STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF MONITORING AND QUALITY IMPROVEMENT

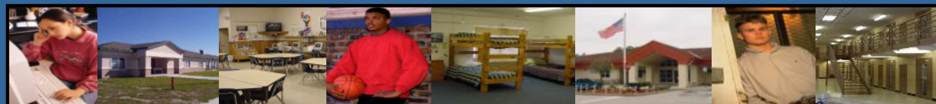
PROGRAM REPORT FOR

Union Juvenile Residential Facility

Sequel TSI of Florida, LLC

(Contract Provider)
14692 NE County Road 199
Raiford, Florida 32083

Review Date(s): October 16-19, 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:

Gwen Nelson, Office of Program Accountability, Lead Reviewer (Standard I)
Sandi Brannan, DJJ Probation, Assistant Chief Probation Officer, Circuit 8 (Standard 2)
Jennifer Schad, Office of Program Accountability, Regional Monitor (Standard 3)
Donna Stanton, Nursing Supervisor, True Core Solutions (Standard 4)
Jake Turley, Information System Project Manager, True Core Solutions (Standard 5)
Ben Marrufo, Office of Program Accountability, Technical Assistance Specialist (SPEP)
Renette Crosby, Office of Education, NE Region Education Coordinator (Standard 2)

Program Name: Union Juvenile Residential Facility
Provider Name: Sequel TSI of Florida, LLC
Location: Union County / Circuit 8
Review Date(s): October 16-19, 2018

MQI Program Code: 1099
Contract Number: 10174
Number of Beds: 24
Lead Reviewer Code: 130

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
1 # Case Managers

2 # Clinical Staff
1 # Food Service Personnel
2 # Healthcare Staff
1 # Maintenance Personnel
_____ # Program Supervisors

5 # Staff
5 # 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
5 # Health Records
5 # MH/SA Records
5 # Personnel Records
10 # Training Records/CORE
5 # Youth Records (Closed)
15 # Youth Records (Open)
_____ # Other: _____

Surveys

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

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

Standard 2: Assessment and Performance Plan
Residential Rating Profile

Indicator Ratings

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

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

Indicator Ratings

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	Failed
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	Limited
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	Non-Applicable
4.21	Episodic/First Aid Care	Satisfactory
4.22	Emergency Care	Satisfactory
4.23	Off-Site Care/Referrals	Satisfactory
4.24	Chronic Illness/Periodic Evaluations	Satisfactory
4.25	Medication Management - Verification	Satisfactory
4.26	Medication Management - Orders/Prescriptions	Satisfactory
4.27	Medication Management - Storage	Satisfactory
4.28	Medication Management - Medication and Sharps Inventory	Satisfactory
4.29	Medication Management - Controlled Medications	Satisfactory
4.30	Medication Management - Medication Administration Record	Satisfactory
4.31	Medication Management - Medication Administration By Licensed Staff	Satisfactory
4.32	Medication Management - Medication Provided By Non-Licensed Staff	Satisfactory
4.33	Medication Management - Psychotropic Medication Monitoring	Satisfactory
4.34	Infection Control - Surveillance, Screening, and Management	Satisfactory
4.35	Infection Control - Education	Satisfactory
4.36	Infection Control - Exposure Control Plan	Satisfactory
4.37	Prenatal Care - Physical Care of Pregnant Youth	Non-Applicable
4.38	Prenatal and Neonatal Care - Nutrition, Education of Youth, and Lactation	Non-Applicable
4.39	Prenatal and Neonatal Staff Education	Non-Applicable

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Standard 5: Safety and Security
Residential Rating Profile

Indicator Ratings

Standard 5 - Safety and Security		
5.01	Youth Supervision	Satisfactory
5.02	Comprehensive and Consistent Implementation of the Behavior Mgt System and Staff Training	Satisfactory
5.03	Behavior Management System Infractions and System Monitoring	Satisfactory
5.04	*Ten Minute Checks	Satisfactory
5.05	Census, Counts, and Tracking	Satisfactory
5.06	Logbook entries and Shift Report Review	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	Failed
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

- Youth from the program participated in Unjammed's Cardboard Arcade event. The youth were taught skills such as critical thinking, resourcefulness, perseverance, and teamwork. The youth had the opportunity to get creative by imagining and exploring new ideas while creating cardboard games.

- Three of the program's youth, along with youth from fourteen different programs, in nine different states from around the country, participated in a LIVE Quizzizz competition. The competition consisted of four rounds of sixteen questions. Youth from the program earned first, second, and third place in the competition.

- Program youth attended the 2018 Central Florida Construction Career Days in Orlando, Florida. This was a one-of-a-kind opportunity for the youth to explore the dynamic and high-growth transportation construction industry. The youth were able to experience many facets of the transportation construction industry and meet industry Leaders. Presentations during the career days included an introduction to bridges, concrete and density testing, masonry and rebar, diesel technology, and heavy equipment technology. Program youth were given the opportunity to operate heavy equipment and participate in construction competitions.

Standard 1: Management Accountability

Overview

The Union Juvenile Residential Facility (UJRF), located in Raiford, Florida, is owned and operated by Sequel TSI of Florida, LLC. The program is a twenty-four-bed, non-secure residential treatment program, serving males ages twelve to nineteen who have been committed to the Department. Treatment services include sex offender treatment, medical, mental health, substance abuse treatment, and educational services. The program employs one facility administrator, an administrative assistant, one-unit manager, clinical director, two therapists, two case managers, three shift supervisors, nine youth care workers, one maintenance manager, one kitchen manager, and two registered nurses. The clinical director is responsible for entering mental health alerts into the Department's Juvenile Justice Information System (JJIS). The nurse is responsible for entering medical alerts into JJIS. The unit manager is responsible for entering security alerts into JJIS. At the time of the annual compliance review, the program documented several vacancies including a unit director, clinical director, shift supervisor, therapist, and a part time cook.

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

The program has a policy and procedures for conducting initial background screenings for all employees, volunteers, mentors, and interns. Eleven new employees were hired since the last annual compliance review and all had an initial background screening completed prior to their hire date. An Annual Affidavit of Compliance with Level 2 Screening Standards was completed on December 14, 2017, meeting the annual requirement. The program also submitted to the Background Screening Unit, the Annual Affidavit for Compliance for the teachers who are funded by the Union County School Board on December 18, 2017, also meeting the annual requirement.

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 policy and procedures for the completion of five-year background rescreening's of employees, volunteers, mentors, and interns based on their hire date. The

policy states all staff must complete a background rescreening every five years based on their initial date of employment. None of the staff members, volunteers, mentors, or interns were applicable for a five-year background rescreening since the last annual compliance review; however, two contracted staff members required a five-year background rescreening. The two five-year re-screenings were completed prior to the contracted staff members' anniversary dates.

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 code of conduct, which staff must adhere to, to provide an environment for youth, staff, and others to feel safe, secure, and not threatened by any kind of abuse or harassment. Five youth were interviewed. One reported being hindered from calling the Florida Abuse Hotline, when asked by the interviewer if the youth wanted to contact the Florida Abuse Hotline at the time of the interview and the youth said "no." Four of the five youth stated they have unhindered assess to contact the Florida Abuse Hotline and/or the Department's Central Communications Center (CCC). All the reported they feel safe at the program. Youth who request to report abuse are escorted to the supervisor by staff, the supervisor will then assist the youth with making the call to the Florida Abuse Hotline or the CCC. Four of the five youth stated they have never been threatened; one of five youth said he was threatened by staff. When asked to elaborate the youth stated a staff member threatened him by stating he would receive a felony charge. The statement was reported to the facility administrator during the daily debriefing and the youth had no additional information concerning the circumstances of the statement. One of the five youth said he heard staff use curse words occasionally, and one youth said often. Three youth said they never heard staff use curse words. Four of five youth interviewed responded staff are respectful of them. Each of the five interviewed staff stated they have never heard a co-worker telling youth they could not call the Florida Abuse Hotline or the CCC. CCC reports and personnel records were reviewed of incidents regarding staff causing physical, psychological, and emotional abuse of youth. The program had two incidents involving staff conduct, involving five staff. One incident involved four staff violating the program's policy and procedures. The four staff members received either an oral reprimand or a written reprimand. One staff was involved in a PAR incident in which excessive force was used and resulted in the staff being terminated. According to the facility administrator interview, the

program had two incidents involving staff conduct. The program's policy requires immediate response to all abuse or harassment allegations.

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 has a policy and procedures ensuring immediate action to address incidents of physical, psychological, and emotional abuse are alleged; including immediate separation of staff from youth contact when necessary. The program had two incidents involving staff conduct. A total of five staff members were involved. One incident involved four staff violating the program's policy and procedures. Documentation in the personnel records indicated, the four staff members received either an oral reprimand or a written reprimand. The additional incident involved another staff who was involved in a PAR incident in which excessive force was used. The staff member was initially separated from contact with youth, and later, terminated. During the youth orientation process, incident reporting to the Florida Abuse Hotline and Central Communications Center are explained. The explanation of the process is documented in the youth's handbook. The telephone numbers for the Abuse Hotline and CCC are posted throughout the facility.

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 policy and procedures in place regarding incident reporting to the Department's Central Communications Center (CCC). In the last six months, the program had four reportable CCC incidents. All four incidents were reported within the two-hour time frame and documented in the program's logbook. A review of the program's internal incidents and grievances did not indicate additional incidents should have been reported to the CCC.

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 policy and procedures for the use of physical interventions in accordance with Florida Administrative Code. The program has a Department approved Protective Action Response (PAR) Plan. The program had seventeen PAR incidents within the last year. A review of five PAR incidents indicated the PAR incident reports were completed before the end of the applicable staff member's shift and reviewed by a PAR certified instructor or supervisor. Statements from staff and witnesses involved were filed with the report. The supervisors and/or a certified instructor reviewed the reports within seventy-two hours. None of the youth requested a call to the Central Communications Center (CCC) and/or the Florida Abuse Hotline. A review

of documentation confirmed the post-PAR youth interviews were conducted within thirty minutes of the PAR incident. None of the incidents required the use of mechanical restraints. An interview with the facility administrator indicated the director was aware of the program's policy and procedures for the use of protective action response. All PAR reports are placed in binder within forty-eight hours after being reviewed by the facility administrator. None of the five PAR reports reviewed required corrective actions by the facility administrator. All reports were submitted to the Department monthly, as required by the contract. The program's PAR rate is 3.37, which is above the statewide average of 1.55.

