstanding, very good, good, improvement needed, unsatisfactory, and not applicable or too soon to rate. Staff are provided an overall numerical range of job performance scores at the conclusion of the evaluation form as a method to advise each staff of how they are performing. Once reviewed, staff are given the opportunity to provide written input. The employee performance evaluation practice was confirmed in an interview with the facility administrator. Nine personnel records were reviewed, and each included the job description for the applicable specific position, applicable performance evaluations, education records and degrees, and a copy of the acknowledgement for the program's code of conduct.

Standard 2: Assessment and Performance Plan

Overview

The program employs a director of case management, five case managers, and three transitional coordinators. Case managers are responsible for the youth's case management services and the transitional coordinators are responsible for the youth's transition back into the community. Staff coordinate with internal treatment team members including mental health, medical, education, and living unit representatives, as well as external team members including community partners, Department representatives, and education staff related to treatment and transition to assist youth with successful goal completion and transition back into the community. The case managers are responsible for completion of the youth's orientation and admission process and complete individual assessments to identify youth needs. Information collected with these assessments is shared with the clinical staff, program management, medical staff, the parent/guardian, and the assigned juvenile probation officer (JPO). Case managers oversee the bi-weekly formal and informal treatment team meetings and relay information to the parent/guardian and committing court regarding the youth's progress, transition, and discharge from the program.

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

The program has a policy and procedures to address notification to each youth's parent/guardian and committing court upon the youth's admission to the program. A review of nine case management records found eight records had documentation in the youth's chronological notes to confirm the parent/guardian was contacted by telephone within twenty-four hours of the youth's arrival. All nine records contained documentation to confirm the parent/guardian was notified in writing of the youth's admission to the program within forty-eight hours of admission. Additionally, all records had documentation to confirm the program notified the youth's juvenile probation officer (JPO) and committing court in writing within five working days of the youth's admission.

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

The program has a policy and procedures to address youth orientation. A review of nine case management records found all had documentation of youth completing orientation within twenty-four hours of admission. As part of the orientation process, the intake coordinator reviews the orientation checklist and youth handbook with the youth. All of the required elements are included in the orientation process. Youth sign a receipt of the youth handbook page, which was found in all nine records. Within one week of the youth's admission, the youth also complete an orientation test to validate their understanding of the program rules, services available, daily schedule, expectations and responsibilities of youth, grievance process, and behavior

management system. No youth admissions were observed during the annual compliance review week, as there were no youth admitted during the week of the review. Each of the nine interviewed youth reported they had an orientation within twenty-four hours of their admission.

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

The program has a policy and procedures to address obtaining written consent for youth eighteen years of age or older. A review of nine case management records found three were applicable for youth eighteen years of age or older. Each applicable record contained a consent form giving permission to the program to share information related to the youth's physical and/or mental health screenings, assessments, and/or treatment with the youth's parent/guardian.

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

The program has a policy and procedures to address youth classification. The program utilizes an initial classification assignment form to ensure the proper delivery of treatment services. A review of nine case management records found each record contained an initial youth classification form which was completed on the date of admission. The initial classification form addressed all of the required elements. A review of the program's internal alert log reflected special needs, medical, mental health, gang, and/or security risk factors identified during the classification process were entered into the program's internal alert system and the Department's Juvenile Justice Information System (JJIS). However, in three of nine case management records, alerts were not entered into JJIS; one youth was identified as a gang associate or member and two youth had escape risks. An interview with the facility administrator revealed all youth are screened during the pre-classification meeting prior to the youth's arrival, where previous placements, alerts, and safety and security concerns are reviewed and used to identify dorm assignments and a assigned case manager.

The program has a policy and procedures to ensure youth are reassessed and reclassified prior to consideration for work detail and/or an increase in privileges. The program completes reclassification forms, as-needed, when there are changes in a youth's behavior, group, and/or sleeping room assignments. Additionally, the program's policy and procedures require the completion of a risk assessment once a month. In all nine reviewed case management records, a risk assessment was completed on the date of admission and every thirty calendar days thereafter. Each youth's risk factors and reclassifications were completed prior to considering an

increase in the youth's privileges and/or participation in work projects or activities involving tools or instruments.

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

The program has a policy and procedures to address gang identification and notification of law enforcement. A review of nine case management records found three youth were identified as suspected gang members or gang associates. In each of the applicable records, documentation confirmed local law enforcement, the educational provider, and the youth's juvenile probation officer (JPO) were notified upon completion of the youth's initial gang assessment.

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

The program has a policy and procedures to address gang prevention and intervention activities. A review of nine case management records found each youth completed a gang questionnaire when admitted to the program. Youth identified as suspected and/or actual gang members are to be entered into the program's internal alert system and the Department's Juvenile Justice Information System (JJIS). In one of the three applicable youth records, a gang alert was not entered into the program's internal alert system or into JJIS. The program maintains a gang binder with all youth identified as suspected gang members or associates. All applicable youth identified as gang members and/or associates had their information documented in the gang binder, which included photos of each youth, their dorm assignment, and photos of any gang-related tattoos. The program implements intervention strategies by having each youth identified as a suspected gang member or associate participate in Impact of Crime (IOC) groups. A review of three applicable records found each youth had goals and interventions included in their performance plan related to gang interventions. In an interview with the director of case management, it was reported there has been an increase of youth in need of gang-related interventions and strategies; therefore, the program has begun providing additional gang-related groups provided by the mental health staff twice a week. In an interview with the clinical director, she indicated they are utilizing "Talks My Father Never Had with Me" as a curriculum resource.

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

The program has a policy and procedures to address the completion of the Residential Positive Achievement Change Tool (R-PACT) assessments and reassessments. A review of nine case management records found each youth had an initial R-PACT completed within thirty days of the youth's admission. The R-PACT was documented in the Department's Juvenile Justice Information System (JJIS) and a copy was included in the youth's case management record.

The program completes an R-PACT reassessment within ninety-days of the completion the youth's initial R-PACT. A review of nine case management records found eight youth were applicable for an R-PACT reassessment and one youth did not yet require a reassessment. Seven of the eight youth had R-PACT reassessments completed within ninety-days after the completion of the initial R-PACT assessment. One youth had two R-PACT reassessments completed approximately one month late.

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

The program has a policy and procedures to address the completion of a Youth Needs Assessment Summary (YNAS) within thirty-days days of the youth's admission. A review of nine case management records found all of the youth had a completed YNAS within thirty days of admission. Additionally, each record confirmed the YNAS was completed and documented in the Department's Juvenile Justice Information System (JJIS).

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

The program has a policy and procedures to address performance plan development, goals, and transmittals. A review of nine case management records found all performance plans were completed within thirty days of the youth's admission. Each youth's top three criminogenic risk factors were included and addressed in the plan. All plans included individualized and measurable goals with target dates of completion, and each goal identified the youth's responsibilities to accomplish the goal. Each goal is also required to have staff/program responsibilities to enable the youth to complete the goal, as required by Florida Administrative Code 63E-7.010 (6)(b). One plan included the required staff/program responsibilities for each goal, one plan was missing two staff/program responsibilities, one plan was missing five staff/program responsibilities, and six plans had no documentation of staff/program responsibilities for any of the youth goals. All plans had signatures of each treatment team member who participated in the development of the plan. A copy of the performance plan was mailed within ten days of completion to the youth's parent/guardian, committing court, and assigned juvenile probation officer (JPO), and if applicable, the Department of Children and Families counselor, as evidenced by a notification letter. In addition, each of the nine interviewed youth confirmed they have or were offered a copy of their individual performance plan and were involved in the development of their performance plan.

2.10 Performance Plan Revisions	Limited Compliance
Performance reviews shall result in revisions to the youth's performance plan when determined necessary by the intervention and treatment team.	

The program has a policy and procedures to address the revision of performance plans when determined necessary by the Residential Positive Achievement Change Tool (R-PACT) reassessment results, progress or lack of progress on goals, new information, and/or needed behavioral changes. A review of nine case management records found three included revised performance plans which had documentation of goal completion. The remaining six found it difficult to determine the youth's progress or lack of progress on goals, as there were limited or no revisions on the performance plans regarding goal completion or progress. Four of the six plans had no documented revisions on the performance plan for a period of six, seven, nine, and seventeen months. The program's practice does not include updating performance plans on the Department of Juvenile Justice's Information System (JJIS); however, documented progress or lack of progress regarding goal completion is utilized by means of the treatment team documentation, performance summaries, or intensive behavior plan (IBP). There was no indication of the IBP referenced on the youth's IPP.

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

The program has a policy and procedures to address the development of performance summaries and transmittal. A review of nine case management records found seven were applicable for and contained a performance summary which included all required elements and signatures. One of the seven applicable records had two summaries which were completed late; one was thirteen days late and the other was twenty-nine days late. Two of the seven summaries were missing status notes, one summary was missing status notes for two goals, and another summary was missing status notes for six goals. Additionally, two records had summaries which had the same status notes as their previous summaries status notes. In five of the seven applicable records, notifications were sent within ten working days to the parent/guardian, juvenile probation officer (JPO), and committing court. In the remaining two records, neither had documentation of the summary being sent to the court or JPO, one did not have documentation of the summary being sent to the parent/guardian, and the other did not have documentation of the summary being sent to the Department of Children and Families (DCF) counselor. Each of the seven interviewed youth indicated they were provided a copy of their summary and given an opportunity to review and provide comments, as needed. A review of three closed case management records found original release summaries were sent with the pre-release notification (PRN) to the JPO at least forty-five days prior to the youth's planned release date and included justification for the youth's release. Signed copies of release summaries were maintained in the youth's record. Once the releases were approved, notifications were sent to the parents/guardians to inform them of the youth's planned release date.

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

A review of nine case management records found each record included a letter sent to the parent/guardian at the time of the youth's admission, inviting them to participate in the youth's case management process. There was documentation to confirm the program's efforts to involve the parent/guardian in the case management process through participation in conference calls and/or in person. Treatment team meeting invitation letters sent to the parents/guardians were found in all nine records, which included the opportunity to participate by telephone, in person, or provide written input prior to the meeting. Observations of two treatment team meetings confirmed the program attempts to involve the youth's parent/guardian in the treatment team process. One parent/guardian was actively participating by phone and the other was not available at the time of the meeting due to their work schedule; however, the case manager indicated the parent/guardian would be called at a later time to provide an update regarding the youth's progress. In an interview with the facility administrator, he confirmed

parents/guardians receive written communication about their son's progress regularly and are invited to participate in person, if available, for counseling sessions, as well as treatment team meetings.

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

The program has a policy and procedures to address formal and informal treatment team meetings. A review of nine case management records found all of the records included a treatment team designation list and each youth was assigned to a treatment team. Treatment team members consisted of the youth, case manager, therapist, parent/guardian, juvenile probation officer (JPO), and representatives from the dorm/living unit, education, administration, medical, and any others responsible for providing or overseeing the provision of intervention and treatment services. Observations of two treatment teams confirmed participation of all required individuals. Education and the living unit representatives participated by providing written input, and the parent/guardian and assigned JPO participated by telephone.

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

The program has a policy and procedures to address the incorporation of other plans into the youth's performance plan. A review of nine case management records confirmed incorporation of other plans into the youth's individual performance plan, including academic, mental health or substance abuse, wellness, and Department of Children and Families (DCF) plans, if applicable.

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

The program has a policy and procedures to ensure formal and informal treatment team meetings are held bi-weekly. A review of nine case management records found formal and informal treatment team meetings were held, as required. Documentation confirmed the youth's progress on performance goals, positive and negative behaviors, treatment progress, and reassessment results were discussed during each meeting. Those who could not participate in person provided written input prior to the meeting. Observations of two treatment team meetings verified clinical, case management, medical, and administration staff participated in person, and education and living unit representatives provided written input. The parents/guardians were contacted by telephone during the observed treatment team meetings. One of the

parents/guardians was unable to participate due to work obligations and the other participated by telephone but had a bad phone connection and had difficulty hearing the conversation. The case manager informed the parent/guardian they would be contacted later to discuss the youth's progress. The assigned juvenile probation officer (JPO) participated in the treatment team meetings by telephone in each of the observed treatment teams. Observations confirmed the youth were given an opportunity to include their input during the meeting verbally and in writing. The treatment teams provided the youth with guidance and direction on how to obtain successful goal completion and discharge. All nine interviewed youth confirmed they were provided an opportunity to demonstrate skills they have learned in the program and are able to review their progress on performance plan goals.

2.16 Career Education	Satisfactory Compliance
Staff shall develop and implement a vocational competency development program.	

The program offers Type 2 vocational development programming, which includes an opportunity for youth to receive certification in Microsoft Office and Adobe Photoshop. Additionally, youth who have earned their high school diploma or general equivalency diploma (GED) are provided the opportunity to participate in the on-site Home Builders Institute Pre-Apprenticeship Certificate Training (HBI-PACT). An interview with the education staff confirmed the program offers career counseling, intensive reading courses, and the curriculum "My Career Shines" to develop the youth's communication, interpersonal, and decision-making skills. A review of three closed case management records validated all were provided information about the Career Source Center within the area the youth would seek employment upon release. Each record included a sample employment application, a completed résumé, and documents essential for gaining employment. An interview with the facility administrator confirmed youth are able to participate in the HBI program, as well as earn certifications in first aid, cardiopulmonary resuscitation (CPR), and Occupational Safety and Health Administration (OSHA).

2.17 Educational Access	Satisfactory Compliance
The facility shall integrate educational instruction (career and technical education, as well as academic instruction) into their daily schedule in such a way ensuring the integrity of required instructional time.	

The program's educational component is operated by the Palm Beach County School (PBCS) district. The educational component operates on a year-round basis, offering courses in mainstream school curriculum allowing youth to earn educational credits and/or diplomas. Alternative courses are also provided which allows for various diplomas and certifications. In addition, youth are assessed for possible alternative goals including earning their general equivalency diploma (GED). An interview with education staff, as well as a review of the school schedule, confirmed educational services are provided 250 days a year with twenty-five hours of classroom instruction weekly. A review of the master control logbook verified the daily activity schedule was followed with minimal interferences. All nine interviewed youth confirmed there are minimal interruptions during school. A review of nine youth performance plans found each youth had education implemented as an academic goal, which was reviewed monthly by the education staff during formal treatment team meetings.

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

A review of three closed case management records confirmed each youth had an individual education transition plan developed sixty-days prior to release by the youth, program, education, and aftercare staff with specific plans to include provisions for the continuation of their education and/or employment. Each plan included services and interventions which were based on the youth's assessed educational needs and post-release educational plans at the time of the youth's transition. In all three case management records, documentation included a completed employment application, a résumé, and work experience/training. Additionally, all youth were provided information regarding the Career Source Center in the area where the youth would seek employment upon release. All youth were provided the essential documents needed to obtain employment upon release from the program.

2.19 Transition Planning, Conference, and Community Re-entry Team Meeting (CRT)	Satisfactory Compliance
A residential commitment program shall ensure the intervention and treatment team is planning for the youth's successful transition to the community upon release from the program, when developing each youth's performance plan and throughout its implementation during the youth's stay. *During the transition conference, participants shall review transition activities on the youth's performance plan, revise them if necessary, and identify additional activities/services as needed. Target completion dates and persons responsible for their completion shall be identified during the conference. The intervention and treatment team leader shall obtain conference attendees' dated signatures, representing their acknowledgement of the transition activities and accountability for their completion pursuant to the youth's performance plan.* *Each youth must attend their scheduled Community Re-entry Team (CRT) meeting prior to discharge.*	

A review of three closed case management records found the program held a transition conference at least sixty-days prior to the youth's anticipated release date for each of the youth. The program sent written notification to all required participants including the parent/guardian, the youth's juvenile probation officer (JPO), educational staff, and other pertinent parties. A review of the documentation found the treatment team leader, facility administrator/designee, and other treatment team members participated in each transition conference. The parent/guardian and JPO participated in the transition conference either in person or by telephone. Documentation indicated transition activities were reviewed during the transition conference, including target dates for goal completion, along with any additional goals needed upon release. There was documentation to support duties for completion of transition activities were identified during the transition conference. A review of documentation confirmed each youth participated in the community re-entry team (CRT) meeting prior to their release.

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

A review of three closed case management records confirmed an exit portfolio was assembled by the program and provided to each youth to assist with a successful transition. Each record contained a copy of the youth's birth certificate, social security card, and State of Florida Identification Card. Each record contained a résumé, sample job applications, education records, and a calendar with all dates, times, and locations of follow up appointments in the community. Documentation confirmed a copy of the exit portfolio was sent to each youth's juvenile probation officer (JPO).

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

A review of three closed case management records found documentation to confirm the program held an exit conference at least fourteen-days or more prior to the youth's release with all required parties in two of the three reviewed records. The remaining youth's exit conference was held less than fourteen days prior to the youth's release; however, this youth was a direct discharge from court and, therefore, the program was not able to conduct the conference within the required timeframe. Additionally, the program notified the parents/guardians and juvenile probation officers (JPO) by mail of the exit conference and scheduled release dates. A review of the Department's Juvenile Justice Information System (JJIS) confirmed the date of admission and date of termination documented in the case management record was updated within JJIS, as required, for each youth.

Standard 3: Mental Health and Substance Abuse Services

Overview

The program provides mental health overlay services (MHOS) and/or substance abuse overlay services (SAOS) to each youth in the program. All services are provided in accordance with the applicable Florida Administrative Codes (F.A.C.). The program houses MHOS and SAOS youth separately, although some youth are dual-diagnosed and receive both mental health and substance abuse services. All youth are assigned a mental health and substance abuse therapist upon admission who are responsible for the delivery of the required therapeutic services. The program has a licensed clinical social worker (LCSW) who serves as the designated mental health clinician authority (DMHCA), accountable for ensuring appropriate coordination, implementation, and oversight of mental health and substance abuse services in the program. In addition, the program has a one full-time licensed mental health counselor (LMHC) serving as the assistant clinical director. The program had one vacant licensed therapist position at the time of the annual compliance review. The position has been vacant since July 2018. There is a third licensed clinician who serves as the certified addictions professional (CAP). The program is licensed and certified through the Department of Children and Families (DCF), in accordance with Chapter 397, to provide substance abuse services for outpatient treatment. Mental health and substance abuse services provided include substance abuse and mental health screenings, evaluations, including drug screening at intake to the program, individualized treatment planning, daily services including individual, group, and family counseling. Specialized screenings are conducted upon intake, based on each youth's applicable screening results. Mental health and substance abuse services also incorporate crisis intervention therapy and management, suicide prevention services, twenty-four-hour response capability with access to acute settings and mental health and substance abuse emergency management services. The program provides evidence-based or promising treatment practices with a basis on restorative justice philosophies, principles, and practices. The program utilizes psychosocial skills training, psychoeducation, and supportive counseling. The program has five master's-level, non-licensed therapists and one vacancy. According to staff interviews, the vacant non-licensed clinician will begin the week following the annual compliance review. The program has a written agreement with a licensed psychiatrist for oversight of the program's psychiatric services, supervision of all youth on prescribed psychotropic medications, and follow-up treatment.

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

The program has a full-time licensed clinical social worker (LCSW) serving as the designated mental health clinician authority (DMHCA) and the clinical director. The DMHCA has a clear and active license in the State of Florida, with an expiration date of March 31, 2019. 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, substance abuse, and specialized services at the program. The facility administrator is responsible for ensuring the mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors ensure clinical staff working under their supervision are performing services they are qualified to provided based on education, training, and experience. The program has a licensed mental health counselor serving as the assistant clinical director ensuring appropriate coordination, implementation, and oversight of the mental health and substance abuse services. The assistant clinical director is also responsible for fidelity monitoring and staff scheduling and acts as the designee for the clinical director in their absence. The assistant clinical director is responsible for providing the substance abuse treatment and assessments. An interview with the DMHCA indicated she provides daily face-to-face clinical support to all clinical staff and also meets with the clinical staff weekly to discuss youth-specific clinical issues and ensures documentation deadlines are met. The DMHCA meets weekly with the psychiatrist regarding each new youth for admissions, for an initial psychiatric evaluation to determine what, if any, psychiatric interventions are needed (i.e. psychotropic medication). The DMHCA communicates psychiatric concerns for each youth on psychotropic medications or refer youth already in the program for newly developed concerns. A review of the DMHCA's position description validated the services provided.

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

The program has one full-time licensed mental counselor (LMHC) serving as the assistant clinical director. The program had one vacant licensed therapist position at the time of the annual compliance review, which has been vacant since July 2018. The licensed clinical social worker (LCSW) serves as the program's designated mental health clinician authority (DMHCA). The third licensed clinician serves as the certified addictions professional (CAP). The program maintains an agreement for professional services with a State of Florida board-certified licensed psychiatrist. The psychiatrist is scheduled to be on-site approximately four and half hours weekly, and usually on Sundays. The program maintains an agreement with ABA Therapy Solutions to provide a certified behavioral analyst on an as-needed basis. The reviewed documentation found each licensed clinician maintained a clear and active license in the State of Florida. The reviewed records demonstrated each staff worked within the scope of their licensure, experience, and training. The DMHCA and the psychiatrist are on-call for emergencies and consultation twenty-four hours a day, seven days a week.

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

The program has five master's-level, non-licensed therapists and one vacancy. According to staff interviews, the new non-licensed clinician will begin the week following the annual

compliance review. All non-licensed clinical staff work under the direct supervision of the designated mental health clinician authority (DMHCA) and the assistant clinical director. The program maintains a current Chapter 397 license through the Department of Children and Families to provide substance abuse services for outpatient treatment. The non-licensed clinical staff provide substance abuse treatment and education under the direct supervision of the licensed mental health counselor (LMHC). A review of the clinical supervision log found each non-licensed staff received at least one hour of face-to-face direct supervision from the DMHCA or assistant clinical director each week. The program also maintained weekly clinical supervision meeting minutes and agendas. The reviewed documentation found the clinical supervision log included all required elements, as outlined in Chapter 397, Florida Statutes. The form utilized to document the direct supervision includes all required information, as outlined on the Department's MHSA 019 form. The reviewed forms reflected a review of the clinician's competency areas, discussion/focus areas to include clinical case consultation, individual treatment issues and youth-specific focus, and chart audit of all assigned youth. In addition, the reviewed forms documented specific clinical focus areas for each clinician. 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 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).

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

The program has a 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 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. Each MAYSI-2 is administered by a trained case management staff in the Department's Juvenile Justice Information System (JJIS). The program's practice is to conduct further evaluation on each youth admitted regardless of the MAYSI-2 results. Clinical staff review all available information inclusive of the commitment packet, reports, and records of suicide risk, mental health, and/or substance abuse issues. The suicide risk screening process includes an initial evaluation of each youth during intake utilizing the Suicide Probability Scale (SPS) and the Department's Assessment of Suicide Risk (ASR). Nine 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 completed in JJIS. Eight of nine reviewed youth records were referred for further assessment; four were overridden based on the MAYSI-2 results. Each youth received an ASR and a new comprehensive mental health and substance abuse bio-psychosocial evaluation. The program utilizes a site-specific mental health services referral form identifying the youth being referred to the mental health department for evaluation and treatment recommendation. All nine

reviewed ASRs indicated each youth was placed on standard supervision with the exception of one. One youth was placed on precautionary observation until a follow-up ASR was completed and deemed appropriate for placement to close supervision and subsequently, standard supervision. In addition to the MAYSI-2, each youth is assessed upon admission utilizing the Adolescent Substance Abuse Subtle Screening Inventory (SASSI-2), Trauma Symptom Checklist for Children (TSCC), clinical mental health and substance abuse intake screening, Palm Beach Youth Academy safety plan, Beck Depression Inventory, and Adolescent Anger Rating Scale (AARS).

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

The program maintains a written policy and procedures outlining a comprehensive plan for mental health and substance abuse services. Each youth identified through the preliminary screening process is referred for further mental health and substance abuse assessment. A mental health and substance abuse comprehensive in-depth bio-psychosocial evaluation is conducted for each youth within thirty calendar days of admission. A review of nine youth mental health and substance abuse records found each youth had a completed mental health and substance abuse bio-psychosocial evaluation. Each comprehensive mental health and substance abuse bio-psychosocial evaluation was completed within thirty calendar days of admission for eight of the nine reviewed youth records. The remaining youth record documented the bio-psychosocial evaluation was completed at forty-two days, not meeting the thirty-day requirement. Reviewed documentation supported the therapist received re-training on the program's policy and requirements for completion of the bio-psychosocial evaluation. Each reviewed bio-psychosocial evaluation contained all required elements, as outlined in Florida Administrative Code 63N-1. The program was also completing a brief bio-psychosocial evaluation on the day of admission for each youth; however, stopped this practice in early 2018, as it was duplicative. All completed evaluations were conducted by a licensed mental health counselor or non-licensed master's-level clinician and was reviewed by a LMHC.

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

The program maintains a written policy and procedures outlining all youth who are receiving mental health and/or substance abuse treatment shall have an individualized mental health and/or substance abuse treatment plan. Mental health and substance abuse treatment is guided by an individualized treatment plan addressing all of the youth's needs in accordance with Florida Administrative Code 63N-1. The focus of developing mental health interventions is in targeting and reducing the youth's symptoms of mental disorders towards enabling the youth to improve functioning within the program and ultimately upon release to the community. A review of nine 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 nine reviewed records identified treatment team members to include the youth, therapist, program administration, case manager, education, medical, direct care staff, and parent/guardian (if applicable). Each youth had an initial treatment plan completed by the treatment team on the day of admission which identifies the youth, parent/guardian, mental health/substance abuse therapist, licensed therapist, and other treatment team members. Observations were made of a formal multidisciplinary treatment team meeting during this annual compliance review and confirmed all required members were present and/or actively participated by submitting written updates. In addition, the program's nursing staff and recreational therapist actively participated. The education staff and direct care staff provided a written report to the treatment team on the Friday prior to the scheduled treatment team meeting. Youth who have been identified with a need of mental health treatment and/or substance abuse treatment receive individual therapy, group therapy, family counseling, a psychiatric evaluation and follow-up treatment, and medication management of prescribed psychotropic medications. 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 (MHSA 013). Weekly progress notes were documented in the format outlined in Florida Administrative Code 63N-1 and the Department's Counseling/Therapy Progress Note form (MHSA 018). The program's practice is to document progress daily on the mental health and substance abuse daily service program record and progress note. The therapists also maintain a tracking log of services provided and/or when youth refused services. Progress notes also confirmed each youth was receiving services, as stipulated in their treatment plans. A review of the youth records reflected the program provided mental health and substance abuse evaluations and groups, treatment planning, daily group therapy, monthly individual and family therapy, support services, substance abuse therapeutic activities, psychiatric services, suicide prevention services, and individualized transition services. The program provides Aggression Replacement Therapy (ART) and Chestnut Health System (CHS) Substance Abuse Treatment groups. The program completed two ART cohorts, January 4 to March 14, 2018, and January 29 to April 12, 2018, with eight youth in each group. The program received technical assistance from the Department regarding facilitation of these groups on August 10, 2018. A review of nine youth individualized mental health and substance abuse treatment plans and daily/weekly progress notes documented each had been prescribed and received services. Interviewed staff indicated the therapists conduct clinical groups and direct care staff conduct Expectations group where every youth states name, where they are from, and state their expectation for the day. Talk of different topics, including things like respecting others.