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 had eleven new employees since the last review. A review of seven staff training records was conducted for pre-service certification. The new staff members completed the required essential skills trainings which must be completed prior to having contact with youth. The seven staff training records included completion of cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator (AED), Protective Action Response (PAR), child abuse reporting, ethics, Prison Rape Elimination Act (PREA), and suicide prevention. Staff also received training on the grievance process, emergency medical response, and infection control. Four of the seven staff training records indicated staff completed training in the behavior management system. The remaining three staff members are scheduled for the training in November 2018 which is still within the 180-day required time frame. All instructors were qualified to deliver the provided training. The program submitted, in writing, a list of all pre-service trainings to the Department's Office of Staff Development and Training on January 29, 2018. The training plan included course names, descriptions, objectives, and training hours for any instructor-led trainings. All pre-service trainings were documented in the Department's Learning Management System (SkillPro).

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 has a policy and procedures regarding mandatory annual in-service training for program staff. As this is a small program, with a high number of new staff, only three records were able to be reviewed for the completion of in-service training. One of the three records was for a supervisor, who completed twenty-nine hours of in-service training, of which eight hours of supervisory training was completed. Supervisory training included leadership, management, and communication skills trainings. The other two staff members completed fifty-six and twenty-six hours, respectively, of in-service training. The staff completed training in Protection Action Response (PAR) update, cardiopulmonary resuscitation (CPR), automated external defibrillator (AED), first aid, ethics, and suicide prevention training. The in-service training plan was submitted and approved by the Department's Office of Staff Development and Training. All training completed by staff was documented in the Department's Learning Management System (SkillPro). The program submitted, in writing, a list of in-service training to the Department's

Office of Staff Development and Training on January 30, 2018. The training plan included course names, descriptions, objectives, and training hours for any instructor-led training. The program has an annual in-service training calendar, which is updated as changes occur. All staff with assigned job duties including implementation of an evidence-based practices, promising practices, practices with demonstrated effectiveness for delinquency intervention models, strategies, or curriculum had documentation of training and fidelity monitoring.

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 policy and procedures in place regarding the grievance process. The policy includes informing the youth at orientation of the grievance process, and training for the staff on the grievance process. Grievance forms are located on the dorm and the youth can request assistance from a staff member, if needed. Five interviewed youth reported knowing how to utilize the grievance process were informed of the process during admission, and were told the information was in the youth handbook. Five interviewed staff stated the youth could get help from any staff member in filling out a grievance form. The program had four grievances during this annual compliance review period. The four grievances were completed during the formal phase. The grievances were resolved and addressed by a supervisor within three days of submission. The program maintains copies of the grievances for the past twelve months.

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 has implemented four delinquency intervention models. The youth are required to participate in Thinking for a Change (T4C), Pathways, Impact of Crime (IOC), and Skill streaming groups, which are all promising practices provided by the program. All facilitators are trained in their assigned group curricula. The staff assigned to facilitate groups meet the education and work experience requirements. Based on a review of the daily activity schedule, the program is providing structured, planned programming or activities during at least sixty percent of the youth's awake hours. The program's daily schedule listed all groups activities. A review of group sign-in sheets with the name of the group, date/time, topic, youth's signatures, a summary of group, and signature of the facilitator. A review of staff and youth interviews indicated the program is providing delinquency intervention groups by trained facilitators.

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 provides the Skillstreaming for Adolescents, 3rd Edition curriculum to youth at the program. Skillstreaming groups are conducted twice a week. Five youth records were reviewed and all records had Skillstreaming groups documented on the youth's treatment plan. The group curriculum includes strategies to help prevent violence and aggression, ways of offering encouragement, identification and avoidance of high-risk situations, communication, educational strategies, and interpersonal relationships. Sign-in sheets for Skillstreaming groups were reviewed. The facility administrator interview indicated life skill groups are conducted as listed on the daily schedule.

1.12 Restorative Justice Awareness for Youth	**Limited 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.	

A review of the Impact of Crime (IOC) curriculum binder indicated youth participated in IOC groups dating from November 2017 to June 2018, which includes sign-in sheets and agendas. A review of the sign-in sheets found groups were being held, as required. In June 2018, the program's only certified facilitator for IOC was terminated. A second staff was certified to facilitate IOC groups in November 2018; however, the program has not scheduled IOC groups. There was another certified facilitator for IOC, but was assigned to facilitate Thinking for a Change groups and was unable to conduct the IOC groups.

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

The program utilizes Pathways and Streetwise to Sex-wise curricula to provide gender-specific treatment, which is facilitated by the mental health therapists. The curricula provide gender-specific treatment services based on the characteristics for the primary target population and addresses the needs of a targeted gender group. The curricula include life and social skills, health, hygiene, and understanding sexuality. The program director's interview indicated the program provides treatment to include group, family, and individual therapy.

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 policy and procedures to document and share the program's internal alerts, as well as entering alerts into the Department's Juvenile Justice Information System (JJIS). The internal alert lists are located on a bulletin board in a multi-purpose room and another in master

control; this room is not accessible to youth. Staff must review the pass down logbook and sign, acknowledging the review of alerts. Alerts include security or safety risks, mental health, and youth with health-related problems, including food allergies and special diets. The list is updated when there are any changes by appropriate staff. All medical alerts are placed in JJIS by the nursing staff, mental health/substance abuse alerts are placed in JJIS by a clinician, and safety and security issues are placed in JJIS by case management and supervisors. When risk factors or special needs are identified during or after the classification process, the program enters the alert information into the internal alert system. Only appropriate staff may recommend downgrading or discontinuing a youth's alert status. The program also maintains a medical communication logbook located in master control. The staff are briefed during shift change and the staff are required to read the shift logbook. The program's management staff are required to review alerts daily. JJIS alerts are identified, documented, updated, and communicated to the staff. Risk factors or special needs identified during or after the classification process are entered and updated by the program in JJIS. Direct care, supervisory, or clinical staff may place a youth on an alert status and only upon recommendation of appropriate staff, can a JJIS alert be downgraded or discontinued.

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.*	

Five youth records were reviewed. The program maintains official records labeled "confidential" for each youth. The program maintains three separate records for each youth, an individual healthcare record, mental health record, and a case management record. Each of the case management records reviewed were organized in the following separate sections: legal information, demographic and chronological information, correspondence, case management treatment team activities, and miscellaneous. All records were stored in a separate locked file cabinet or a locked room, also labeled "confidential."

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

The program provides opportunities for the youth to give constructive input. The program has a Youth Advisory Board, which meets every month. The program keeps sign-in sheets, agendas and minutes in a binder of all Youth Advisory Board meetings. The youth can complete a treatment team self-evaluation form to evaluate his performance, make recommendations, or list concerns. The youth may complete a Request for Service form to ask specific questions, give feedback, or make suggestions regarding facility issues. The youth meet with the facility administrator monthly to discuss issues related to dorm living, recreation, behavior management, and other significant issues. The youth can request to meet with his case manager to discuss youth-related issues. Four of the five youth interviewed said they provide input regarding programmatic activities, one youth stated they did not provide input. The one youth who stated they did not provide input had no additional comments regarding their response. The facility administrator interview indicated the program provided constructive input through formal processes such as treatment team meetings and youth advisory board meetings; and informal conversations with direct care and administrative staff members.

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 community advisory board met three times since the last annual compliance review (February 20, 2018, June 19, 2018, and October 2, 2018). Copies of the agendas and sign-in sheets are kept in the advisory board binder. Members appear to have sporadic attendance. The program has an advisory board binder with documents of efforts to solicit members involvement, and sends letters reminding the members of board meeting dates. The board members included a court officer, local law enforcement, local church, local school administrator, and a juvenile probation officer. According to the facility administrator (FA), the program's schedule includes the dates for the advisory board meetings; however, the membership attendance is "low." The program sends letters informing members of dates and times of meetings. The FA also reported the program tries to work with members schedules before setting a date/time for a board meeting. The program also has copies of letters of efforts to recruit members for the advisory board.

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

The program has a written policy and procedures ensuring there are systems of communication in place to keep staff informed about programmatic and administrative issues through daily, weekly, and monthly meetings. The program also provides daily briefings/debriefings, postings of policies and procedures, logbook entries, and memorandums in effort to keep staff informed. The program maintains a binder with minutes and agendas for all meetings. The program conducts monthly staff meetings, daily shift briefings and debriefings. The program also posts information such as policies and procedures on the information board in the main lobby and the small administration office. To reduce staff turnover, the program regularly has planned staff activities and the program director takes a selected group of staff to lunch as a positive reward.

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

New staff are given an initial probationary evaluation after the first ninety days of employment. The program conducts performance evaluations annually, thereafter. Staff who are assigned to facilitate groups, have performance evaluations with additional requirements focusing on facilitation of the group and the curriculum. The program utilizes a standard performance evaluation and forms are specific to positions or supervisory levels. Five staff personnel records were reviewed for performance evaluations. The records indicated ninety-day and annual performance evaluations were completed, as required.

Standard 2: Assessment and Performance Plan

Overview

The transition specialists and case managers are responsible for completing the Residential Positive Achievement Change Tool (RPACT) and developing performance plans based on the RPACT and Youth Needs Assessment Summary (YNAS) results. The case managers also complete performance summaries and transmits them to the youth's committing court, juvenile probation officers (JPOs), and parents/guardians. Case management is responsible for conducting treatment teams, both formal and informal. The program has staff trained to facilitate Thinking for a Change (T4C), Impact of Crime (IOC), and Voyage groups. Education is provided by Union County School Board. All academic courses are computer-based.