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

The program maintains a written policy and procedures outlining a comprehensive plan for mental health and substance abuse services. Mental health and substance abuse treatment services are provided through the provision of mental health overlay services (MHOS) and substance abuse treatment overlay services (SAOS). All mental health and substance abuse treatment services provided at the program are provided by or under the direct supervision of the licensed clinical director or licensed assistant clinical director. Youth determined to have a mental health and/or substance abuse diagnosis, shall have an initial and individualized mental health and substance abuse treatment plan. Upon release from the program, all youth 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. A review of nine youth mental health and substance abuse records confirmed the multidisciplinary treatment team developed an initial treatment plan on each youth's date of admission to the program. 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. Two of five reviewed youth records were applicable for admissions with psychotropic medications. Both reviewed initial plans documented the prescribed medication, dosage, and frequency of monitoring by the psychiatrist. Reviewed initial treatment plans found each of the plans were signed by the clinical staff preparing the form, as well as the youth, licensed clinical staff, treatment team members, and youth's parent/guardian (when applicable). Each documented sending a copy to the parent/guardian to provide signature and return. A review of nine youth mental health and substance abuse records found each contained a completed individualized mental health and substance abuse treatment plan, which eight documented the plans were developed within thirty days of the youth's admission. One was completed twelve days late. Seven of the nine reviewed individualized plans were applicable for psychotropic medications, and each documented the prescribed medication, dosage, and frequency of monitoring by the psychiatrist. Each individualized plan reviewed was signed by the clinical staff completing the plan, the youth, assigned therapist, licensed therapist, case manager, psychiatrist, and other treatment team members. The psychiatrist meets with the designated mental health clinician authority (DMHCA) every week to discuss medication adjustments and treatment. The program has two full-time recreational therapists who work with the youth and complete recreation therapy assessments and develop wellness plans. The recreational therapists work under the supervision of the DMHCA. In turn, the wellness plans are discussed with the assigned therapist and a wellness goal is developed and placed on the youth's individualized treatment plan. Reviewed documentation confirmed each youth received an individualized mental health and substance abuse treatment plan review at least every thirty days, which was documented on the Individualized Mental Health Treatment Review form (MHSA 017). A review of three mental health and substance abuse treatment discharge

summaries found each documented the youth's relevant mental health and substance history and reason for recommending on-going treatment. Each reviewed record contained a completed discharge plan documented on the Mental Health/Substance Abuse Treatment Discharge Plan form (MHSA 011), which was available during each youth's exit staffing. The issues which were the focus of the mental health and/or substance abuse treatment were identified, as well as the summary of the youth's progress in treatment while participating in the program. Each reviewed discharge summary documented the beginning and ending diagnoses with the presenting symptoms to support the diagnostic criteria. There were no applicable youth released with an identified suicide risk alert. Each reviewed discharge summary contained recommendations for continuing mental health and/or substance abuse treatment within their home community along with applicable referrals for continued services. The discharge summaries were discussed with the youth, parent/guardian, and assigned juvenile probation officer at the exit conference, and a copy was then mailed for signature.

3.08 Specialized Treatment Services (Critical)	**Satisfactory Compliance**
Specialized treatment services shall be provided in programs designated as "Specialized Treatment Services Programs" or are designated to provide "Specialized Treatment Overlay Services.".	

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). Eight of nine reviewed ASRs indicated the youth were placed on standard supervision. The remaining youth was placed on precautionary observation until assessed and subsequently placed on close observation and then standard supervision. In addition to the MAYSI-2 and ASR, each youth is assessed upon admission utilizing the Adolescent Substance Abuse Subtle Screening Inventory (SASSI-2), Trauma Symptom Checklist for Children (TSCC), clinical mental health and substance abuse intake screening, Palm Beach Youth Academy safety plan, Beck Depression Inventory, and Adolescent Anger Rating Scale (AARS). The program's specialized mental health and substance abuse treatment services include monthly individual therapy sessions and monthly family therapy sessions. In addition, mental health treatment groups and substance abuse groups are provided seven days a week, to 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. All specialized mental health treatment services are provided by licensed and master's-level therapists. The program has full-time licensed mental health counselor who serves as the assistant clinical director and oversees the SAOS therapists. The program has a capacity of eighty-two youth and each therapist maintains a caseload of approximately twelve to sixteen youth, with the exception of one therapist who has a caseload of nineteen. The program maintains an independent contractor agreement with a State of Florida board-certified licensed psychiatrist providing on-site services. A review of nine youth mental health and substance abuse records validated each youth received individualized mental health services and substance abuse services. Each youth is provided individual therapy at least once a month. According to the clinical staff, individual therapy is customized to meet the needs of the youth based on their identified problems and diagnoses. Each session addresses mental health, as well as substance abuse needs of the youth, as indicated. Fidelity of mental health and substance abuse services is completed in weekly supervision and in the weekly review of documentation by the clinical director and/or assistant clinical director to

ensure services match the treatment needs outlined on each youth's individualized mental health and substance abuse treatment plan. Each youth is offered one hour of family therapy at least once a month. The youth's parent/guardian is encouraged to come on-site to participate in family therapy. When a parent/guardian is unable to attend on-site, teleconferences are held. Youth participate in group daily, seven days a week. Mental health and substance abuse services offered to youth include Aggression Replacement Training, Coping with Stress, Adolescent Coping with Depression, Trauma Focused Cognitive Behavioral Therapy, Seeking Safety, Chestnut Health System Treatment Manual, and Life Skills Training. Reviewed youth records confirmed each youth received group therapy daily, monthly individual therapy sessions, and monthly family sessions, or documented attempts.

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

The program has an independent contractor agreement with a State of Florida, board-certified, licensed psychiatrist. The program does not utilize an advanced registered nurse practitioner (ARNP). Reviewed written psychotropic medication management policy and procedures validated the psychiatrist reviewed and approved the policy and procedures on November 10, 2017. A review of the psychiatric visitor log confirmed the psychiatrist has been on-site at least once a week during this annual compliance review period and is available for emergencies and consultation twenty-four hours a day, seven days a week. The psychiatrist and designated mental health clinician authority (DMHCA) meet weekly to discuss and review each youth receiving psychotropic services and their progress. A review of nine youth mental health and substance abuse records indicated seven youth were admitted to the program with prescribed psychotropic medications. The program's practice is for all youth to be referred for a psychiatric evaluation. Each of the youth received a psychiatric evaluation within fourteen days of admission. Each youth's psychiatric evaluation was documented on the Department's Clinical Psychotropic Progress Note (CPPN) and program-specific form, which were completed within the required time frame as outlined in policy. Each youth prescribed psychotropic medications received medication reviews at least every thirty days. The parent's/guardian's verbal consent for psychotropic medication was documented through the CPPN (form HS 006) on page three, and written consent was documented on the Acknowledgment of Receipt of CPPN Form or Practitioner Form (HS 001), in accordance with Rule 63N-1.0085, Florida Administrative Code. Reviewed documentation supported there were no standing orders for psychotropic medications and there were no emergency treatment orders for psychotropic medications. An interview with the psychiatrist validated he is on-site weekly and provides evaluations and medication management. The psychiatrist indicated he has no concerns with the healthcare provided at the program.

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

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 last

updated and approved by the facility administrator and the designated mental health clinician authority (DMHCA) on November 10, 2017. 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 recognizing verbal and behavioral cues. The plan included the referral process, communication, notification, documentation, immediate staff response, and review process. An interview with the 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.

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

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. The MHSA plan and suicide prevention plan were last updated by the program on November 1, 2017. The program maintains two complete suicide response kits which are located in the Phase I master control and Phase II master control. Observations during the annual compliance review confirmed each kit contained the knife-for-life, wire cutters, and needle nose pliers. The program's suicide prevention plan outlines an established review process for the facility administrator and designated mental health clinician authority to review each Suicide Precautions Observation Log and track the frequency and proper implementation of precautionary observation. They must review the logs to determine whether the use of suicide precautions was appropriate for each instance and initiate corrective action to address any deficiencies in implementation of suicide precautions. A review of nine youth mental health and substance abuse records found each youth was screened upon admission utilizing the Department's Assessment of Suicide Risk (ASR) to determine if the youth had elevated suicide risk factors. Eight of nine completed ASRs determined the youth were not at risk of suicide and were placed on standard supervision. One youth was placed on precautionary observation. Two other youth were subsequently placed on precautionary observation based on staff observations. The program has had no documented practice of youth being placed on secure observations since the last annual compliance review. The program has subsequently converted the controlled observation room area within the last month into a barber shop for the youth to get their hair cut. The reviewed training records for the non-licensed therapist validated each completed the required twenty hours of training and five supervised assessments completed under the direct supervision and within the presence of the licensed mental health clinician. Program staff are to make a referral for clinical services for each youth placed on PO

and each youth is to remain on PO until the ASR is completed. While on PO, program staff maintain Suicide Precautions Observation Logs. Precautionary observation has to be authorized for each youth and follow-up ASRs need to be completed for each youth prior to the removal of PO. While on PO, mental health staff provide supportive services, as reflected on the Suicide Precautions Observations Logs. The licensed therapist and the facility administrator documented their communication prior to stepping down the youth's level of supervision and the program's logbooks document when youth are placed on PO and when they are stepped down to less restrictive supervision. Youth placed on any elevated level of supervision due to suicide risk had an alert placed in the program's internal alert system, program logbook, and the Department's Juvenile Justice Information System (JJIS) and were subsequently removed when the alert was no longer warranted. The program maintains a memorandum of understanding to utilize John F. Kennedy Hospital in West Palm Beach, Florida for crisis stabilization. Nine interviewed staff all reported when a youth expresses suicidal thoughts, direct care staff are responsible for notifying mental health and placing the youth on precautionary observation with constant sight and sound supervision. Eight of nine staff reporting searching the youth and room for sharp objects. Seven of nine also indicated the supervisor would be notified immediately. All nine interviewed staff indicated the program's suicide response kits are maintained in master control.

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

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. The MHSA plan and suicide prevention plan were last updated by the program on November 1, 2017. A review of nine youth mental health and substance abuse records found three were applicable for precautionary observation (PO). The reviewed logs found they were maintained for the duration the youth was on suicide precautions. The logs documented the safe housing areas of the program, usually the day room area, and the level of supervision and observations of the youth's behavior were documented in real time. There were no behavioral warning signs applicable for documentation. Each shift supervisor and mental health staff signed the logs daily. Two youth who had been placed on suicide precautions were interviewed and reported there never left alone while on PO.

3.13 Suicide Prevention Training (Critical)	Satisfactory Compliance
All staff who work with youth shall be trained to recognize verbal and behavioral cues indicating suicide risk, suicide prevention, and implementation of suicide precautions.	

A review of nine training records for direct care staff, supervisory staff, mental health and substance abuse licensed and non-licensed staff, and nursing staff validated each staff received at least six hours of annual training in suicide prevention and implementation of suicide precautions. Training was conducted face-to-face by the program's staff, as well as online in the Department's Learning Management System (SkillPro). The program includes the training in both the pre-service and in-service training plans. A review of the program's suicide/mental health drills since the last annual compliance review found the drills were conducted quarterly

on both A-shift and B-shift. Staff members who participated in the drills signed the facility drill signature sheet. The program conducts all-staff meetings and shares the quarterly mock drill with staff who did not participate in an effort to understand the process and receive the necessary training in responding to an incident of suicide attempt or incident of serious self-inflicted injury.

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

The program has a policy and procedures in place 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. The program maintains a written crisis intervention plan, reviewed, approved, signed, and dated by the designated mental health clinician authority and facility administrator on November 9, 2017. 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.

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

A review of nine youth mental health and substance abuse records found one youth was determined to be in crisis due to grief. The youth was determined to be in crisis for approximately eleven days and the mental health clinicians conducted a crisis assessment on the youth each day. The youth was placed on constant supervision for seven days and constant supervision logs were maintained and completed in full for each day. The youth was transitioned to close supervision on day eight and on day eleven, the youth was transitioned to standard supervision. Each completed crisis assessment included the reason for the assessment, mental status examination and interview, determination of danger to self/others, initial clinical impressions, supervision recommendations, and treatment recommendations. In addition, each crisis assessment documented recommendations for follow-up or further evaluation, and notification to parent/guardian of follow-up treatment.
Ten of the eleven crisis assessments were completed by a master's-level therapist and reviewed documentation supported the licensed clinician reviewed and signed the assessment

within two hours of completion. According to staff interviews, there were no other applicable youth requiring a crisis assessment since the last annual compliance review.

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

The program had a policy and procedures in place 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 designated mental health clinician authority (DMHCA) and facility administrator on March 6, 2017. 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. An interview with the DMHCA indicated there were no youth applicable for emergency mental health and/or substance abuse services for this annual compliance review period. The plan outlined transport for emergency mental health evaluation and treatment for Baker Act to John F. Kennedy Hospital, North Campus in West Palm Beach, Florida. The program utilizes the Drug Abuse Foundation (DAF) in Delray, Florida for substance abuse Marchman Act. All staff have the right to immediately contact 9-1-1 and have access to rescue tools in case of an emergency.

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

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

Standard 4: Health Services

Overview

The program provides comprehensive on-site medical services to all youth admitted to the program to ensure the specialized health needs of the youth are met in accordance with Department Rule 63M-2, Florida Administrative Code and applicable sections of Rule 63N-1. The program has a contract with a licensed medical doctor (MD) who serves as the designated health authority (DHA). The DHA communicates with the program staff regarding youth medical needs, and is available twenty-four hours a day, seven days a week for any medical concerns, emergency care, and coordination of off-site care. The program has an agreement for professional services with a Florida-licensed psychiatrist with a background in child and adolescent psychiatry. The psychiatrist is contracted to be on-site one day a week for two hours to conduct psychiatric evaluations, prescribe and monitor youth on psychotropic medications, participate in treatment planning for youth receiving psychotropic medication, and consultation. Health services provided by the program include primary and preventive care, sick call and episodic care, management of acute and chronic medical issues, medication administration, medication management services, psychiatric services, health education, and transitional healthcare planning, with follow-up. The program has an on-site medical clinic, a double-locked cart for stored medications and two refrigerators, one refrigerator for medications, and one refrigerator for specimens. The program has three registered nurses (RN) with one who serves as the clinical manager supervisor/director of nursing. The RNs are responsible for the day-to-day operations of the medical clinic, to include medication administration, sick call services, maintaining youth healthcare records, and inventories of all medications, sharps, and supplies. Nursing coverage is provided seven days a week from 7.00 a.m. to 7:00 p.m. The program utilizes pro re nata (PRN) nurses to cover for nursing medical and personal leave. The program has a Type B Modified Class II Institutional Pharmacy license. The program utilizes Polaris Pharmacy for medication procurement and a local community Walgreens Pharmacy as the back-up pharmacy. The program maintains an agreement for professional services with a licensed dentist and a licensed optometrist, for the provision of services to youth, as needed. The program utilizes Palm West Hospital for emergency care services.

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

The program has a contract with a licensed medical doctor (MD) who serves as the designated health authority (DHA), and holds an unrestricted clear and active license to practice medicine in the State of Florida, with specialty training in pediatrics. The licensed physician is on-site at least once a week for two hours. Reviewed documentation found the DHA communicates with the program staff regarding youth medical needs, and is available twenty-four hours a day, seven days a week for any medical concerns, emergency care, and coordination of off-site care. A review of the sign-in logs for the last six months confirmed weekly on-site visits were maintained without exception. The program has a contract with a licensed MD for coverage in place for scheduled absences, emergency services, and vacations. An interview with the DHA verified the responsibilities for communication with the nursing staff regarding the youth's medical needs, and the availability by telephone for consultation, emergency care, and coordination for off-site care twenty-four hours a day. The program does not have an advanced

registered nurse practitioner (ARNP) and/or physician assistant. The program provided agreements with a dentist and optometrist and each were found to be up-to-date.

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

The program has a written policy and procedures, along with nursing assessment protocols for all health-related services. A review of the facility operating procedures documented the designated health authority (DHA), facility administrator, and corporate administrator signed the procedures in September 2018. Nursing staff signatures acknowledged their review of the procedures and healthcare treatment protocols on a cover letter dated September 2018.

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

The program has a written policy and procedures to address the completion of Authority for Evaluation and Treatment (AET). Nine healthcare records were reviewed, and each record contained a legible copy of an AET. The word “copy” was stamped on each AET. Seven of the nine AETs were signed by the youth’s parent/guardian and witnessed by a Department representative. Two youth were over eighteen years of age at the time of admission to the program; therefore, the required consent for treatment was obtained with the youth’s signature. Each AET was signed prior to the program providing medical treatment to the youth. There were no youth who were in the care of the Department of Children and Families (DCF) at the time of the annual compliance review. Each AET was valid until the youth’s eighteenth birthday. There were copies of completed parental notifications maintained behind each AET.

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

Parental notification is made when there is a significant change in a youth’s medication or treatment, discontinuance of medication, and/or change in condition. A review of nine individual healthcare records (IHCR) found parental notification when significant changes occurred to existing medications, notification of over-the-counter medications beyond those covered by the Authorization for Evaluation and Treatment (AET), for changes to the youth’s chronic conditions, and for off-site care there was verbal notifications and witnessed by another staff with a written follow up sent by mail.

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

The program has a written policy and procedures to address parental notification and consent for psychotropic medication. Nine healthcare records were reviewed and two were applicable for the prescription of psychotropic medication. The program provided an additional applicable record for review. Each record contained a Clinical Psychotropic Progress Note (CPPN), which

provided written notification when a psychotropic medication was started or altered by the psychiatrist. Each youth's parent/guardian provided verbal consent to the psychiatrist. The verbal consents were witnessed by a staff person and this was documented on each reviewed CPPN. There were notifications, along with the CPPN page three, sent through certified mail to the parent/guardian for signature. There were no youth who were in the care of the Department of Children and Families (DCF) at the time of the annual compliance review.

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

The program has a written policy and procedures to address a review of immunization status. The policy requires the verification of a youth's immunization status within thirty days of admission to the program. A review of nine healthcare records found each youth's vaccinations were verified by nursing staff. Each record contained a copy of the youth's immunization record received from the Department, the Florida Shots website, and/or school records. There was no evidence of a youth's parent/guardian refusing to consent to a vaccination for medical reasons and/or any exemptions due to religious beliefs since the last annual compliance review. An interview with nursing staff indicated they are to verify immunization records for every youth admitted to the program within thirty days of admission and obtain the 'Religious Exemption from Immunization' form signed by a youth's parent/guardian when religious reasons are being claimed.

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

The program has a written policy and procedures to address healthcare admission screening of the youth. Nine healthcare records were reviewed, and each record documented the youth received a healthcare admission screening on the date of admission into the program. Each youth was screened by a registered nurse utilizing the Department's Facility Entry Physical Health Screening form.

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

The program has an internal medical alert system in place, which is updated by medical staff on an as-needed basis. A review of nine healthcare records revealed all youth with medical alerts were placed on the program's medical alert system. Documentation reviewed found the nursing staff identified and/or updated medical alerts weekly to ensure alerts were accurate and up-to-date. The program's internal alert system matched alerts identified in the youth's healthcare record. A review of the internal medical alerts matched the Department's Juvenile Justice Information System. Nine staff were interviewed, and all indicated they are informed of alerts through the printed alert log, white board in master control, and daily briefings.

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

The program has a written policy and procedures to address each youth's orientation to healthcare services. The orientation lists all required topics, including: how to access sick call, what constitutes an 'emergency,' how medication is administered, the right to refuse care, and notifying staff of all allergies, chest pain, and/or extreme shortness of breath. The orientation also covers what to do in case of a sexual assault, and the non-disciplinary role provided by medical staff. In addition, the program provides health education on alcohol/substance abuse, personal and dental hygiene. Nine healthcare records were reviewed, and each record documented the youth received an orientation to the program's healthcare services on the day of admission by a registered nurse. The orientation covered all the required topics. Each orientation form was signed by the youth, acknowledging receipt of the healthcare orientation.

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

The program has a written policy and procedures to address notification of the designated health authority (DHA) upon each youth's admission. The program notifies the DHA of each youth admission, regardless of the youth's medical condition. Nine healthcare records were reviewed and each record documented the DHA was notified of the youth's admission to the program. The notifications were noted on the DHA admission notification form and on the nursing progress notes of each reviewed record. One youth was in need of emergency medical care upon admission to the program.

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

A review of nine youth healthcare records revealed four were applicable for a healthcare rescreening. All four records indicated the youth had a change in physical custody and a new Facility Entry Physical Health Screening (FEPHS) form was completed by a registered nurse (RN) upon the youth's return to the program.

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

The program has a written policy and procedures to address the completion of Health-Related History (HRH). Nine youth healthcare records were reviewed, and each record contained a new HRH. Each HRH was completed by a registered nurse within seven days of the youth's admission to the program. Each HRH was completed prior to the completion of the youth's Comprehensive Physical Assessment. There was clear documentation of the designated health authority reviewing each HRH.

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

The program has a written policy and procedures to address the completion of a Comprehensive Physical Assessment (CPA). Nine healthcare records were reviewed and there was a new CPA completed for each youth. The CPAs were completed by the designated health authority within seven calendar days of each youth's admission to the program. Each CPA documented the youth's medical grade and was completed in accordance with the Department's requirements. Any section of the assessment declined by the youth was initialed or signed by the youth on the CPA. Reviewed documentation supported the Department's Problem List for nine applicable youth were also updated, as required.

4.14 Female-Specific Screening/Examination	Non-Applicable
All adolescent girls shall receive gender-appropriate screenings, examinations, and tests to address their unique needs.	

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

4.15 Tuberculosis Screening	Satisfactory Compliance
All youth shall be screened for Tuberculosis, and accurate documentation of results shall be maintained by each facility.	

The program has a written policy and procedures to address tuberculosis (TB) screening. The policy follows the Centers for Disease Control and Prevention recommendations, and the Occupational Safety and Health Administration Standards. Nine youth healthcare records were reviewed, and each record confirmed the youth had one verified tuberculin skin test (TST) within the past year. The TST results were documented in the youth's healthcare record, on the Comprehensive Physical Assessment, and on the Infectious and Communicable Disease form. Each youth was assessed prior to their placement in general population through a Tier 1 TB screening, within seventy-two hours of admission to the program. These results were documented on each youth's Facility Entry Physical Health Screening form. None of the youth had symptoms suggestive of active TB.

4.16 Sexually Transmitted Infection Screening	Satisfactory Compliance
The program shall ensure all youth are evaluated and treated (if necessary) for sexually transmitted infections (STIs).	

A review of nine youth healthcare records confirmed each youth was screened for sexually transmitted infections (STI) at the time of admission utilizing the STI screening form. The STI tests were completed and results were documented on each youth's Infections and Communicable Disease (ICD) form. All nine records indicated there was further testing required. Each youth was referred to the designated health authority (DHA), who then ordered additional testing. The screening was documented on the ICD form, and results from the testing were in the laboratory section of the healthcare record.

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

Nine reviewed youth healthcare records confirmed each youth was offered human immunodeficiency virus (HIV) testing and counseling. Six of the nine youth refused testing. The remaining three youth tested were given pre-test and post-test counseling by the program's director of nursing, who holds a current 500/501 HIV training certification. Test results were found in each record and filed in a sealed envelope marked "confidential." All nine interviewed youth indicated they could ask for a HIV test.

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

The program has a sick call schedule which indicates it occurs three times a day. During the facility tour, sick call forms were observed in the youth living area. The sick call lock box is located near the medical clinic and is checked by medical staff serval times a day. When there are no licensed staff on-site, there are trained direct care staff using approved standard protocols for non-licensed healthcare staff to provide services to the youth. There were no examples of non-licensed healthcare staff providing episodic care and/or administering over-the-counter medication to youth during the annual compliance review period. None of the nine youth reviewed healthcare records contained documentation a youth complained of a similar sick call more than three times in a two-week period. There were no situations where a youth made a complaint of severe pain which staff was unfamiliar with. All nine records contained at least one sick call request form, which were filed in the nursing progress notes section. Nine youth were interviewed and all indicated they could see medical staff within twenty-four hours of placing a sick call request.

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

A review of nine youth healthcare records confirmed all youth were applicable for placing a sick call request. Reviewed documentation supported the registered nurses (RN) addressed each sick call complaint within twenty-four hours of submission, and each visit was completed in full including youth vital signs, treatment, education, and/or follow-up plans, along with the youth's signature. Each sick call encounter was documented on the youth's Sick Call Index and on the program's Sick Call Referral Log. All nine interviewed staff indicated the program's nursing staff conducted sick call. All nine interviewed youth indicated they can see a doctor when needed.

4.20 Restricted Housing	Satisfactory Compliance
All youth in Room Restriction/Controlled Observation s shall have timely access to medical care, as required by the Department.	

The program maintains a written policy and procedures regarding room restriction/controlled observation. According to the policy, all youth on controlled observation are questioned daily for sick call and/or health complaints, and receive all prescribed medications, as ordered, and on

time, when applicable. The program has not had any applicable youth placed on restricted housing or on controlled observation since the last annual compliance review; therefore, this indicator rates as non-applicable.

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

The program has a policy and procedures in place regarding episodic and first aid care, which includes emergency medical or dental services to be provided twenty-four hours a day, seven days a week. The program utilizes an episodic care log to document youth requiring episodic care or first aid treatment. Nine youth healthcare records were reviewed and reflected seven youth had at least one instance of episodic care or first aid treatment. All episodic treatments were provided by a licensed registered nurse and treatment was documented in the progress notes of the applicable youth's healthcare record. Documentation included the subjective, objective, assessment, and plan (SOAP) format, as well as documentation of the date and time of episodic care, nature of the complaint, findings of person rendering care, treatment rendered, referral made for off-site care, where necessary, education and/or instruction for the youth to follow, where needed, and plans for follow-up care, where required, as well as the printed name and credentials of the staff providing care. Each episodic care incident was documented on the episodic care log. The designated health authority (DHA) approved the items placed in the first aid kits. The program had a total of eleven first aid kits, with three in each of the master controls, one in sub-control, one located in the Home Builders Institute (HBI) shed, and three more stored in Phase I master control for the vehicles. During the annual compliance review, a total of six first aid kits were opened to review the contents, with three assigned to the program and three assigned to the vehicles. All kits were sealed, contained the required items as approved by the DHA, and did not contain any expired items. Reviewed weekly checks of each first aid kit for the last six months found they were completed by a registered nurse and replenished, when needed. The program has one automated external defibrillator (AED) and two suicide response kits. The observed AED was located in the medical clinic and the suicide response kits were stored in each master control. Nine interviewed youth stated they could see a dentist or a doctor if the need would arise.