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 in place regarding the notification of a youth's parent/guardian and committing court upon a youth's arrival at the program. Four of the five cases management records reviewed had documentation of a telephone call to the youth's parent/guardian the day of arrival. Three of the five records included written documentation of the youth's arrival to the parent/guardian, juvenile probation officer (JPO), and committing court within the required timeframes. One reviewed case record documented the date of a telephone notification to the youth's parent/guardian as seven days prior to the youth's arrival. A review of the written letter to the parent/guardian, JPO, and court had a date one day prior to the youth's arrival. The record reviewed had a written letter to the parent/guardian and JPO, but not the court within five days of arrival.

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 in place requiring each youth to receive an orientation to the program on the day of admission. Five youth records were reviewed and found all youth received an orientation the same day of arrival. Each case record included a checklist indicating all required topics were reviewed with the youth. No youth admissions took place during the annual compliance review; therefore, an observation was not completed. All five interviewed youth confirmed they received an orientation on the day of 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 written policy and procedures in place regarding written consent for youth eighteen years of age or older. Two of the five youth records reviewed were applicable for consent of youth eighteen years old or older. There were no other applicable youth during the annual compliance review period. Both records included written consent for the program to discuss with the parent/guardian any information related to the youth's physical or mental health screenings, assessments, or treatment.

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 in place regarding classification factors, as well as reassessments for activities. All five reviewed youth records documented each of the youth were classified on all required factors including physical characteristics, age, maturity level, identified special needs including medical, mental health or intellectual and physical disabilities, history of violence, gang affiliation, criminal behavior, sexual aggression, and vulnerability to victimization. The assessment for all five youth also included identified or suspected risk factors such as suicide, medical, escape, and security risks, and also included a review of the Department's Juvenile Justice Information System (JJIS). Youth were classified in order to assign the youth to a living area, sleeping room, and youth group or staff advisor. All five youth were reassessed prior to an increase in privileges or freedom of movement, participation in work projects or activities involving tools or instruments which may be used as potential weapons or means of escape, as well as off-site activities.

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 in place for gang identification and notification of law enforcement. None of the five reviewed youth records had any indication of gang involvement. According to program staff and the Department's Juvenile Justice Information System, there has not been any youth at the program since the last annual compliance review who had any gang involvement.

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 in place for gang prevention and intervention activities. None of the five reviewed youth records contained any indication of gang involvement. There have not been any youth with gang involvement during the annual compliance review period. The program's policy states the program, in cooperation with the Department and local law enforcement agencies, will share any gang information with the Florida Gang Intelligence System, law enforcement agencies, and/or other criminal justice agencies. Such agencies may include, but are not limited to, the Department, Department of Corrections, Florida Department of Law Enforcement, and school districts knowledgeable of criminal street gangs. It is the responsibility of the unit manager and/or the shift leaders to attend trainings or community meetings involving gang awareness and disseminate the information to all staff through staff meetings, shift changes, written communication, or trainings. The program conducts prevention and intervention activities such as Thinking for a Change, Impact of Crime, and life skills groups.

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.	

Five youth case records were reviewed for completed Residential Positive Achievement Change Tool (R-PACT) assessments. The records indicated each youth had a R-PACT completed within thirty days of admission which were maintained in the Department's Juvenile Justice Information System (JJIS). A copy of the initial R-PACT was included in all five records. Four youth were applicable for a ninety-day reassessment, as one youth was admitted less than ninety days ago. All four youth were reassessed within ninety days after completion of the initial assessment and a copy was maintained in each of the applicable records.

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.	

Five youth case records were reviewed for the Youth Needs Assessment Summary (YNAS). All five records contained a YNAS which was completed within thirty days of admission and documented in the Department's Juvenile Justice Information System (JJIS).

2.09 Performance Plan Development, Goals and Transmittal (Critical)	Satisfactory 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 in place to address performance plan development, goals, and transmittal. All five records reviewed had a performance plan developed within thirty days of admission and was developed after the youth's initial assessment. The treatment team, consisting of the case manager, youth, administrative representative, unit supervisor, treatment staff, and educational staff, were all present during the development of the performance plan. All of the performance plans were signed by all the members of the treatment team and included goals based on the initial assessment, the youth's top three criminogenic needs, specific delinquency interventions with measurable outcomes, and court-ordered sanctions which could be reasonably completed while in the program. All five performance plans included transition activities, youth and program staff responsibilities to accomplish goals, and target dates for completing each goal. Three of the five records included transmittal letters and copies of the plans submitted to the court within ten days. The remaining two records indicated the transmittal letters and plans were submitted three and five days late respectively. All five plans included a transmittal letter with a copy of the plan to the juvenile probation officer (JPO) and parent/guardian. All five interviewed youth expressed knowledge of the process for development of the performance plans and treatment teams.

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

Four of the five reviewed youth records included revisions to the performance plans, as deemed necessary by the intervention and treatment team. The remaining records was for a youth who had been in the program less than ninety days and did not yet require any performance plan revisions. All revisions included documentation of the youth completing goals.

2.11 Performance Summaries and Transmittals	Satisfactory 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.*	

Four of the five reviewed youth records were applicable for performance summaries and transmittals. The remaining youth had been at the program less than ninety-days and did not require a summary or transmittal. The four applicable records had performance summaries which were completed within ninety days of the signing of the performance plan. Three of the five records were applicable for a performance summary being completed prior to the youth's discharge. The four applicable performance summaries included the status of each goal, overall treatment progress, the youth's academic status, behavior, level of motivation to change, interaction with peers, interaction with staff, overall behavior adjustment, positive and negative events and justification for release in two applicable records. All four applicable records included a comment section for the youth and the original summary was included in the records. Each of the four performance summaries were signed and dated by the treatment team leader, staff who prepared the report, facility administrator, and the youth and were sent or provided to the court, juvenile probation officer (JPO), parent/guardian, and youth.

Two of the five records were required to contain a release summary. Both records contained the release summary, pre-release notifications sent ninety days prior to release, and a signed copied maintained in the youth's record. Two of the five records were Sexual Violent Predator Program (SVPP) eligible youth. Both records included the checklist, performance plan, summary of youth's adjustment to the program, physical health summary, and psychiatric reports. The JPO was provided performance summaries, transition plans, and psychiatric reports for both youth. Two records were applicable for the victim notification and both contained the letters notifying the victim of the youth's scheduled release at least ten days prior to the release date. Three of the five interviewed youth indicated they received a copy of their performance summary, while two of the youth indicated they did not receive a copy.

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.	

The program has a policy and procedures in place regarding parent/guardian involvement in case management services. All five reviewed records indicated the program encouraged parent/guardian involvement by telephone, letter, and e-mail. Three treatment teams were observed during the annual compliance review. One parent/guardian was able to participate by telephone and the program attempted to contact the other two parents/guardians by telephone. All five interviewed youth confirmed their parents/guardians are included in treatment team meetings. The program sends a letter and/or e-mails the parent/guardian the treatment notes following each meeting.

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 in place regarding the members of the treatment team. All five reviewed records reflected the members of the treatment team included the case manager, youth, administrative representative, living unit representative, treatment staff, education staff, juvenile probation officer (JPO), parent/guardian, nurse, recreational therapist, and transition specialist. Three treatment teams were observed during the annual compliance review and all the required team members, except for the JPO and parent/guardian were present. The JPO and parents/guardians were contacted by telephone for all three meetings; however, the JPO and parent/guardian only participated in one meeting.

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.	

A review of five youth case management records revealed the performance plans incorporated academic plans and treatment plans. There were no youth who required involvement from the Agency for Persons with Disability (APD) or Department of Children and Families (DCF).

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 in place for formal and informal treatment teams. A review of five case records indicated each youth had a formal treatment team meeting every thirty days. All five youth also received informal treatment team meetings biweekly. All required attendees were present for the treatment team meetings. The team discussed each youth's progress, performance plan goals and revisions, positive and negative behaviors, treatment progress, and any Residential Positive Achievement Change Tool (RPACT) reassessment results at both the formal and informal treatment team meetings. Each youth record had documentation/notes from the formal and informal treatment teams. All five interviewed youth confirmed their participation in treatment team meetings and also reported they are given an opportunity to demonstrate the skills they have learned. Three treatment teams were observed during the annual compliance review and all of the required team members were present except parent/guardian and JPO. The JPO and parents/guardians were contacted by telephone for all three meetings; however, the JPO and parent/guardian only participated in one meeting.

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

The program provides Type 2 career education which includes an orientation to the broad scope of career choices, based upon personal abilities, aptitudes, and interests. The program provides appropriate career education based on the age, length of stay, and educational abilities of the youth in the program. A review of two open records and one closed record found each included a completed employment application, appropriate documents essential to obtaining employment, and documentation indicating the youth's parents/guardians and juvenile probation officers (JPO) were aware of the vocational plans for the youth. The youth also have a resume and information about contacting the Career Source Center.

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.	

Union County School Board teachers provide education and career-related programs at the program based on a 250-day calendar. The youth receive credits for the education and training completed while at the program. A review of the logbook showed the educational services started late February 24, 2018 through April 2, 2018. The youth did receive the required instructional minutes each day and lateness did not appear systemic. One interviewed youth indicated there had been interruptions of education instruction, while the other four youth indicated educational instruction was not interrupted. The lead teacher interview indicated, the daily schedule is followed with minimal educational instruction interruptions.

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.	

Two of the five reviewed records were applicable for an educational transitional plan; therefore, one additional closed record was reviewed. Each record had an individual education transition plan developed based on youth's post-release goals beginning at admission to include all key personnel related to transition activities, and included responsibility requirements, and post-release needs. All three of the applicable transition plans included employability as a transition goal and included provisions for continuation of education and/or employment, appropriate documents essential to obtaining employment (resume, applications, ID card and information about the Career Source Center), and documentation showing the youth's case manager and parent/guardian were aware of the plan.