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

The program has a policy and procedures in place regarding emergency care, which includes emergency medical or dental services to be provided twenty-four hours a day, seven days a week. During the program tour, the annual compliance review team observed the posted list of emergency numbers, including the Poison Control Center, in the clinic and in both master controls, inaccessible to youth. Reviewed training documentation indicated all licensed healthcare staff received training in cardiopulmonary resuscitation (CPR) with automated external defibrillator (AED) and five supervisory staff were trained in assisting youth in self-administration of medication and EpiPen Auto-Injector education. A review of nine non-healthcare staff training records documented each staff received CPR, AED, and first aid training. EpiPen Auto Injector training and refreshers are conducted annually by the registered nurse. The program had one AED located in the medical clinic. The AED procedures were attached to the AED, as well as maintained in a binder with the AED. The nursing staff complete weekly checks to ensure the AED batteries and pads are operable. A registered nurse

completed a check of the AED during the annual compliance review week and it was found to be in working order, prompting the user with audio instructions. The pads expire on October 22, 2028 and the battery on October 10, 2022. According to reviewed documentation, the AED was purchased in August 2017 and the pads and battery were installed at this time. A review of medical drills for the last two full quarters, from January to June 2018, was conducted. The program conducted a minimum of two drills on each shift during each quarter, which included the demonstration of first aid, AED, and CPR techniques. The program has two shifts, one from 7:00 a.m. to 7:00 p.m. and the other from 7:00 p.m. to 7:00 a.m. All completed drill documentation is maintained in a binder and documented on a drill form, including the date, time called, time completed, the nature of the incident, persons involved in the drill, outcome of the incident, corrective action/critique, staff signatures, and dates. The drills are reviewed and shared by nursing staff with all staff during monthly all-staff meetings and the date the review occurred is documented on the drill form. Nine interviewed staff stated the direct care staff will contact a supervisor or medical staff to call 9-1-1, but supervisors will directly call 9-1-1, when needed. Staff do not carry cell phones and there are no telephones located in any of the dorms; staff are only able to notify a supervisor or master control by radio.

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

The program has a policy and procedures in place regarding off-site care and referrals. A review of nine youth healthcare records indicated six youth required off-site care for emergency and non-emergency care. Reviewed documentation supported the Summary of Off-Site Care form was utilized and maintained in each healthcare record. The designated health authority (DHA) reviewed and initialed all off-site care findings and discharge instructions. Follow-up care was conducted in a timely manner and parental notifications were completed, when applicable.

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

The program has a policy and procedures in place regarding chronic illness and periodic evaluations. A review of nine youth healthcare records was conducted and found only two youth required periodic evaluations; therefore, an additional healthcare record was reviewed. The three youth entered the program with an identified chronic condition documented on the Facility Entry Physical Health Screening (FEPHS) form and were classified with a medical grade two to five. The program utilized a chronic physical health conditions and physical disabilities roster to keep track of the youth in need of periodic evaluations. Each youth received periodic evaluations and had a specialized treatment plan documented in their healthcare record. A review of the supporting documentation indicated there were no lapses in care or any missed periodic evaluations. In addition, the applicable youth's Department Problem List was updated, as required. The facility administrator (FA) indicated the facility management team meets daily to discuss important medical issues and the director of nursing or a medical department representative is present at these meetings. Furthermore, on a weekly basis, the designated health authority (DHA) debriefs with the FA prior to exiting the program to provide any updates pertaining to the well-being and medical conditions of the youth. The interview with a registered nurse indicated periodic evaluations are documented on the doctor visit chronological note and

are conducted at least every three months. In some cases, a youth might be evaluated prior to the three months, then the due dates are changed to a new cycle of three months intervals. The registered nurse stated high body mass index (BMI) is the most common reason for periodic evaluations.

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

The program has a policy and procedures in place regarding medication management verification, including authentication by contacting the past prescriber, parent/guardian, or calling the pharmacy which dispensed the medication. A review of nine youth healthcare records indicated seven youth were admitted on prescribed medication. A review of the Facility Entry Physical Health Screening (FEPHS) forms confirmed each youth was taking medication at the time of admission. The medication was verified during the admission process and documented in the chronological progress notes maintained in each youth's healthcare record. The designated health authority (DHA), designated mental health clinician authority (DMHCA), and psychiatrist (for psychotropic medications), were notified during the admission process to resume all medications. The program has on-site nursing staff seven days a week and complete the admission process the same day the youth arrives.

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

The program has a policy and procedures in place regarding medication management orders and prescriptions. A review of nine youth healthcare records found each youth was applicable for medication management. All reviewed healthcare records documented each prescribed medication had a current, valid order and were administered pursuant to the physician's order. When a youth's current medications were continued, discontinued, changed, and/or new medications were ordered, the designated health authority (DHA) placed an order on the appropriate forms. One of nine reviewed healthcare records documented the administration of over-the-counter (OTC) medications not listed on the Authority for Evaluation and Treatment (AET) and a separate practitioner's orders was documented in the healthcare record. Parental notification was documented.

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

The program has a policy and procedures in place regarding medication storage, including different forms of medication to be securely stored and inaccessible to youth. An observation of the medical clinic found the area to be well organized, clean, and neat. All medications were securely stored and inaccessible to youth. Medications needing refrigeration were maintained in a medical refrigerator in a separate room within the medical clinic. The medical cart is maintained in a locked room within the medical clinic. The cart was observed clean and very well organized, keeping youth medications separated from other medications and sharps, as well as keeping oral and topical medications separated. Controlled medications were stored in the locked medical cart in a locked metal box. Over-the-counter (OTC) medications and sharps

were maintained in either the locked medical cart or in separate locked cabinets within the clinic. The program disposes of discontinued medications by sending them back to the procuring pharmacy each month. Expired medications and narcotics are disposed in the drug buster bottle and then picked up by the bio-hazard company.

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

The center has a policy and procedures in place regarding medication and sharps inventory, including the disposal of expired and discontinued medications, as well as addressing inventory discrepancies. Sharps were observed maintained in either the locked medical cart or in a locked cabinet within the medical clinic. Over-the-counter (OTC), controlled medications, and sharps are inventoried on a weekly basis, as well as perpetually on the same form. Controlled medications also receive a shift-to-shift inventory count, documented on the controlled medication inventory record. The annual compliance review team observed the registered nurse completing a count of three sharps with the ending count matching the inventory number. An inventory of three youth medications, three OTC medications, and three sharps were conducted and found all counts matched the inventory number. The sharps inventory is maintained in a binder for six months and then placed in a box in the clinic storage room to be maintained for ten years. The registered nurse stated the method when detecting an inventory discrepancy is to double-check by having another person conduct a count. If the discrepancy remains, the facility administrator (FA) is contacted, an error report is completed, and the Department's Central Communications Center (CCC) is notified.

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

The program has a policy and procedures in place regarding controlled medications, including shift-to-shift inventory counts to be conducted and documented by nursing staff. Controlled medications are maintained in the locked medical cart in a locked metal box, located in the medical clinic. The annual compliance review team observed the registered nurse conduct a count of three controlled medications and found all counts matched the inventory number. Shift-to-shift counts were conducted, as required. The medications were maintained in blister packs, which documented the number of pills. The remaining balance of each medication, after each dosage, is documented on each applicable youth's Controlled Medication Inventory Record. A Controlled Medication Inventory Record for one youth's medication had two wrong counts; however, the ending balance was correct. The youth did not miss any medication administration, but had refused medications on two different occasions, which was documented incorrectly on the form. The count started at twelve for the day, one pill was administered, and the end count for the day was eleven. The next day starting count was twelve. On another day, the starting count was eight, one pill administered, and the end count was eight. The next day the starting count was seven. The program submitted the refusal of treatment forms the youth had signed to account for the incorrect count for review. An interview with the registered nurse indicated when a youth exits the program, all medical documentation departs with the youth, including the inventory for controlled medications. There is no separate inventory conducted beyond the controlled medication inventory record, which is patient-specific.

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

The program has a policy and procedures in place regarding the Medication Administration Record (MAR). The program utilizes the Department's MAR, which documents the youth's name, Department identification number, date of birth, allergies, precautions, and medical grade. Nine reviewed youth healthcare records found each MAR clearly indicated start and stop dates of medications. Staff initialed each administered medication entry and there were no lapses or errors. The nurses documented a minimum of weekly side effects monitoring. Seven of the nine youth were applicable for review of admission with medications and the initial MAR matched the medication list. The youth's picture is not on the MAR; however, is adjacent to the current MAR and is used to identify the youth. Nine interviewed staff indicated a nurse will provide medications to the youth, but some supervisors are trained to pass medications if a nurse is not on duty.

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

The program has a policy and procedures in place regarding the medication administration by licensed nursing staff. The program has three full-time registered nurses (RN), ensuring a nurse is on-site seven days a week, with one nurse on-call twenty-four hours a day, seven days a week. Medication pass is conducted at 7:00 a.m., 12:00 p.m., and 5:00 p.m. daily. One medication pass was observed by the annual compliance review team. The work space was observed very clean, organized, and neat with the RN keeping control of the medication cart during the medication pass and washing her hands prior to administration. The RN's sole responsibility during medication pass was to administer the medication. Observation of the medication administration showed the medication was administered in accordance with the Five Rights of Medication Administration. There is a structured process for youth to approach the RN. The RN stands inside the door of the clinic with the medical cart and provides the medication through a small window in the door; therefore, keeping control of the medical cart and containers at all times. The RN stated all medication passes are conducted in this manner. During the observed medication pass, the youth stated his name and what dorm he was in. The nurse verified the medication pack with what was documented on the MAR, as well as the allergy information. The RN removed the blister pack, popped the pill in a small cup, handed the cup and some water to the youth, who took the medication orally. A supervising staff, as well as the RN, inspected the youth's mouth with a cotton swab and made the youth cough to ensure he consumed the medication. None of the nine reviewed youth healthcare records found the youth were on parenteral medication. Nine youth were interviewed and stated a nurse provides medication pass and indicated they have to stand at the window in front of the clinic, state their name and dorm, get the medication, cough, and get their mouth swabbed. Nine interviewed staff indicated a nurse will provide medications to the youth, but some supervisors are trained to pass medications if a nurse is not on duty.

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

The program has a policy and procedures in place regarding the medication administration by non-licensed staff, in which only designated individuals are permitted to assist in the delivery of medications in the absence of a licensed healthcare professional. A review of training for non-healthcare staff authorized to assist in medication administration was conducted and found five supervisory staff are trained in assisting youth in self-administration of medication and EpiPen Auto Injector education. The program did not have any youth who received medications provided by non-licensed staff due to a registered nurse (RN) being on-site daily. Nine interviewed staff indicated a nurse will provide medications to the youth, but some supervisors are trained to pass medications if a nurse is not on duty.

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

The program has a policy and procedures in place regarding psychotropic medication monitoring. A review of nine youth healthcare records indicated six were applicable for youth receiving psychotropic medications upon admission. The designated health authority (DHA), designated mental health clinician authority (DMHCA), and psychiatrist were notified during the admission process and the youth's psychotropic medication was continued until the initial psychiatric interview. The Initial psychiatric interview was conducted within three days of referral, well within the required fourteen days, and each youth received continued medication monitoring. A psychiatric referral was completed for all youth the day of admission, during the screening process, and the psychiatrist determined continued administration of psychotropic medications. In all six reviewed records a psychiatric evaluation was conducted and documented on the Department's Clinical Psychotropic Progress Note (CPPN) form utilizing all three pages. The form included diagnosis, target symptoms of each medication, evaluation, and description of effect of prescribed medication on target symptoms. The evaluation documented any applicable side effects, youth's adherence to the regimen, height, weight, blood pressure, telephone contact with parent/guardian to discuss medication, signature of the psychiatrist, and date of signature. When applicable, Tardive Dyskinesia monitoring was conducted. The program does not have any standing orders for psychotropic medications or any emergency treatment orders for psychotropic medications.

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

The program has a policy and procedures in place regarding infection control, surveillance, screening, and management. The infection and exposure control plan, as well as the facility operating procedure (FOP) were reviewed. The facility administrator (FA) and the designated

health authority (DHA) conducted an annual review of the plan on September 2, 2018. The plan included prevention, containment, treatment, and reporting requirements related to infectious diseases, as required by the Occupational Safety and Health Administration (OSHA) federal regulations and the Centers for Disease Control and Prevention (CDC) guidelines. A review of the plan confirmed it included the practice of universal precautions and addressed the recommended types and categories of diseases. There were no instances of infectious disease in the facility since the last annual compliance review which required notification to the CDC, the Department's Central Communications Center (CCC), or local county health department.

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

The program has a policy and procedures in place regarding infection control education. The program maintains an infection control education plan inclusive of pre-service and in-service training for all staff, and youth infection control education, as required by the Centers for Disease Control and Prevention (CDC) guidelines. A review of nine youth healthcare records indicated each youth received training in prevention of communicable diseases and prevention of blood-borne pathogens as evident by the Health Education Record (form HS 013) documentation. All nine reviewed pre-service and nine in-service personnel training records included the infection control training at the time of hiring and annually thereafter.

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

The program has a policy and procedures in place regarding infection and exposure control plan. The infection and exposure control plan, as well as the facility operating procedure (FOP) were reviewed. The facility administrator (FA) and the designated health authority (DHA) conducted an annual review on September 2, 2018. The plan is written in accordance with the Occupational Safety and Health Administration (OSHA) standards and includes a comprehensive process for needle stick post-exposure evaluation, risk assessment, and methods of compliance. An interview with the registered nurse indicated the program did not have any infectious diseases needed to be reported to the local county health department and/or Center for Disease Control and Prevention (CDC). There were no instances of quarantining and/or hospitalization of ten percent of the program population of youth or staff since the last annual compliance review. The infection and exposure control plan is available to all staff and staff receive annual training on the plan. The program maintains a binder in the medical clinic, facility administrator's office, and in both master controls. Any documentation pertaining to facility/occupational exposure is maintained in these binders.

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

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

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

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

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

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

Standard 5: Safety and Security

Overview

The program is an eighty-two-bed high-risk residential treatment program, which is divided into five youth living units. The program's staff-to-youth ratio is one-to-eight during day time activities, one-to-twelve during sleeping hours, and one-to-five for transports. The program's behavior management system (BMS) is designed to maintain order and security, promote safety, respect, fairness, protection of rights within the program, foster compliance with program rules and norms, and teach youth alternative solutions to problems. The program has a video surveillance system with 103 operating cameras and is able to store video playback for up to thirty-days. There is a sub-control room located at the entrance of the facility and is responsible for collecting visitor keys and having visitors sign in and out of the program. There are two master control rooms which are responsible for documenting headcounts, monitoring video surveillance, and maintaining key control for program keys. The program's maintenance manager is primarily responsible for the handling and inventory of all tools within the program. All tools, chemicals, and flammables are stored securely and inaccessible to youth. There are two recreational therapists who provide structured activities for youth to include art, dog therapy, and athletics. The program reported they do not have any water-related activities and do not utilize room restriction.

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

The program has a written policy and procedures for youth supervision, indicating staff are to maintain active supervision of youth at all times, which includes interacting positively with youth, engaging youth in a full schedule of constructive activities, closely observing behavior of youth, and consistently applying the program's behavior management system. The supervision of youth by staff at the program was observed each day of the annual compliance review. The daily activity schedule was observed posted in each youth living area. Program staff were observed adhering to the daily activity schedule and providing active supervision. Youth were also observed engaging in recreational and leisure activities in classrooms, the vocational area, on work detail, and when eating meals. Staff were observed within the required ratio of one-to-eight during daytime activities and one-to-twelve at night, and positioning themselves at all times to be able to closely observe the youth. No youth were seen unsupervised or without staff present. Consistent application of the program's behavior management system was observed. Staff were observed giving clear instructions for youth, as well as verbal praise of good behavior exhibited. A staff was asked to explain the procedures in the event the youth headcount revealed a discrepancy. The staff indicated should this occur, the program would conduct a recount. If the count was still not cleared, an emergency headcount would take place, which involved youth going to their assigned dorm and standing by their doors in order for staff to accurately account for each youth. The program administration would also be notified.

5.02 Comprehensive and Consistent Implementation of the Behavior Management System and Staff Training	Satisfactory Compliance
The program shall have a detailed written description of the collaborative behavior management system (BMS). The written description is conspicuously posted and provided in a resident handbook to allow easy access for youth, including rules governing conduct and positive and negative consequences for behavior including while in the classroom. *All staff shall be trained in the behavior management system (BMS) employed at the program.*	

The program has a written policy and procedures which outlines their behavioral management system (BMS). The BMS is designed to maintain order and security, promote safety, respect, fairness, protection of rights within the program, foster compliance with program rules and norms, and teach youth alternative solutions to problems. The BMS includes recognition of accomplishments and positive behaviors at a four-to-one, rewards-to-consequences ratio. Various rewards and incentives are available including token store opportunities, work detail, recreational and athletic team participation, special meals, special haircuts, and movie nights. The BMS includes a process for staff to explain to youth the reasoning for any sanctions imposed upon, and youth the opportunity to explain their behavior. An interview with the program's case manager supervisor revealed the BMS is coordinated with an intensive behavior plan (IBP), which is given to youth as a consequence for major infractions received in the program. Once a major infraction is given, the incident is investigated by the therapist or case manager assigned to the youth. The youth has the opportunity to explain their behavior. The IBP is developed and provided to the youth as part of an emergency treatment team meeting. Youth are given additional goals to work on and time frames to complete them. Examples of an IBP were observed in nine reviewed case management records and chronological notes provided during the annual compliance review. During the emergency treatment team, all regular treatment team members are present, including the youth, parent/guardian (when applicable), and the assigned juvenile probation officer. The program's current BMS has not been changed since the previous annual compliance review. The BMS is a level-based system, consisting of four levels and an orientation phase. The BMS is included in the youth handbook. Nine reviewed case management records found evidence each youth signed for and received a youth handbook upon admission. Each record also included an orientation checklist singed by the staff and youth, which indicated the youth were explained the program's BMS and consequences for behaviors. In addition, the program provides each youth's parent/guardian a parent handbook, which also includes a detailed description of the BMS. The facility administrator was interviewed and reported the youth have their own store to spend points earned from their week of successful earnings. The youth complete a store request and all items are delivered once a week. All youth are given the opportunity to shop weekly regardless of negative choices. They are only allowed to shop based on the points they have earned. Additionally, to supplement the BMS, the program has implemented a weekly good citizen award and monthly dorm recognition. Observations made during a review of video footage found staff sliding good citizen certificates under the room door for several youth. The assistant facility administrator stated staff place the certificates in rooms while youth are sleeping, and when they awake, they will receive this information. Nine interviewed staff were familiar with and able to summarize the program's BMS. The staff were able to give various examples of rewards and incentives for youth, which included canteen/token store, pizza parties, movie nights, and later bedtimes. Nine interviewed youth were asked to rate the program's BMS. Two reported the system was very good, five reported it was good, and two reported the BMS was fair. All nine youth were able to summarize the level and point system within the BMS. Youth were able to give examples of rewards and incentives which are earned and offered, to include the dorm of

the month award, additional hygiene items, raffles, token store items, and longer phone calls. The program's BMS was found to be implemented consistently and with oversight through the treatment team process. During the annual compliance review week, staff were observed interacting positively with youth. Staff were observed counseling youth regarding their behavior and offering verbal praise for accomplishments.

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

The program has a written policy and procedures regarding the behavior management system (BMS), which includes staff receiving feedback regarding their implementation of the BMS. Position descriptions for the youth care worker positions were reviewed and included as an essential function for supervision of youth to provide rewards and consequences, as outlined in the program's BMS. A review of the program's policy incorporating the BMS and the provider's contractual agreement found the BMS has not changed, nor is in the process of changing, since the last annual compliance review. All required parties were involved in the development, implementation, and on-going maintenance of the BMS. The facility administrator was interviewed and stated the clinical director conducts weekly reviews of the BMS. Each week, the facility administrator and assistant facility administrator are notified by the clinical director of all issues which are presented throughout the week with completion of point sheets pertaining to youth performance. Nine interviewed staff reported youth are able to explain their behavior for consequences imposed through their case manager and treatment team. Staff report youth receive verbal prompts prior to receiving consequences. All interviewed staff also reported examples as to how supervisors provide feedback regarding their implementation of the program's BMS. Staff responded stating this is accomplished in treatment team, staff meetings, and during shift briefings. The program's current BMS does not include increased length of stay, denial of a youths' basic rights, promotion of group punishment, punishment of youth by other youth, or disciplinary confinement. An interview with the assistant facility administrator revealed the program does not utilize room restriction. All staff are required to be trained in the program's BMS based on review of the training calendar. Nine staff pre-service and nine in-service training records were reviewed. All eighteen reviewed staff records found evidence the staff received BMS training, as required. The case manager supervisor was interviewed and reported the education department is required to participate in the program's treatment team process where discussion of the BMS is conducted.

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

The program's written policy and procedures regarding supervision indicates staff will observe youth at a minimum of every ten minutes while youth are in their sleeping quarters, either during sleep times or at other times. The program has a video surveillance system, with a total of 103 cameras. All cameras were reported to be operating during the annual compliance review. The surveillance system is able to store video recordings up to thirty-days. The program also documents the checks on ten-minute check forms. The program maintains the completed forms in binders. The forms are separated by month and youth living unit. A review of completed forms for the scope of the annual compliance review was conducted. The forms included youth names, room assignments, staff names conducting checks, and the status of each youth during the time the youth was observed. The program utilizes a numeric code for the youth status, indicating whether the youth was asleep or awake at the time of the observation. Times for the room checks were documented in real time. Seven time periods were reviewed from video recordings and compared with the corresponding ten-minute observation check forms. Each of the five youth living areas were reviewed in the sample size, which also included a review of ten-minute checks completed during three weekend days. Staff were observed conducting checks, as required, with one exception: on September 1, 2018, in the Fox Dorm, from the time period of 12:04 a.m. to 12:58 a.m. on second shift, six of seven ten-minute checks were completed. One ten-minute check was not conducted from 12:13 a.m. until 12:33 a.m. The corresponding check sheet indicated a check was conducted at 12:24 a.m. This information was discussed with the program's administration, and a report to the Department's Central Communications Center (CCC) was made to report the incident. All checks completed by staff were observed to be thorough. Staff were seen stopping at each youth's room, looking inside, and pulling on the room door to ensure it was secured. The assistant facility administration (AFA) also conducts daily camera fidelity checks and documents the checks in a binder. A review of the binder and contents confirmed the practice was consistently conducted. The AFA stated he observes random video footage of checks, makes findings and recommendations, and issues any corrective action with staff. The AFA also stated the master control room operator calls for ten-minute checks to be conducted over the radio, which prompts staff to conduct the checks as required. The master control staff then documents the call for the checks in the master logbook. This information was observed during a review of logbook entries. Nine interviewed staff all reported room checks are conducted at ten-minute intervals or less, when youth are in their rooms for sleeping, or for non-punishment reasons.

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

The program has a written policy and procedures which includes tracking daily census information, youth counts, new admissions, releases, transfers, and youth temporarily away from the program. The policy indicates counts are conducted regularly at the beginning of each shift and several times daily, to include emergency situations. The program is divided into two wings, Phase I and Phase II, and include a total of five separate living areas. Both Phase I and II have two separate master control rooms which maintain a logbook for each Phase. A review of the logbooks found formal headcounts were conducted at the beginning of each shift and every hour thereafter. In addition to formal headcounts, the master control operator documents youth movement throughout the program. Counts were documented after outdoor activities and youth were accounted for when temporarily away from the program. Formal headcounts were conducted and documented within the logbooks, as required. Two staff were interviewed and asked to give a count of the youth currently under their direct supervision. Both staff were able to give an accurate count without hesitation. Nine formal staff interviews were conducted. All nine interviewed staff indicated emergency counts are conducted when a discrepancy in youth counts occur. Staff also reported formal headcounts are done hourly, and during ten-minute intervals when youth are in their rooms sleeping.

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

The program maintains logbooks in two master control rooms. The master control operator is primarily responsible for documenting in the logbooks. A review of the previous six months of logbooks was conducted. The logbooks were observed bound with numbered pages. No pages appeared to be missing or falling out. All entries were made in ink, with no white-out areas or erasures. Errors were struck through with a single line. Entries included the date and time of the event, name of staff and youth, a brief description, and a signature of the staff making the entry. The program does not maintain logbooks within the youth living areas. The logbooks had color-coded highlights to capture significant events such as formal headcounts (yellow), searches (blue), drills (green), youth movement (purple), and behavior incidents (orange). A review of the

logbooks also revealed examples of staff documenting calls made to the Department's Central Communications Center (CCC). The program completes a shift report for each shift, to brief incoming staff of any significant events which may have occurred during the previous shift. Completed shift reports are maintained in a master binder and are available for staff to review. A review of the shift reports found evidence the alert log and any new youth issues were discussed, and each staff signed, indicating their review of the shift report. The program operates on two primary twelve-hour shifts. The shift leader signs each shift briefing form. Shift supervisors also complete a shift supervisor report form daily which passes information between on-coming and out-going supervisors. These forms were reviewed and included items such as youth significant events, population counts, staff coverage, youth security risk information, special instructions for supervision and monitoring of youth, transports, intakes and releases, visitor information, and any calls possibly made to the Florida Abuse Hotline. The shift supervisor report forms also documents inventories for the suicide response kits, first aid kits, perimeter checks, and accountability for class B tools.