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

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

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

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

The program has a policy and procedures in place to address transition planning, transition conferences, and Community Re-Entry Team (CRT) meetings. All three reviewed youth records documented a transition conference was held at least sixty days prior to the youth's anticipated release date. All three youth had the following individuals present or participated by telephone for the conference: the youth, treatment team leader, program director, juvenile probation officer (JPO), parent/guardian, education staff, transition specialist, and nurse. Each of the records indicated the performance plan revisions, transition activities, and target dates were discussed during the transition conference. All individuals who were present signed the plan and those participating by telephone were marked as "via phone." All three youth records indicated the youth participated in a CRT meeting prior to their release from the program.

2.20 Exit Portfolio	Satisfactory Compliance

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

The program has a policy and procedures in place regarding assembling an exit portfolio for each youth. A review of three closed records found all three youth had an exit portfolio. None of the youth had a state-issued identification card included in their exit portfolios; however, documentation indicated the parents/guardians did not provide the necessary documents to obtain an identification card. Each exit portfolio included the youth's transition plan, a calendar with Career Source Center appointments, educational documents, and school transcripts. Two of the youth had a completed resume. None of the exit portfolios contained completed job applications. It was documented the youths' parents/guardians did not wish for the youth to apply for jobs. None of the youth received a vocational certificate and it was noted the educational staff screen the youth for those who are eligible to participate in the program. Chronological notes indicated each youth was given their exit portfolio upon release and the information was also forwarded to their 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.	

Three closed case records were reviewed, and all of the youth participated in an exit conference at least fourteen days prior to their release date. All required documentation was included each of the reviewed records. Transition activities were discussed at the exit. The following individuals were present or participated by telephone for the conference: case manager, parent/guardian, education staff, juvenile probation officer (JPO), youth, transition specialist, and nurse. Notes within the records confirmed the exit conference was separate from the Community Re-Entry Team (CRT) meeting and transition conference. Both the youth and case manager participated in the CRT meetings.

Standard 3: Mental Health and Substance Abuse Services

Overview

Treatment staff at the program includes the interim clinical director, two non-licensed mental health counselors, of which one is a registered intern. The program is licensed under Florida Statute, Chapter 397 to provide substance abuse treatment services. The previous clinical director who served as the designated mental health clinician authority (DMHCA) resigned October 2, 2018. The interim DMHCA is the provider's regional clinical director. A new DMHCA is scheduled to start November 6, 2018. The interim DMHCA is a licensed mental health counselor (LMHC) who is also a qualified supervisor mental health counselor. The interim DMHCA provides oversight for all treatment services provided at the program. Other provider licensed mental health staff from nearby programs are also assisting in providing coverage at the program. The program contracts with a psychiatrist to be on-site, bi-weekly, and is available for consult twenty-four hours a day, seven days a week. The psychiatrist conducts psychiatric evaluations and monitors youth on psychotropic medications while in the program.

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 interim designated mental health clinician authority (DMHCA) is a licensed mental health counselor (LMHC), who is also the provider's regional clinical director. The interim DMHCA has a clear and active license in the state of Florida and is also a qualified supervisor mental health counselor. The DMHCA's license and position description were reviewed. The DMHCA position is being filled by an interim due to the previous DMHCA resigning effective October 2, 2018. A new DMHCA is planned to start November 6, 2018. The interim DMHCA and other licensed clinical staff for the provider, in the capacity of DMHCA, have been sharing the responsibilities at the program. At a minimum, a licensed staff is on-site forty hours a week, a sufficient time to ensure appropriate coordination and implementation of mental health and substance abuse services are taking place. The interim DMHCA is available on-call, as needed. An interview with the interim DMHCA confirmed, she is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the facility. The interim DMHCA is responsible to ensure the timely and accurate completion of comprehensive mental health and substance abuse evaluations, facilitate mental health and substance abuse treatment groups, provide clinical supervision to the program therapists in a face-to-face setting on a weekly basis, review and signoff on comprehensive assessments, Assessments of Suicide Risk, initial treatment plans, individualized treatment plans, and treatment plan reviews.

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.	

In addition to the interim designated mental health clinician authority, the program has a contract with a psychiatrist who is on-site biweekly. The psychiatrist has a clear and active license in the State of Florida with a specialty in child and adult psychiatry. A review of documentation for the past six months confirms the psychiatrist was on-site biweekly, with no exceptions. The program is licensed in accordance with Chapter 397, Florida Statute, to provide substance abuse services; certified by the Department of Children and Families, expiring in February 2019. All licenses and position descriptions were reviewed. Staffing is in accordance with the contract.

3.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff	Failed 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 two non-licensed mental health clinical staff providing mental health and substance abuse services. One staff has been temporarily assigned to this program for the past year, from another program with the same provider. The other non-licensed staff was hired August 2018. Both clinical staff hold the appropriate master's-level of education necessary and in accordance with the contract. The newly hired clinical staff is a registered mental health counselor intern. The interim designated mental health clinician authority (DMHCA) assures the non-licensed staff working under their supervision are performing services they are qualified to provide based on education, training, and experience. Non-licensed mental health and substance abuse clinical staffing is in accordance with the current contract. Both non-licensed clinical staff work forty hours a week with rotating weekend coverage. The interim DMHCA, the previous DMHCA who left in October 2018, and other licensed staff with the same provider provide one hour a week of on-site, face-to-face supervision with the non-licensed mental health clinical staff. A review of documentation for the past six months indicated there were four non-licensed staff, of which two currently work at the program, who required weekly clinical supervision. Supervision documentation was reviewed for the past six months for four staff requiring a total of thirty-seven clinical supervision sessions; there was not documentation for fifteen of the thirty-seven clinical supervision sessions. There is documentation the regional clinical supervisor met with the previous DMHCA on June 13, 2018 to provide coaching regarding clinical supervision not being completed as required. The weekly supervision is documented on a form similar to the Department's form MHSA 019. Five youth mental health treatment records were reviewed. Each mental health substance abuse evaluation, initial treatment plan, and individual treatment plan completed by non-licensed clinical staff was reviewed and signed by the DMHCA or another licensed clinical staff within ten calendar days of completion.

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 regarding mental health and substance abuse admission screenings. Five youth mental health treatment records were reviewed. All five records had documentation of existing mental health and substance abuse information was reviewed from each commitment packet. All five youth had a Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) administered on the day of admission. Each MAYSI-2 screening was completed by trained staff and completed in the Department's Juvenile Justice Information System (JJIS) on the same day. Three of the five MAYSI-2 assessments indicated further assessment was required. All newly admitted youth are referred for a comprehensive bio-psychosocial evaluation as part of the program's protocol and are administered an Assessment of Suicide Risk (ASR) as part of the intake process. Documentation confirmed each youth had an ASR completed during intake. Additional screening instruments include the Adolescent Substance Abuse Subtle Screening Inventory Version 2 (SASSI-2) and Beck Depression Inventory (BDI). An interview with the facility administrator confirmed the intake and admission screening process.

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 has a policy and procedures regarding mental health and substance abuse assessments and evaluations. Five youth mental health treatment records were reviewed and reflected each youth was referred for a new mental health evaluation on the day of admission. All five youth had a mental health evaluation completed within thirty calendar days of admission. Four evaluations were completed by a licensed mental health clinical staff. One evaluation had no signatures of any staff but was dated within thirty calendar days of admission. The new evaluation included demographic information, reason for evaluation, relevant background information, behavioral observations, mental status examinations, interview or procedures administered, discussion of findings, diagnostic impression, and recommendations. Three youth required a substance abuse evaluation which included patterns of alcohol and other drug abuse, impact of alcohol and other drug abuse on major life areas, and risk factors of continued alcohol and another drug abuse. All five youth had a signed consent for substance abuse services in their treatment records.

3.06 Mental Health and Substance Abuse Treatment	Limited 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 has a policy and procedures regarding mental health and substance abuse treatment. Four of the five reviewed youth mental health treatment records had documentation indicating the youth was assigned to a treatment team upon admission. The multidisciplinary treatment team is comprised of representatives from the program's administration, education, medical, and mental health staff. Treatment team meetings were scheduled during the annual compliance review week and observed. Youth records were reviewed to determine if services were delivered for individual, family, and group sessions, as prescribed on the individualized treatment plans. Progress notes were reviewed for the past four months. All five youth records had daily progress notes missing. For the five youth, there were 153 dates which did not have a progress note. For 119 of those 153 dates, there was documentation of sign-in sheets confirming the youth did receive services on those dates. There were thirty-four dates where there was no documentation of services provided. All five youth had an Authority for Treatment and Evaluation (AET) and signed Consent for Substance Abuse Evaluation and Treatment. All five youth had signed substance abuse consent and release forms, Department forms MHSA 012 and MHSA 013. Treatment progress notes are documented on a form containing all the required information from Department form MHSA 018. Group therapy is limited to ten or fewer youth for mental health groups and fifteen or fewer youth for substance abuse groups, as evidenced by groups observed by an annual compliance review team member and a review of sign-in sheets. Five staff were interviewed, and all five confirmed direct care staff do not conduct mental health or substance abuse groups. An interview with the interim designated mental health clinician authority indicated interventions provided include social skills, substances abuse services, and sexual offender counseling services.

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 has a policy and procedures regarding mental health and substance abuse treatment and discharge planning. Five youth mental health treatment records were reviewed and all five had an initial treatment plan completed on the date of admission. The initial mental health and substance abuse plan is documented on a form containing all the required information from Department form MHSA 015. The initial treatment plans were signed by the

licensed clinical staff completing the form. The initial treatment plans were signed by other members of the treatment team. Each of the initial treatment plans included the youth's psychiatric needs. One initial treatment plan was not signed by the youth.