5.07 Key Control	**Satisfactory Compliance**
The program has a system in place to govern the control and use of keys including the following: • *Key assignment and usage including restrictions on usage* • *Inventory and tracking of keys* • *Secure storage of keys not in use* • *Procedures addressing missing or lost keys* • *Reporting and replacement of damaged keys*	

The program has a written policy and procedures regarding maintaining and controlling keys utilized within the facility. The program's key control system included key assignment restrictions and usage, the inventory and tracking of keys, secure storage of keys when not in use, procedures addressing missing or lost keys, and reporting requirements and replacement of damaged keys. An interview with the assistant facility administrator revealed the program has not had any incidents of missing or damaged keys during the scope of this annual compliance review period. The program's policy indicated staff who damage or break a key are responsible for reporting this information to the shift supervisor in order to complete a maintenance request form. In the event a key is missing, the shift supervisor, assistant facility administrator, and facility administrator must be notified immediately, and a facility-wide search of all program areas and youth will take place to locate the keys. The collection and distribution of keys was observed by the annual compliance review team. All visitor and staff personal keys are turned into the sub-control station located at the entrance of the building, but outside of the youth secure living areas. Once the personal keys are turned in, the sub-control staff provides visitors a visitor badge. All personal keys are stored in a secure box. A random check of three staff was conducted within the secure area of the program. All three staff reported they did not have their personal keys on them at the time of the check. A cross-check was conducted at sub-control to verify those staff had turned in their personal keys. The check revealed all three sets of keys were secured, as required. All facility keys were maintained in the Phase I control room. An inventory of the keys is conducted daily by the assigned master control operator. Each set of keys has a numbered chit attached which details the number on the inventory form, as well as another number, which indicates the number of keys on the key ring. All keys were accounted for, based on a review of the inventory sheet and keys within the key storage area. A listing of permanent keys is maintained by the assistant facility administrator. This information is maintained in a binder. Each staff who has permanent-issued keys was found to have signed

the permanent issued key form. An interview was conducted the master control operator concerning the process for restricting the usage of certain keys such as medical, youth and staff records, and youth property locker areas. The master control operator stated those are only assigned to specific staff such as medical and administrative personnel. Youth transportation officers are responsible for maintaining youth personal property. The master control operator was able to accurately describe the program's procedure for daily tracking and reconciliation of keys. The master control operator reported the following steps to take in the event keys went missing: stop all youth movement, refer to the key inventory, contact the staff who signed the keys out last, notify the supervisor and administration, commence search for the keys, and notify the Department's Central Communications Center (CCC) if unable to locate them. Nine interviewed staff were able to summarize the program's key control process. The staff were also interviewed regarding the process for response in the event keys went missing. The staff responded searches for the keys would take place, along with notification to supervisors and administrative staff.

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

The program has a written policy and procedures which addresses contraband and the searches of youth, as well as youth possessions, the unit, and other program areas to deter the possession of contraband and unauthorized items. The policy, along with the youth handbook, outlines provisions for searches of youth incoming and outgoing mail for contraband. The disposition of contraband is defined within the program's policy. Contraband which is not considered illegal is discarded or mailed to the youth's home. Youth mail is searched by the assigned case managers. An interview with the case manager supervisor also confirmed this practice. During the annual compliance review, the program revised their policy and procedures to incorporate language which includes any employee found in possession of contraband in the program will be subject to disciplinary action up to, and including, dismissal. This also includes all supervisors and administrative staff. A list of items considered contraband is provided to all youth upon intake. Evidence of this documentation was found in each of the nine reviewed youth case management records. The program also provides youth with a youth handbook, outlining search procedures and consequences for contraband possession. The program modified the handbook during the annual compliance review to include the list of items considered contraband. The list of items considered contraband include personal cell phones and electronic devices capable of taking pictures and/or video recordings, which are prohibited

in the secure areas of the program. The program conducts random searches of youth modules each shift. Documentation of these unannounced search forms for the previous six months was reviewed to confirm the practice. The search forms include the living unit, youth's name, room assignment, item confiscated, staff signature, supervisor review, and signature of staff who disposed of the items. A review of the Department's Central Communications Center (CCC) reports for the previous six months found four reports involving seizure of contraband. Three reports involved confiscation of illegal substances. Two of the three incidents were turned over to law enforcement. The remaining incident was reported; however, the contraband was not immediately turned over to law enforcement, and a management review by the Department was conducted as a result. The facility administrator (FA) was interviewed concerning the procedures for disposing of contraband. The FA stated the discovery of contraband and/or illegal contraband is handled as outlined in the program's policy. Any illegal contraband discovered which requires reporting, is reported to the CCC. Any illegal contraband is handled and disposed of in consultation with the Palm Beach County Sheriff's Office.

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

The program has a written policy and procedures which addresses the searches of staff, youth, youth possessions, the unit, and other program areas to deter the possession of contraband and unauthorized items. Observations made during the annual compliance review included searches of visitors entering the facility. Searches were performed by a staff member of the same gender. General frisk searches were conducted including quadrant search techniques. Staff were also observed checking the contents of visitor bags and cases. Searches of the youth exiting various areas of the program were also observed during the annual compliance review. Staff were observed giving clear instructions. Searches were thorough, and youth were treated with dignity and respect to minimize stress or embarrassment. Searches were conducted in accordance with the program's policy and Protective Action Response (PAR) training. Youth who participate in the Home Builder's Institute (HBI) vocational program are required receive a full body visual search after class and prior to rejoining the general population to prevent unauthorized items from being introduced into the program. This process was also observed. The full body visual search was done in private, away from other youth and conducted by two male staff. Once searches are completed, staff utilizes the radio and calls the search in to the master control operator to report the completed search and whether any contraband was found. The master control operator logs the search in the unit logbook. In addition to routine searches, all youth receive full body visual searches upon admission to the program. A review of nine youth case management records found each included a completed full body visual search form on the day of admission. The form was signed by the youth and both staff who performed the search. Nine interviewed staff were able to summarize the search procedures within the program. Staff reported searches are conducted after youth movement and when returning from off-site activities. Nine interviewed youth reported and confirmed searches occurred at the program daily, and during times such as returning from off campus, after outdoor activities, when items are missing, after visitation, after meals, and after work detail.

5.10 Vehicles and Maintenance	Satisfactory Compliance

All vehicles transporting youth shall receive appropriate maintenance and contain safety and emergency equipment so they may be operated in a safe manner.

The program ensures any vehicle used by the program to transport youth is properly maintained, and maintains documentation on the use and maintenance of each vehicle. Each vehicle being used for transport of youth shall pass an annual safety inspection. Each vehicle used to transport youth is equipped with the appropriate number of seat belts, a seat belt cutter, a window punch, a fire extinguisher, and an approved first aid kit. Youth and staff wear seat belts during transportation, and youth are not attached to any part of the vehicle by any means other than proper use of a seat belt.

The program has two vehicles which were used to transport youth for off-campus activities such as court, medical, or dental appointments. Both vehicles were Ford vans, which were identified as van one and van two. The program requires drivers to complete a pre-inspection and post-inspection sheets which capture a thorough inspection of each vehicle used. The inspection form included documentation for a review of the vehicle's exterior and interior, and any notations of items not fully functional. The sheets also required staff to notate the beginning and ending mileage. Completed inspection forms were observed maintained in vehicle binders. In addition, the program's maintenance staff conducts weekly vehicle inspections to observe if there has been any damage, ensure all doors are locking properly, ensure all safety equipment is present, and the vehicle is operating, as required. A physical inspection of the vehicles was done during the annual compliance review. First aid kits for the vehicles were maintained in Phase I master control and are checked out along with the vehicle keys when vans are used. A review of the first aid kit contents found all items were up-to-date and contained all required items as approved by the program's designated health authority. The kits were reviewed monthly by the medical department. Invoices for annual safety inspections for both vans were documented and maintained in a vehicle log binder. Both vehicles were kept secured. Each van had a fire extinguisher, seatbelt cutter, window punch, appropriate number of seat belts, and road side hazard kit, which included flashlights. Initial observations of van number two found the rear-view mirror detached and lying in the floorboard. The program reattached the mirror immediately upon notification. The program had no applicable transports during the annual compliance review; therefore, a transport was unable to be observed. The program has two staff who serve primarily as the transportation officers. A transportation officer was interviewed and stated staff are required have a cell phone prior to transporting youth off-site. Youth are prohibited to drive vehicles and are not attached to any part of the vehicle other than the proper usage of seat belts. The transportation officer also stated transports are always conducted with at least two staff, and at least one is required to be a male.

5.11 Transportation of Youth	Satisfactory Compliance

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

The program has a written policy and procedures which discusses vehicles and maintenance and the transportation of youth which references Department policy 1920, Operating a Vehicle for the Purpose of Transporting Youth. The assistant facility administrator (AFA) was interviewed and stated staff who perform transports are able to take their cell phone with them to ensure they have a device for communication. The program requires the ratio for transporting youth to be one-to-five, as specified within the provider's contractual agreement. However, with

less than five youth on a transport, the program requires at least two staff to be present and at least one staff is required to be male. The program had no applicable transports during the annual compliance review; therefore, a transport was unable to be observed. Vehicles used to transport youth were found secured. A safety screen was observed separating the front seat, or driver's compartment, from the back seat, or rear passenger's compartment. A staff member is required to position themselves in the back with the youth during transports. Inspections of the inside of the program vehicles also found the rear doors could not be unlocked from the inside. Youth and staff are required to wear seat belts during transports. A check of staff personal vehicles in the main parking lot area was conducted. Four vehicles were found unsecured. The AFA notified the vehicle owners and had the staff come to the parking area to secure these vehicles. The program requires all staff who transport youth to have a current and valid Florida driver's license. The program has two staff who serve primarily as the transportation officers. Personnel records for the two transportation officers were reviewed. Both had evidence of a current and valid Florida driver's license and a Defensive Driving Course certification in their record. The human resource officer was interviewed and stated she performs monthly driver's license checks for all staff to ensure they all have valid up-to-date licenses. A transportation officer was interviewed and stated staff are required have a cellular phone with them prior to transporting youth off-site. Youth are prohibited to drive program or staff vehicles and are not attached to any part of the vehicle other than the proper usage of seat belts. Youth are also not left unattended during transports. The transportation officer reported during the transport, they do not make any additional stops until reaching their destination. The officer also stated transports are always conducted with at least two staff, and at least one must be a male.

5.12 Weekly Safety and Security Audits	Satisfactory Compliance
Appropriate minimum staff to youth staffing patterns shall be maintained while youth are transported off facility grounds to ensure the safety and security of youth, staff, and the public.	

The program has a written policy and procedures which outlines conducting weekly safety and security inspections in accordance with Department expectations and utilizes the Department's approved safety and security instrument. The program's facility administrator (FA) or assistant FA of operations is responsible for conducting weekly security audits and safety inspections, as well as review the internal system to ensure any deficiencies are corrected and existing systems are improved as needed in order to maintain compliance. The program's policy meets requirements for Florida Administrative Code 63E-7.013. The program maintains completed weekly safety and security audit forms in marked security binders. A review of this documentation from March 2018 through the date of the annual compliance review, found evidence the program completed the inspections weekly, as required, with no exceptions. The FA was interviewed and stated internal systemic and programmatic deficiencies are tracked daily during the daily management team meetings. Issues requiring notification to all staff are handled during monthly staff meetings. The FA reported he e-mails the security audit results each week to the Department and to the provider's south regional director. Additionally, the FA conducts regular monitoring of the program's Program Monitoring and Management (PMM) system within the Department's Juvenile Justice Information System (JJIS) to ensure there are no identified deficiencies which require attention. A review of daily management meeting minutes and agenda topics was conducted and found evidence facility updates are discussed, as well as Department monitoring and risk management updates.

5.13 Tool Inventory and Management	Satisfactory Compliance
The facility shall have a tool management system ensuring youth do not use tools or equipment as weapons or security breaches.	

The program has a written policy and procedures to address tool inventory and management, and youth handling and supervision when utilizing tools. It is the primary responsibility of the program's maintenance manager and facility administrator to monitor the use of all tools and equipment at the facility. Observations of tool storage areas found all areas were secured and inaccessible to youth. Maintenance tools are kept in the maintenance manager's office. Tools within this area are inventoried daily using the daily tool inventory form. In addition, any tools used are signed in and out on a perpetual inventory form. Observations of this documentation was found to confirm the practice. Maintenance tools are stored utilizing a shadow-board system. Smaller maintenance tools were secured behind a lock cabinet within the office. Tools had numbers engraved or written on them to mark or identify them with the corresponding inventory form. Some marks were beginning to show wear and needed to be redone. A comparison of the actual tools present and inventory form found all maintenance tools were accounted for. There were no machetes, bowie knives, or other long blade knives observed in this area. The maintenance manager reported these items were not authorized at the program. Class B tools, such as brooms and mops, were observed secured in a closet outside the living units. These items were also stored hanging using a shadow-board system. They are signed in and out when used. Observations during the annual compliance review found all items were present and accounted for. Kitchen knives and utensils are also inventoried daily. An interview with the dietary manager revealed youth are prohibited from being in the kitchen area. Kitchen knives were observed stored in a clear locked cabinet and hanging in their respective location. The inventory sheets were reviewed. All items were accounted for based on the shadow-board system observed. The inventory sheet reflected two butcher knives; however, three were present. The sheet also showed three serrated knives, but two were present. The dietary manager reported the form was done in error and revised the form during the annual compliance review week to reflect the correct number and type of tool present. A review of nine staff training records found all of the staff had received training in tool usage as part of their in-service and pre-service training requirements. The maintenance manager and assistant facility administrator reported youth are only allowed to utilize mops and brooms unless they have been approved to work in the vocational classes through the Home Builder's Institute (HBI). Nine youth were interviewed concerning their usage of tools. Four youth responded they were not allowed to use tools. Five youth responded they have used mops and brooms. Three of the youth also responded they have used a hammer or saw. None of the youth reported using kitchen knives in the program.