All five individualized treatment plans were developed for each youth within thirty days of admission. The individualized treatment plan is developed on a form containing all the requirements from Department form MHSA 016. The individualized treatment plans were signed by the licensed clinical staff completing the plan. The plans were signed by all treatment team members. For the two youth who were taking psychotropic medication, the individualized treatment plan included psychiatric services for the medication and frequency of monitoring. Each youth had treatment plan reviews every thirty days following the development of the individualized treatment plan with two exceptions out of a total of twenty-three treatment team reviews required. The treatment plan review is developed on a form containing all the requirements like Department form MHSA017. Each plan prescribed services for individual, group, and family counseling.

Three closed youth mental health records were reviewed for discharge plans. All three had a discharge plan documented on Department form MHSA 011. None of the youth were identified as a suicide risk upon release. Each discharge plan included a recommendation of follow-up services for daily maintenance. All of the discharge plans had documentation indicating the plan was discussed with the youth, parent/guardian, and juvenile probation officer (JPO) during the transition and exit conferences.

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.".	

The program provides juvenile sexual offender (JSO) services. The contract was amended in January 2018 to allow for services to be provided by staff who work under the supervision of a licensed staff who is qualified to provide JSO services. The previous designated mental health clinician authority (DMHCA) who was trained to provide JSO services, resigned effective October 2, 2018. The new DMHCA is scheduled to start November 6, 2018. The provider is utilizing the a JSO trained licensed staff from another program with the same provider. The previous DMHCA completed the JSO course required in order to be recognized as a JSO services provider by the Department. An interview with the facility administrator confirmed the program provides specialized treatment services for JSOs. The program utilizes Pathways, a specific sexual offender curriculum for JSO groups. A review of five mental health treatment records confirmed JSO services were provided to youth, as required.

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 a contract with a psychiatrist who is on-site biweekly. The psychiatrist has a clear and active license in the State of Florida, with a specialty in child and adolescent psychiatry. Each youth admitted into the program receives an initial psychiatric evaluation within

fourteen days of admission, regardless of their medication status. Two of the five reviewed youth mental health treatment records found the youth were admitted on psychotropic medications. An additional record was reviewed for psychiatric services. There was documentation in each of the three records to indicate the youth were seen for a medication review by the psychiatrist, at a minimum, every thirty days.

A review of documentation for the past six months confirmed the psychiatrist was on-site biweekly, with no exceptions, as required by the contract. The psychiatrist is available for emergency consultation twenty-four hours a day, seven days a week. An interview with the psychiatrist confirmed his role in the coordination and implementation of psychiatric services in the program includes the evaluation and management of medication. An interview with the interim designated mental health clinician authority (DMHCA) confirmed the facilitation of biweekly meetings with the psychiatrist, program nurse, and DMHCA to discuss youth and their medication regiment and treatment progress.

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 has policy and procedures regarding suicide prevention services to include a written plan detailing suicide prevention procedures. The plan includes identification and assessment of youth at risk of suicide, staff training, suicide precautions, levels of supervision, referral, communication, notification, documentation, immediate staff response, staff training, and a review process which includes suicide attempts and a mortality review. The plan is reviewed annually and was last reviewed October 9, 2018 by the designated mental health clinician authority and the facility administrator.

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.*	

Five youth mental health treatment records were reviewed. All five youth had an Assessment of Suicide Risk (ASR) completed during their admission screening completed on the Department's form MHSA 004. Because of the ASR, four of the five youth were placed on standard supervision. Two additional records were reviewed of youth who had an ASR and required precautionary observation (PO). Those youth were placed on constant supervision. The suicide precaution observation (PO) logs for each of the three applicable youth were completed correctly to include documented "safe housing areas." Supervision was documented on the PO logs and the PO was authorized. A follow-up ASR was completed prior to the removal of the youth from PO. One youth was on PO for seventeen days; two follow-up ASRs were completed

using the wrong form. The discrepancy was reviewed by the regional clinical staff who noted it for the designated mental health clinician authority. The other ASRs included all of the required elements. A conference was held between the facility administrator and a licensed mental health professional to reduce the level of supervision. Documentation of the actual times were noted on the ASR. The parent/guardian was notified of the suicide precautions. Each of the three youth had an alert in the Department's Juvenile Justice Information System (JJIS) opened and closed, as required. The initial ASR for two youth were completed by a licensed mental health staff. A JJIS suicide alert was initiated and removed for the two youth placed on suicide precautions. One youth was admitted to the program with an open suicide alert. Once the youth was stepped down to standard supervision, the JJIS alert was closed. Precautionary observation allowed the youth to participate in activities and did not limit the youth's activities to his room.

Five staff were interviewed regarding a youth who expresses suicidal thoughts. All five staff stated they would notify the mental health therapist, document supervision, and keep the youth in sight and sound. Four staff stated they would search the youth and the youth's room for sharp objects. All five staff knew the suicide response kit is located in central 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.	

Three applicable youth mental health treatment records were reviewed for suicide precautions. The precautionary observation (PO) logs were maintained for the duration the youth were on suicide precautions. The appropriate level of supervision and observations of the youth's behavior were documented in real time; the documented times did not exceed thirty-minute intervals. Warning signs were documented to have been observed. There was documentation to confirm mental health staff were notified of the warning signs. The PO logs were reviewed and signed by each shift supervisor, as well as reviewed and signed by a licensed mental health professional. The PO logs documented safe housing requirements. One youth had PO documented on the wrong form. This discrepancy was noted during a review by the regional clinical director who requested staff be retrained on the correct form. All three youth were interviewed regarding staff response while they are on PO. All three youth stated they were never left alone and staff was always with them, including while they were sleeping while they were on suicide precautions.

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

Seven staff pre-service training records were reviewed, and all seven staff completed six hours of suicide prevention training. Three staff in-service training records were reviewed. All three staff had completed six hours of suicide prevention training. The past three quarters reviewed for suicide drills. For all three quarters, a suicide drill was conducted monthly on each shift. The program has been on two twelve-hour shifts since June 2018. There were twenty-two staff applicable for suicide drills during the past three quarters. Four staff participated in three drills, nine staff participated in two drills, and six staff participated in at least one drill in the past three

quarters. Three staff who did not participated in mock suicide drill are part-time or PRN staff. Staff members who did not participate during a quarterly mock drill had the opportunity to review the drills and procedures at the next staff meeting.

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 regarding mental health crisis intervention services which includes written crisis intervention procedures. The crisis intervention plan includes notification and alert system, means of referral, communication, supervision, documentation, and review. The plan is reviewed annually by the designated mental health clinician authority, last reviewed October 9, 2018.

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

The program has a written crisis intervention plan which includes a process for implementation of a crisis assessment form. The program utilizes a form developed by the program, containing all the Department's crisis assessment form, MHSA023. The form includes the reason for crisis assessment, method of assessment, current mental health status, degree of dangerousness, initial clinical impression, supervision recommendations, treatment recommendations, recommendations for follow-up or further evaluation, and notifications. The program has not completed a crisis assessment during the annual compliance review period

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 has a policy and procedures regarding emergency mental health and substance abuse services which includes a written mental health and substance abuse plan. The emergency mental health and substance abuse services plan includes immediate staff response, notifications, communication, supervision, authorization to transport for emergency

mental health or substance abuse services, transport for emergency mental health evaluation and treatment under Baker Act, transport for emergency substance abuse assessment and treatment under Marchman Act, documentation, training, and review. The plan is reviewed annually by the designated mental health clinician authority, last reviewed October 9, 2018.

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 has not had any Baker Acts or Marchman Acts during the annual compliance review period; therefore, this indicator rates as non-applicable.

Standard 4: Health Services

Overview

The program contracts with a licensed medical doctor (MD) to serve as the designated health authority (DHA) for the program. The DHA is available twenty-four hours a day by telephone and is on-site once weekly. The DHA reviews medical records and care provided, completes Comprehensive Physical Assessments (CPA), monitors youth with chronic conditions, and assesses youth who have been referred by the program nurses. The program also contracts with a psychiatrist. The psychiatrist is responsible for psychiatric services, management of medications, and monitoring of youth's compliance with medication. The program employs two full-time registered nurses (RN). The RNs are on-site seven days a week. The director of nursing (DON) is on-call twenty-four hours a day, seven days a week. The DON is responsible for the operation the clinic, which includes sick call, medication administration, referrals for off-site care, tracking and scheduling follow-up care, education, and training. The program has a modified class II pharmacy permit.

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 physician (MD) who holds an unrestricted license and meets all requirements for practice in the State of Florida. The DHA has a specialty in family practice. A review of the sign-in sheets indicated the DHA is on-site weekly. The program employs two full-time registered nurses (RN) who are on-site seven days a week, from 8:00 a.m. to 6:00 p.m. The director of nursing (DON) is on-call twenty-four hours a day, seven days a week. The nurses are responsible for the operation of the clinic, which includes sick call, medication administration, referrals for off-site care, tracking and scheduling follow-up care, education, and training. A review of the RNs' licenses found both are clear and active.

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 facility operating procedures (FOP) for all health-related procedures and protocols. There is documentation indicating an annual review of all health-related FOPs was completed by the executive director, the designated health authority (DHA), and nurses. The nursing staff reviewed, signed, and dated a cover letter which states they will follow treatment protocols. There are treatment protocols for non-licensed healthcare staff for use when there is not a nurse available. Designated staff members receive annual training on these treatment protocols, which is evidenced with a training roster. The DHA has also reviewed established standing orders for each admission. There are no FOPs requiring a psychiatrist annual review. There are no standing orders concerning psychotropic medications. All newly employed healthcare personnel receive a comprehensive clinical orientation.

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.	

Three of the five reviewed youth healthcare records contained a copy of the Authority for Evaluation and Treatment (AET) signed by a parent/guardian and stamped "copy." The remaining two youth records were for youth who were eighteen years old and had a release of information form. Parental notifications were maintained behind the AET.

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

Five youth healthcare records were reviewed, of which three contained notifications sent to the youth's parent/guardian. The remaining two youth records were for youth who were eighteen years old and did not require parental notification. The medical staff must attempt to contact parent/guardian to give verbal notifications of any change in medications and/or treatment for youth under eighteen years old. The staff documented attempts to contact parent/guardian in youth medical records. The medical staff also sent written notifications when a new medication (non-psychotropic) was needed, and for any off-site appointments. One of the youth records reviewed required a notification be sent to the parent/guardian for emergency care. A copy of the notification of emergency care was in the youth's record.

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.	

Five youth healthcare records were reviewed, of which two were applicable for notification regarding the Clinical Psychotropic Progress Note (CPPN) or new, discontinued, or adjusted to psychotropic meds; therefore, one additional record was reviewed. All three applicable youth required notification for continuation of psychotropic medication at admission. Two of the three had changes in medication. All three youth records documented a telephone call was made to the parent/guardian concerning a psychotropic medication, one of them on the CPPN and two on a progress note. All telecalls were witnessed by another staff. Written notification was then sent to the parent/guardian on the Department's Acknowledgment of Receipt Form of CPPN.

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).	

Five youth healthcare records were reviewed and each had documentation showing the youth's vaccinations were verified within thirty days of admission. None of the youth records had documentation of a refusal for immunizations or a declaration for a religious exemption. The program uses the Florida Certification of Immunization and/or Florida Shots to verify immunizations.

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.	

Five youth healthcare records were reviewed and each of the youth had a Facility Entry Physical Health Screening (FEPHS) form completed on the day of admission. All were completed by a registered nurse (RN).

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.	

Five youth healthcare records were reviewed and four of the youth required a medical alert on the program's internal alert system and in the Department's Juvenile Justice Information System (JJIS). Two youth had a medical grade of five for psychotropic medications. Three had a medical grade of two and were in chronic clinics. Chronic clinics are for youth identified by the designated health authority (DHA) with a medical condition requiring on-going evaluations such as obesity, asthma, diabetes, seizures, etc., and are seen every thirty to sixty days by the DHA. A copy of the internal medical list is hung in the staff break room, which is also where the program's alert board is located. There was documentation in the youth records indicating medical alerts were confirmed and kept up to date by the facility nurse.

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 addressing youth orientation to healthcare services. Five youth healthcare records were reviewed and each of the records contained documentation the youth received a healthcare orientation on day of admission to the program. The healthcare orientation topics include how to access sick call, what constitutes an emergency, how medications are administered, when to notify staff for side effects, allergies, medical issues, and chest pain or shortness of breath after exercising. Orientation also included the right to refuse care, what to do in the case of a sexual assault, the non-disciplinary role of the healthcare provider, and when healthcare staff must notify program administration.

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 policy and procedures for the designated health authority admission notification. The program's standard process is to inform the DHA on all admission to the program. Five youth healthcare records were reviewed and all were applicable for notification to the designated health authority (DHA) concerning a chronic condition. The DHA was notified by telephone within the required timeframes, which was documented in each youth's progress notes. The program's standard process is to inform the DHA on all 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.	

Five youth records were reviewed, of which two were applicable for a healthcare admission rescreening. These were the only two youth who required a rescreening during annual compliance review period. A new Facility Entry Physical Health Screening (FEPHS) form was completed by a registered nurse upon each youth's return to the program. In addition, each youth had a drug screen conducted upon his readmission, as required by policy.

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.	

Each of the five reviewed youth healthcare record contained a new Health Related History (HRH) form, which was completed on the day of admission to the program. Each HRH form was documented on the Department's Health Related History form (HS014) by a licensed nurse and reviewed by the designated health authority (DHA) on their next on-site visit. All the HRH forms were completed before, or at the same time as, the comprehensive physical assessment (CPA).

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

All five reviewed youth healthcare records had a new comprehensive physical assessment (CPA) which was completed using the Department's Comprehensive Physical Assessment form (HS017). Each youth record had a new CPA completed by the designated health authority (DHA), within seven days of the youth's admission. Four of the five records had all fields on the CPA competed. One youth refused the genital exam and signed in the appropriate area on the CPA indicating his refusal. Each CPA had medical grades documented. The Department's Problem List was updated, as needed, for each of the five youth.

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.	

Five youth healthcare records were reviewed and contained documentation of a tuberculin skin test (TST) completed within seventy-two hours of admission. All of the current tuberculosis (TB) screenings were documented on the comprehensive physical assessment and on the Infectious

and Communicable Diseases (ICD) forms. The Tier I TB screening is completed on the Facility Entry Physical Health Screening form. All of the youth at the program had a current TB screening.

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).	

Five youth healthcare records were reviewed and found all of the youth were clinically screened for sexual transmitted infections (STI). All five youth had testing completed with their results documented on the Infectious and Communicable Diseases (ICD) form and lab results filed in their individual 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.	

Five youth healthcare records were reviewed, and each had documentation the youth was offered human immunodeficiency virus (HIV) testing. One youth record documented the youth's consent for HIV testing; therefore, two additional records were reviewed. The pre-and post-testing counseling, as well as the actual testing, is completed by a Union County Health Department certified HIV counselor. All three applicable youth records contain the youth's HIV results in a sealed envelope, marked "confidential" in the lab section of the record. Each of the five interviewed youth reported 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.	

Sick call is scheduled and conducted each day, by a registered nurse from 9:00 a.m.to 11:00 a.m. Youth are seen any time for episodic care. Nursing staff check the sick call requests throughout the day. If a licensed nurse is not on-site, direct care staff will consider the incident to be episodic care and use the approved standard protocols for non-healthcare staff. These are documented using the Report of On-site Healthcare by Non-Healthcare Staff (HS049). The nurse will evaluate youth who received the service the next morning. Five youth healthcare records were reviewed and none of the youth presented with a similar sick call complaint three or more times within a two-week period or with a complaint of severe pain which staff were not familiar. Five youth were interviewed and all five responded they could see a nurse within one day of the 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.	

Sick call is scheduled and conducted each day, by a registered nurse from 9:00 a.m.to 11:00 a.m. Youth are seen any time for episodic care. In each of the five youth records reviewed, each youth had several sick calls. All were documented on the Sick Call Index and Sick Call Referral Log. All sick call forms were signed by the youth, all sections were completed, and filed in

reverse chronological order in the individual health care record. All five interviewed youth reported they would be seen within one day of submitting a sick call request. All five youth also responded they could see a doctor, if needed. Each of the five interviewed staff reported the nurse conducts sick call. One sick call was observed during the annual compliance review with youth's permission. The registered nurse conducted the sick call, using the approve protocols. The sick call was completed and signed by youth. It was documented on the Sick Call Index and the Sick Call Log.

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

The program's policy, procedures, and practice confirm the program does not use controlled observation; therefore, this indicator is rated 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.	

Five youth healthcare records were reviewed, three of which indicated the youth required on-site first aid care. Each of the episodic care encounters was logged in the program's episodic care log. Episodic care was performed by either the licensed staff or non-healthcare staff. For healthcare staff, care was documented using SOAP elements (subjective, observation, assessment, and plan). Each of the non-healthcare staff documented episodic care on the Report of On-Site Healthcare by Non-Healthcare Staff form. Each of the forms were filled completely with the required information. Every episodic care event was reviewed by a registered nurse. Each youth also received a follow-up by the RN. The program has six first aid kits located throughout the program and two first aid kits used for transports. Three first aid kits were reviewed, and the contents were verified to be current. Each of the first aid kits were monitored monthly and replenished, as needed. The expiration dates for all items is listed on the outside of the container. All items matched the designated health authority's (DHA) approved list for first aid kits. Five youth were interviewed and found they could see a dentist if needed

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 for emergency care. There is one automated external defibrillator (AED) located in the medical clinic. A review of the AED log indicated the AED is checked monthly to verify the battery is working. A test was conducted during the annual compliance review, and the AED was working properly. The battery expires in July 2023. The last date the AED batteries were changed was September 27, 2018. The pads have an expiration date of September 28, 2019 and were last changed May 9, 2017.

Emergency medical drills were reviewed for the past six months. The drills were conducted at least quarterly, on each shift. At least one of those drills in each quarter included cardiopulmonary resuscitation (CPR). Emergency numbers for staff are posted in the medical clinic and central control, inaccessible to youth. The program does not carry an EpiPen auto

injector. Five staff were interviewed and each reported they are personally allowed to call 9-1-1 if a youth has a medical emergency

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.	

Five youth healthcare records were reviewed, of which three youth records indicated the youth required off-site or emergency care. One of the three youth required parent/guardian notifications documented. The youth's record indicated the parent/guardian was notified. The remaining two youth were eighteen years old and did not require parental notifications. The Summary of Off-Site Care form was utilized and filed in all three youth records along with discharge documents. The designated health authority (DHA) signed and reviewed the off-site summary forms and supporting documents and all were filed in the youth's record. Follow-up referrals and appointments were tracked by the registered nurse.

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.	

All five youth healthcare records reviewed were applicable for chronic illnesses. Each youth was seen every ninety days. None of the five youth healthcare records reviewed indicated missed appointments. The Department's Problem List for each youth was updated. Medications are renewed only after ninety-days. An interview with the designated health authority (DHA) and the nurse confirmed the procedures. The progress notes in the youth's medical records also confirmed youth with chronic illnesses received regular evaluations.

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

Five youth healthcare records were reviewed and all five entered the program with prescribed medication. Each youth had a standard Department medication receipt, transfer, and disposition form which were appropriately signed and dated. All the records had a list of medications the youth were taking at the time of admission. All youth records had documentation the designated health authority and/or psychiatrist was contacted to continue the specified medications. There are facility operating procedures addressing non-healthcare staff to verify the medications of youth when a nurse is not on-site during an admission. A review of the Facility Entry Physical Health Screening (FEPHS) forms and progress notes confirmed verification of medication for youth admitted with medication.

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.	

Each of the five reviewed youth records documented the youth were prescribed medications from an outside provider. All five youth had a current and valid prescription order. In all five

records documented the designated health authority (DHA) and/or the psychiatrist was contacted by the program and the registered nurse received a verbal order for current medications to be continued, discontinued, and when medications are changed, or new medications are ordered after admission to the program.

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.	