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

The program has a written policy and procedures to address tool inventory and management, and youth handling and supervision when utilizing tools. The policy indicates youth are only allowed to use tools under the direct supervision of staff. A documented security risk assessment is completed for youth upon their admission to the program, and monthly thereafter. A review of nine youth case management records found evidence each youth received the assessment upon admission, and the process continued monthly, as required. The assessment explores the youth's history of escape, time spent in the program, any aggressive behavior

exhibited, and progress or lack of progress prior to recommending the youth for usage of tools. If the youth is not approved for utilizing cleaning tools such as brooms and mops or campus work detail, the risk assessment provides space for staff to explain why the youth was denied the opportunity. The forms are signed by the youth's assigned case manager and case manager supervisor. Observations were made during the annual compliance review of youth cleaning within the dorm and living unit areas. Youth were observed using brooms and mops with staff providing direct supervision. Staff-to-youth ratio was maintained within one-to-eight, as required. Youth may participate in the Home Builder's Institute (HBI) vocational program, where they can utilize other vocational tools. Criteria for acceptance is the youth must be a high school graduate or the equivalent. At the time of the annual compliance review, the HBI instructor did not have a teaching certificate and was unable provide services to youth enrolled in school; however, the instructor has since been certified as a teacher. Youth who are involved in HBI are required to have a full body visual search after class and prior to rejoining the general population. This process was observed and found the search was done in private, away from other youth and conducted by two male staff. Class B tools such as brooms and mops were observed secured in closets. The items are signed in and out when being issued for work detail. Nine interviewed staff all reported youth utilize cleaning items such as mops, brooms, and scrub brushes. Two staff reported some youth who participate in HBI may use vocational tools such as a hammer, screwdriver, or saw. None of the staff indicated youth uses kitchen knives.

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

The program has a written policy and procedures to address any tools brought on-site by outside contractors. The policy indicates the program will closely monitor the use of tools brought into the facility or on facility grounds. The program maintains sign-in attendance logs for outside contractors within the contractor agreement log binder. The contractor's agreement includes adherence to the policy which incorporates prohibiting personal cellular phones and/or equipment capable of recording or taking pictures. The policy also indicates when outside workers are on-site with tools, program staff should restrict youth access to the work area to the extent possible, closely monitor the situation, and supervise the youth at all times. Contractor's tool sign-in/out sheets were reviewed. A review of project invoices found all dates matched sign-in sheets from the contractors. The forms included a listing of tools brought into and exiting the program. The contractor and program's operations manager both signed, indicating the tools were brought in and left the program, as required. There were no discrepancies in the forms reviewed. All tools were signed in and out as accounted for.

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

A review of the program's Continuity of Operations Plan (COOP) revealed COOP drills are conducted monthly on each shift. The program is currently operating on two twelve-hour shifts. There is also has a written policy and procedures which addresses fire, safety, and evacuation drills. According to the program's COOP, fire drills are to be conducted monthly on both shifts. The program maintains all completed drill forms within binders marked 'Drills.' A review of these drills for the previous six months found evidence the program conducts fire and COOP drills monthly on both shifts. Fire evacuation routes were observed posted throughout all program

areas. The facility administrator reported the program's COOP is available for all staff to review and is maintained in the administration office, both master control rooms, the program training office, the operations manager office, and the office of the assistant facility administrator. The facility administrator stated COOP and emergency drills are conducted on a monthly basis on each shift. In addition, fire and medical drills are conducted monthly on each shift. Suicide and mental health drills are completed on a quarterly basis. Drill forms include the type of drill, date, time, who facilitated the drill, and a list of staff and signatures of participants. Drills forms are signed off as reviewed by staff development and the facility administrator or designee. Copies of COOP drill information included the same material, along with a photograph of the drill taking place. For the COOP drill conducted in July 2018, there was not a sign-in sheet attached for participants. Nine interviewed youth all reported they have been informed as to what to do in the event of a fire. Nine interviewed staff all reported they have participated in drills such as weather, major disturbance, bomb threat, and escape throughout their service to the program. All nine staff reported they have participated in fire drills.

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

The program has a written and detailed Continuity of Operations Plan (COOP). The recent version of the COOP was signed and approved by the Department on May 8, 2018. The COOP is located in the offices of the facility administrator, the assistant facility administrator, master controls, the facility trainer, and the operations manager. In the event of an emergency or natural disaster, alternative site locations are the St. Johns Youth Academy, Marion Youth Academy, and Columbus Youth Academy. The program's disaster plan and COOP are coordinated into one document. The program has sufficient equipment and supplies on-site in the event of an emergency or disaster. The COOP contained the required elements of fire, fire prevention, evacuation, severe weather, disturbance or riots, bomb threats, hostage situations, chemical spills, flooding, terrorist threats, staff roles and responsibilities, supplies needed, information about youth, vital records, data, alternative housing arrangements, provision of continued care of youth, and provision of public protection.

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

The program has a written policy and procedures for the storage and inventory of flammable, poisonous, and toxic items. The program has practices in place to ensure items, such as bleach, gasoline, oil, cleaners, and pesticides are secured. All flammable, poisonous, and toxic items are located in two locked storage sheds, behind a locked gate, separate from the main facility. Safety Data Sheets for these items are located in a three-ring binder, which is kept in the storage shed, along with the items. Kitchen cleaning items are located in a locked cabinet inside the kitchen area, which is not accessible to the youth. Inventories for the flammable, poisonous, toxic, and cleaning items were reviewed, and the items located on-site matched all items on the inventory sheets, with the exception if one quart of 10W30 Motor Oil, which was brought to the

attention of the program maintenance staff. In addition to the inventories, the program maintains a list of the positions, titles, and functions of those staff authorized to handle these items.

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

The program has a written policy and procedures prohibiting youth from handling flammable, poisonous, and toxic materials. The program maintains strict control of all flammable, poisonous, and toxic materials. Youth do not use, handle, or clean-up dangerous or hazardous chemicals or any person's bio-hazardous material, bodily fluids, or human waste. The youth are restricted from the areas where hazardous items are stored. Youth were observed during their daily cleaning activities. Two youth were observed cleaning within their living unit, under the supervision of two direct care workers, mopping and sweeping the floor. Interviews with youth revealed the only toxic material they might handle is interior paint. With regards to the art therapy program, interviews with the program staff indicated on the days art therapy is scheduled, a local artist comes to the program, brings her own non-toxic paint, paint brushes, drop cloths, and blank canvases. The local artist sketches out the design requested by the youth and then the youth fills in the sketches with the paint. When art time is finished, the local artist collects all her paint, material, brushes, etc. and removes them from the program. Youth are the searched when they move the art dorm to another part of the facility. Staff indicated this is how they ensure the artist does not accidently leave anything behind.

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

The program has a written policy and procedures regarding the proper disposal of all flammable, toxic, caustic, poisonous items. At the program, the maintenance manager is responsible for properly disposing of the hazardous waste. As evidenced in the Department's Learning Management System (SkillPro), the maintenance manager has received training on how to properly dispose of hazardous items. Disposal of hazardous items is in accordance with the Occupational Safety and Health Administration (OSHA) Standard 29 Code of Federal Regulations (CFR) 1910.1030. An interview with the maintenance manager revealed he takes hazardous material to the local landfill, located across the street from the program. An interview with the registered nurse revealed bio-hazardous waste is picked-up once a month, by a contracted local provider. Kitchen grease is placed back in its original shipping container for disposal. The program also maintains a detailed disposal log for all hazardous liquids, paint, and other cleaning chemicals. In addition, the program maintains a policy to address chemical spills and outlines steps to be taken by staff to notify their supervisor and master control.

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

The program's activity schedule was reviewed along with the program's policy and procedures regarding recreation and leisure activities. The program has a range of supervised and structured indoor and outdoor recreation activities available to youth. Activities include drum therapy, art therapy, sports programs, video games, and board games. In addition, youth participate in focus groups, reflection groups, room time, homework time, and bible study. The program also has a chess team in which youth can participate. The program has a formal process to promote constructive input by youth. This process is called the Student Leadership/Advisory Board. Interviews with nine youth indicated they view the Student Leadership/Advisory Board as a positive process, since it has already resulted in some positive changes based on suggestions from the Student Leadership/Advisory Board. The program currently has two recreational specialists, in accordance with the contract. The education and qualifications of each recreational specialist were reviewed. One of the therapists is a bachelor's-level recreational specialist who holds a degree in therapeutic recreation. The second recreational specialist possess a high school diploma and seventeen years of experience in the areas of recreation coordination and treatment of youth mental health issues through the use of recreation activities. Interviews with nine youth indicated they are provided a variety of activities with varying degrees of mental and physical exertion throughout the day. Interviews with the youth and nine staff indicated youth are provided with at least one hour of large muscle activity each day.

5.22 Elements of the Water Safety Plan, Staff Training, and Swim Test (Critical)	Non-Applicable

Programs choosing to participate in water-related activities shall develop and implement a water safety plan to ensure proper supervision and safety of the youth during water related activities. The plan shall also ensure staff are appropriately trained for each specific type of water activity.

Programs allowing youth to participate in water-related activities shall have a water safety plan addressing, at a minimum, safety issues, emergency procedures, and the rules to be followed during water-related activities, as follows:

- *Determination of the risk level for each participating youth, including whether or not the youth can swim, an assessment of swimming ability, and other factors to include age and maturity, special needs such as physical and mental health issues, and physical stature and conditioning;*
- *Type of water, such as pool or open water;*
- *Water conditions, such as clarity, turbulence, and bottom conditions;*
- *Type of activity, such as swimming, boating, canoeing, rafting, snorkeling, scuba diving, and shoreline and offshore activities to include fishing from a bank or pier, fishing while wading, or picnicking close to a body of water.*
- *Lifeguard-to-youth ratio and positioning of lifeguards;*
- *Other staff supervision; and*
- *Safety equipment needed for the activity, such as personal flotation devices when youth are in a boat, canoe, or raft, and availability of a lifeline during shoreline and offshore activities.*

Programs choosing to participate in water-related activities shall ensure staff are appropriately trained for each specific type of water activity.

Programs choosing to participate in water-related activities shall assess each youth's aquatic ability prior to participation in water-related programming.

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

5.23 Visitation and Communication	Satisfactory Compliance

The program allows visitation and communication for youth while in the program.

The program has a detailed policy and procedures which thoroughly outlines the visitation process at the program. The visitation schedule is provided to the youth as part of their orientation packet and is provided to the parent/guardian as part of the intake process. Observations found the visitation schedule posted in the lobby of the program for parents/guardians and visitors to review. A copy of the visitation schedule was reviewed, along with the approved visitors list for each youth. Visitation takes place from 2:00 p.m. to 4:00 p.m. every other weekend, as well as special days when requested through the facility administrator. The program also conducts quarterly family day events throughout the year, inviting the parents/guardians of the youth to participate. If parents/guardians are unable to participate because of transportation restrictions, the program will pick-up the youth's parent/guardian and transport them to and from the family day event. The youth are also encouraged to communicate frequently, by telephone or mail, with their parent/guardian. The visitation log was

reviewed and found included the names of visitors, their relationship to the youth, time in, time out, and copy of the visitor's government identification. Interviews with nine youth revealed they have many opportunities to communicate with their family through visitation events, mail, and telephone.

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

Pursuant to the program's policy, controlled observation is only used on an as needed basis. An inspection of the two controlled observations rooms revealed they met the requirements of a minimum of twenty-five unencumbered square feet, metal door with shatter-resistant window, vent not easily accessible and covered with small mesh, fire retardant plastic mattress, recessed light fixtures, free from electrical outlets, and electrical switches located outside the room. The remaining space dedicated for secure observation has been converted into a make-shift barber shop where youth receive haircuts. Interviews with staff indicated at this time, the youth do not use clippers to clip each other hair, but the program is moving in the direction of teaching barber skills to the youth, as a mean of giving them a trade skill they can implement upon being released from the program. The program has had no youth placed in controlled observation since the last annual compliance review. As a result, this indicator rates as non-applicable.

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

The program has a policy and procedures in places addressing controlled observation. Informal interviews with staff confirmed the program has not placed any youth in controlled observation during this annual compliance review period. During the annual compliance review, the program utilized one of the secure observation rooms to house the therapy dog which was on-site for the day. Since the rooms are no longer used for secure observation, the program is using both rooms for storage of program related items, such as extra clothing, shoes, mattresses, and a non-functioning copier machine. The program has had no youth placed in controlled observation since the last annual compliance review. As a result, this indicator rates as non-applicable.

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

The program has a policy and procedures outlining safety checks should youth be placed in secure observation. Informal interviews with staff confirmed the program has not placed any youth in controlled observation since the last annual compliance review period. As a result, this indicator rates as non-applicable

Program Name: Palm Beach Youth Academy
Provider Name: Sequel TSI of Florida, LLC
Location: Palm Beach County / Circuit 15
Review Date(s): September 11-14, 2018

MQI Program Code: 1417
Contract Number: 10341
Number of Beds: 82
Lead Reviewer Code: 83

Overall Rating Summary

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

Limited Ratings	Failed Ratings
1.01 Initial Background Screening*	2.09 Performance Plan Development, Goals and Transmittal*
2.10 Performance Plan Revisions	
2.11 Performance Summaries and Transmittals	