All medications are stored in a separate, secure area of the program, inaccessible to youth. Prescribed and over-the-counter (OTC) medications are stored in the medication cart, behind an additional locked door inside the medical clinic. Bulk supplies of medications are stored in a locked cabinet behind the additional locked door, in the medical clinic. Controlled medications are stored on the med cart, in a locked box. The program had no injectable medications on-site. Medications are stored separately according to type. There is a refrigerator used only for medication storage. Sharps are secured separate from OTC medications. The program has a policy and procedures in place for the destruction and disposal of expired or discontinued medication. Discontinued medication which have not expired are returned to the pharmacy for credit. Expired prescriptions and OTC medications are disposed of by medical staff in accordance Designated Health Authority orders.

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

There are weekly, daily, and perpetual inventories maintained by the healthcare department. Perpetual inventories, with running balances, are maintained on all controlled substances, sharps, and bulk stock over-the-counter (OTC) medications. Three randomly selected sharps, bulk OTCs, and youth medications were reviewed and found they each matched the documented inventories. Inventory sheets for the reviewed sharps, bulk OTCs, and working OTCs for the last six months were reviewed and found the, weekly inventories were completed without exceptions. Three youth medications were reviewed for inventory with no discrepancies found.

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 written policy and procedures regarding controlled medication inventory. The policy includes the nursing shift-to-shift inventory and change of custody procedures. Controlled medications are stored in a separate section of the medication cart, which is always locked when not in use. The cart is stored in a separate area of the medical clinic behind an additional locked door. At least two shift-to-shift counts are completed daily for each controlled medication. Three randomly selected controlled medications were reviewed for inventory. Each inventory was verified to match the controlled medication count. For each youth, the number of pills remaining after each administered dosage was documented on the youth's individualized Controlled Medication Inventory Record. A review of the inventories from the past six months found the program's medication management system was accurate.

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.	

Five youth healthcare records were reviewed, and all five youth had a Medication Administration Record (MAR). The program uses the standard Department MAR. The MAR contained all elements required, including the youth's name, the Department identification number, date of birth, youth allergies, precautions, medical grade, medical alerts, and a current picture of youth. Nursing staff document side effects daily. For youth taking medication at admission, the initial MAR matched the medication list. The MAR clearly indicated medication start/stop dates. There were no lapses in medication administration. At a minimum, the nursing staff document weekly side effect monitoring on the MAR.

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.	

Medication administration was observed and occurred as scheduled. Medication administration is the sole responsibility of the nurses. The working space was found to be clean and organized, the nurse had control of the medications. An observation of medication administration revealed, the youth are escorted one at a time to medication pass. The Five Rights of Medication Administration were verified for each youth. The nurse asked about any side effects with each youth. Staff observed to ensure the medication was swallowed. Prescription medications were not pre-poured. The observation of the medication administration appeared to be in accordance with the program policy and procedures. Five youth were interviewed with three reporting the nurse gives them their medication and the other two youth did not take medication.

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 for medication administration when there is not a nurse on-site. Designated non-healthcare staff are permitted to assist in the delivery of oral medication, prescribed and over-the-counter, in the absence of a licensed healthcare staff. The staff member assisting youth with the self-administration of medication is not permitted to conduct or supervise any program activities during this time. A review of the staff training records for applicable staff who can administer medication indicated the director of nursing conducted training for non-healthcare staff members to administrate medication when no medical staff member is on site. Refusals are clearly documented on the MAR. Five youth were interviewed, with three reporting the nurse gives them their medication and two youth did not take medication. Five staff were also interviewed and all five reported the nurse gives the medication, three responded staff, and three reported other. The other was described as trained authorized staff. All staff trained to administer medications signed and initialed the MARs. All

youth receiving medications from staff initialed the MARs. All non-health care staff reviewed the Five Rights of the Medication Administration, confirmed allergies, and reviewed side effects prior to administering medications to the youth. All MARs were reviewed by the nursing supervisor and the doctor.

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.	

A review of five youth healthcare records found two of the youth were prescribed psychotropic medications prior to entering the program; therefore, one additional record was reviewed. In all three applicable records, the designated health authority (DHA), designated mental health clinician authority, and psychiatrist were notified upon each youth's admission. For each youth, the psychotropic medications were continued until an initial psychiatric interview was conducted. Each initial psychiatric interview was conducted within fourteen days of the youth's admission into the program. The psychiatric evaluation was documented on the Department's Clinical Psychotropic Progress Note (CPPN) with all three pages. Each of the evaluations were completed within thirty days, as required. Each youth had a monthly CPPN completed, which included all required information, continuing the youth on the psychotropic medication. There is documentation any of the youth were monitored for Tardive Dyskinesia monthly. There were no standing orders for psychotropic medications, emergency treatment, or pro re nata (PRN) 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 for infection control including prevention, containment, treatment, and reporting requirements related to infectious disease, according to Occupational Safety and Health Administration (OSHA) federal regulations and Centers for Disease Control and Prevention(CDC) guidelines. Universal precautions are included in the comprehensive education and prevention plan at the program. Hepatitis B immunizations are available to staff, if necessary, at no cost. There were no instances in which the local county health department and/or the CDC were required to be notified.

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's comprehensive infection control plan includes training for all staff and youth. A review of seven staff training records found each of the seven staff members received the training. All staff received training on the facility exposure plan during orientation, and annually. Five youth healthcare records were reviewed all had documentation the youth received education on standard precautions, prevention, and transmission of communicable disease, vaccinations, hand washing, and Centers for Disease Control and Prevention (CDC) guidelines

for infection control. In accordance with the contract, youth are receiving monthly Health Education which is being logged into the Healthcare Education Form.

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 written exposure control plan available to all staff. The plan is reviewed and signed annually by the facility administrator, director of nursing, and designated health authority. The plan includes risk assessment, methods of compliance, and a comprehensive process in place for needle stick post-exposure evaluation. The program has not had any incidents requiring them notifying the local county health department or the Centers for Disease Control and Prevention (CDC).

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 facility administrator is responsible for oversight of all safety and security at the program. The program has policy and procedures in place concerning youth supervision, census counts and tracking, key control, contraband, searches, transportation of the youth, and vehicle maintenance. The program has thirty-two operational security cameras. The maintenance manager is responsible for tool and chemical inventories and the physical plant. The treatment team members, youth care workers, shift supervisors, therapists, and case managers are responsible for the implementation and monitoring of the program’s behavior management system. The program does not use controlled observation or 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 policy and procedures for supervision of youth. The daily schedule is posted in the common areas. A review of the logbook and informal interviews with staff indicated the program followed the schedule. Observations found direct care staff were appropriately positioned to provide proper supervision of youth. Informal interviews were conducted with several direct care staff members regarding the youth counts. All but one staff responded with the accurate number of youth they were supervising at the time and did not have to count the youth before responding to the question. When asked, staff could explain what the procedures were if they cannot reconcile the count. Day time staff to youth ratio requirements of one-to-eight and the sleeping ratio of one-to-twelve were maintained during observations made during the annual compliance review.

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 provides a copy of the behavior management system (BMS) to youth during admission to the program. An overview of behavior management system was found in the reviewed youth records. The BMS includes a variety of rewards/incentives to encourage youth and incorporates a token economy. The program utilizes a point sheet, point store, and monthly recognition. The points earned can be used to purchase items from the point store. The BMS includes routines, rules, consequences, and rewards. The daily point sheet includes observations and the ability to earn points for appropriate behaviors, self-control/boundaries, appropriate language, peer and staff interactions, academic and group treatment performance, hygiene/deportment, living space, supervision, and program rules and norms. Each of the five

interviewed staff indicated an understanding of the BMS. All five interviewed youth indicated the BMS is explained in the youth handbook and they understand the system. The youth reported they are also familiar with the type of rewards for doing well. The BMS is posted throughout the facility. The youth said the BMS is fair. The facility administrator interview indicated the program uses positive peer culture, positive reinforcement, and social modeling BMS which is monitored through staff annual performance evaluations. Written policy and procedures outline the process for ensuring a four-to-one ratio of positive to negative reinforcement is maintained. The staff is trained to provide for every negative action, four positive verbal responses/actions. According to facility administrator, BMS consequences are reviewed by the case manager, unit manager, and the facility administrator or designee to ensure the use of rewards and consequences are administered fairly and consistently in application among the staff.

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 for the behavioral management system (BMS), which includes monitoring of the BMS and ensuring the use of rewards and consequences are administered fairly and consistently. One of the three reviewed staff training records did not reflect staff completed training on the BMS. Each of the five interviewed staff members were able to explain the program's BMS. All of the interviewed staff and five interviewed youth were able to explain the consequences and rewards of the system. The BMS does not allow youth to be locked in rooms, youth to discipline other youth, or group punishment. Each of the five interviewed staff indicated a level and point system is used and are familiar with the types of rewards provided to youth and reflected they talk to youth about consequences. The staff also reported they receive feedback on their use of BMS. All of the interviewed youth indicated they understood the BMS. One of five youth interviews indicate behavior management system is poor. The facility administrator interview reflected staff are provided feedback on their implementation of BMS through verbal interaction. The program director interview indicated staff receive feedback regarding implementation of the BMS on their annual evaluations. The program does not use room restriction. Position descriptions were reviewed and found they each included the required qualifications of staff whose job functions include implementation of the BMS.

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 has a policy and procedures for conducting ten-minute checks. A review of ten-minute check documentation and videos on three separate occasions indicated staff checking youth rooms. The checks did not exceed ten minutes and were documented in real time with one exception. The ten-minute check for Bravo dorm on September 30, 2018 was documented as completed at 7:08 a.m.; however, a review of the video does not show staff conducting check. Five of five staff interviewed indicate room checks are conducted when youth are placed in room and the checks are documented on every ten minutes.

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 policy and procedures addressing youth census, counts, and tracking. The facility logbook documentation includes youth movements and daily census. A review of the facility logbooks showed headcounts were completed at beginning of each shift and after outside activities, with one exception. On June 13, 2018, documentation in the logbook indicated at 1:35 p.m., eleven youth were documented going outside to recreation, but never logged back in. Observations of youth counts showed staff followed process in verifying accurate count. Five of five interviewed staff indicated counts are conducted more often than required. The logbooks entries included all movements, daily counts, new admissions, releases, youth off-site, etc.

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's logbooks are bound with numbered pages. A review of the logbook found entries were legible, included the dates and times of events, names of staff and youth involved, a brief description of the events, dates and times of the entries, signatures of the staff making the entry but did not include name of person making entry. All written mistakes in the logbook are lined out and initialed by the staff member making the correction. A review of the shift reports indicated on-coming shift staff reviewed and signed-off on shift reports. A copy of the shift report is maintained at central control for about seven days. The facility logbooks were reviewed for six Central Communications Center incidents and five of six were documented in facility logbooks.

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 policy and procedures addressing key control. The policy includes procedures for addressing missing or lost keys and reporting and replacing damaged keys. The distribution of keys was observed during the annual compliance review and found keys were documented on the key log with one exception. A set of keys for YCW-6 was not signed in on October 15, 2018; however, subsequent log entries validated the keys were accounted for. An interview with master control staff revealed restricted keys are kept in separate locked area and access is limited to the shift supervisor or facility administrator. Five of five staff interviewed were able to explain key control process. Program keys are kept in a locked box when not in use. A random review of key inventory matched the actual key rings in use. No personal keys were discovered during a random check of staff. The staff interviewed were able to describe process for daily tracking and reconciliation of keys.

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 policy and procedures addressing contraband. The program's policy identifies items considered contraband such as cell phones, money, medication, cigarettes, and food. Contraband searches were documented in facility logbook and on the contraband search forms. Contraband searches are conducted at least weekly. Items identified as contraband are collected and disposed of according to the program's policy. The program director's interview indicated discovery of illegal contraband would be turned over to law enforcement.

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 policy and procedures regarding searches and full body visual searches. During the annual compliance review, staff were observed conducting youth searches during movements and when youth used tools. The staff were thorough and appropriately gave verbal instructions to the youth when conducting searches. All searches were conducted by staff who were same gender as the youth. An electronic hand-held metal detector is used to search visitors. Full body visual searches were not observed during the annual compliance review. Five of five interviewed staff stated searches are completed during any movement. Full body visual searches are done at admission or when youth return form off-site activities. Five of five youth interviews indicated searches are done after all movements.

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 a policy and procedures for vehicles and the maintenance of vehicles. The program has two vehicles used to transport youth. Emergency equipment for each of the vehicles include a seat belt cutter, a window punch, a fire extinguisher, and a first aid kit. The program has documentation of the vehicles annual safety inspections. The maintenance records indicated the vehicles were inspected regularly, and when deficiencies were identified, the deficiencies were immediately corrected. According to five interviewed staff, youth are not attached to any part of the vehicle other than proper use of a seat belt. The program did not have transports scheduled during the annual compliance review. Informal interviews of both staff and youth indicated all vehicle occupants wear seatbelts at all times when in a vehicle.

5.11 Transportation of Youth	Failed 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 policy and procedures regarding the transportation of youth. Each of the five interviewed staff indicated a radio or cellular phone is provided for communication. The staff indicated personal vehicles are not used to transport youth. A random check of the program's parking lot found vehicles were locked. The program conducted random license checks of staff members who transport youth. Rear doors of caged transport vehicle cannot be opened from the inside. Informal staff interviews confirmed seat belts are worn by all youth and staff during transportation, youth are not permitted to drive, and staff do not leave youth unsupervised in a vehicle. Two staff are required for transports of less than five youth, as required by Florida Administrative Code 63E-7.013. A review of the facility logbook and transport logs from June to October 2018 indicated transports conducted for fewer than five youth only included one staff. Informal interviews with staff revealed it is common practice for one staff to transport one to five youth.

5.12 Weekly Safety and Security Audits	Satisfactory Compliance

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

The program has a policy and procedures outlining weekly safety and security audits. The procedures include who is responsible for conducting audits/inspections, identifying deficiencies, and corrective action, when needed. An interview with program director indicated there is a clear process regarding the identification, tracking, deficiencies are addressed. The program director and the unit manager review the weekly audits and discuss findings during

management meetings. A review of the weekly audits found they were completed each week, as required.

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 policy and procedures for inventorying and managing tools. The program uses shadow boards and inventory sheets to identify and keep track of tools. Tools are inventoried at the beginning of each day and after being returned by maintenance personnel. Tools not used regularly are locked in a cabinet with a seal and inventoried monthly. Tools are kept in locked spaces when not in use. A review of five staff and five youth training records indicated staff and youth were trained on the intended and safe use of tools. A review of tool inventories confirmed all items were accounted for. One of the five interviewed youth indicated using a screwdriver and hammer with supervision from staff and after risk assessment. The remaining four youth reported they did not use screwdrivers or hammers.

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 policy and procedures for youth handling tools and supervision of youth when using tools. Observations of staff to youth ratios during youth tool use did not exceed one-to-five. The program has a policy and procedures for issuing tools, youth risk assessments, and youth searches. A review of five youth risk assessments for youth using tools reflected they were cleared for using tools. Five of five staff interviews indicated youth can use brooms and mops.

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 policy and procedures to address outside contractors. The contractors are required to sign-in and complete documentation of actions to be completed. The contractor's tools are checked upon arrival and departure. The program's policy lists appropriate conduct, confidentiality, youth interaction, restriction of personal cellular phones, and procedures concerning missing tools. A review of the contractor visit binder revealed tools are inventoried, and contractors were informed of procedures. A review of work invoices coincided with dates contractors were on-site.

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

The program has a policy and procedures for fire, safety, and evacuation drills. A review of drill documentation reflected the program conducts fire drills monthly on each shift. The drills document included of the required elements (date, time, participants, summary of the drills and management review) The program conducted two evacuation drills during the annual

compliance review period. An interview with the program director indicated program staff participate in fire, chemical spills, severe weather, disturbances, riots, bomb threats, hostage, flooding, and terrorist threat drills. The program director also indicated drills are done monthly on a rotating basis with mental health and suicide drills and are conducted each quarter on each shift, and fire drills are conducted monthly on each shift. Five of five youth interviews indicated youth are familiar with evacuation process. Five of five interviewed staff indicated staff participate in fire, escape, and evacuation drills. The program conducts other drills, to include medical, suicide and major disturbance 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 policy and procedures for disaster and continuity of operations planning. The program Continuity of Operations Plan (COOP) was signed by the program director May 11, 2018 and by the Department's North Residential Regional Director on May 14, 2018. The COOP includes fire drills, severe weather, riots, bomb threats, flooding, hostage situations, chemical spills, the roles and responsibilities of staff, equipment and supplies, youth information, alternative housing, provisions for continuity of care and custody of youth, and provision for public protection. An interview with the program director reflected the COOP is located their office and in master control.

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 policy and procedures to address the storage and inventory of flammable, poisonous, and toxic items. The program's flammable, poisonous, and toxic materials are kept in a locked area where youth do not have access. Maintenance staff and supervisory staff have access to these secure areas. A review of the flammable, poisonous, and toxic items matched documented inventory and included copies of safety data sheets.

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 policy and procedures to address youth handling and supervision for flammable, poisonous, and toxic items and materials. Observations of routine cleaning of the facility revealed staff control access to cleaning supplies and they do not let youth handle

flammable, poisonous, and toxic items. Five of five youth interviews reflected youth are not permitted to handle hazardous cleaning items.

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 policy and procedures to address the disposal of all flammable, toxic, caustic, and poisonous items, in accordance with safety data sheets. An informal interview with maintenance staff revealed flammable, toxic, caustic, and poisonous items and materials are disposed of appropriately. Empty paint cans are air dried and placed in the trash can, and other chemicals are returned to the vendor for disposal. An interview with the program director and a review of the disposal log indicated the program disposes of flammable, toxic, caustic, and poisonous items in accordance with safety data sheets.

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

The program's activity schedule is posted in the youth common area and includes a range of supervised and structured indoor and outdoor recreation and leisure activities for youth. A review of the program's logbook reflected youth participate in recreation and leisure activities. Five of five interviewed youth indicated they are provided with at least one hour of large muscle activity daily by participating in sports or physical fitness activities. The program provides mental activities such as board games or creative arts. Interviews with five staff indicated, when needed, activities are discontinued to keep youth hydrated and prevent overexertion. The program has a recreational therapist who meets all the requirements for the position. A review of the program's recreational schedule shows the therapist is facilitating the recreational activities for the youth in the program. Therapeutic activities such as team building, and physical fitness are incorporated into the youths' performance plans are based on the developmental level and needs of the youth. Five of five staff interviews reflect youth are provided one hour of large muscle activity daily.

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 has policy and procedures indicating it 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 policy and procedures addressing visitation, mail, and correspondence. A review of visitation, telephone, and youth correspondence logs showed youth communicated only with persons included on their approved lists. The visitation schedule is posted, and, if a visitor needs to arrange a different visitation time, the transition services manager can coordinate a date and time outside of normal visitation. Five of five youth interviews indicated they can communicate with family through mail, telephone, or during visitation.

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.	

The program has policy and procedures indicating it does not use controlled observation; therefore, 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 policy and procedures indicating it does not use controlled observation; therefore, 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 policy and procedures indicating it does not use controlled observation; therefore, this indicator rates as non-applicable.

Program Name: Union Juvenile Residential Facility
Provider Name: Sequel TSI of Florida, LLC
Location: Union County / Circuit 8
Review Date(s): October 16-19, 2018

MQI Program Code: 1099
Contract Number: 10174
Number of Beds: 24
Lead Reviewer Code: 130

Overall Rating Summary

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

Limited Ratings	Failed Ratings
1.12 Restorative Justice Awareness for Youth	3.03 Non-Licensed MH/SA Clinical Staff
3.06 MH/SA Treatment	5.11 Transportation of Youth