



Monitoring and Quality Improvement Standards for

Community-Based Day Treatment Services FY 2020-2021



Office of Accountability and Program Support
*Promoting continuous improvement and accountability
in juvenile justice programs and services.*

The Department acknowledges the Monitoring and Quality Improvement (MQI) Standards are built upon Department rules, policies, procedures and manuals. As we continue to improve and refine our competitive procurement process, there may be instances in which requirements negotiated between the Provider and the Department exceed the MQI Standards. In instances where contractual obligations surpass requirement(s) set forth in the published Standards, the contract requirement will prevail.

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* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

** When referencing duties of a JPO/JPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).

Standard 1

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** When referencing duties of a JPO/JPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).

1.01 Initial Background Screening

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 and confidential youth records. A contract provider may hire an employee to a position which 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 does not demonstrate he or she exhibits any behaviors which warrant the denial or termination of employment. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

— CRITICAL —

Guidelines/Requirements: Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth and confidential youth records to ensure they meet established statutory Level 2 screening requirements. The Department is mindful or aware of its status as a criminal justice agency and its special responsibilities in dealing with the youth population and utilizes Level 2 Screening Standards, as required in s. 435.05, 985.644 (3) and 985.66(3)(a) 3 F.S., to screen individuals prior to employment or volunteering and every five-years of continued service.

New Screening Required:

Moving from the Department to a contracted provider, from a contracted provider to the Department, or from one contracted provider company to another is considered a new hire and a new background screening is required.

Screening documents (IG/BSU 002 and 005, a copy of driver's license, Social Security Card, and IG/BSU 003) must be submitted to the BSU when a provider employee is screened in the Clearinghouse and wants to be hired by another provider. The hiring provider must submit also receive a completed copy of those screening documents prior to hiring the employee. (*Note: Fingerprinting is not usually required.*)

New Screening not Required:

Contracted/grant provider volunteers, mentors, and interns who assist or interact with provider youth on an intermittent basis for less than ten hours a month do not need to be background screened if an employee who has been background screened is always present and has the volunteer within his/her line of sight. (**Note:** Intermittent basis means the volunteer provides assistance on a noncontinuous basis or at irregular intervals; visiting no more than once a quarter.)

Current employees of the Department or a provider are not required to submit a new background screening request when they are promoted, demoted, or transferred within their organization, as long as there is no break in service.

A volunteer who has been hired by the center is not required to submit a new background screening, as long as there is no break in service.

- a. Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by FDLE/(Federal Bureau of Investigation (FBI), the five-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within ninety-days of completing the screening request.

Other Requirements:

Neither the Department nor contracted providers shall hire any applicant until:

- a. An eligible background screening rating has been received, and the criminal history report has been reviewed.
- b. An application with an ineligible/not eligible rating has received an approved exemption from disqualification from the Department, has received an eligible rating, and the criminal history report has been reviewed.
- c. The provider has administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and has determined what is a passing score. (volunteers are not required to take or pass the assessment tool).
- d. The provider has placed a copy of the pre-employment tool and passing score in the applicant/employee record.
- e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority has reviewed the CCC Person Involvement Report, the Staff Verification System (SVS) module, Florida Department of Law Enforcement (FDLE) Automated Training Management System (ATMS) result, and completed any required agency personnel record reviews prior to hiring staff or utilizing a volunteer who will have contact with youth, or access to confidential youth records, with the exception of the SVS module for volunteers.

Annual Affidavit Requirement:

Teachers/Instructional personnel who are paid by the school board or who are paid through funding provided by the school board or Department of Education to provide instruction to youth in a program are not required to undergo background screening by the Department.

Certified law enforcement and security officers who are paid by their law enforcement or security agency to provide security service in a center are not required to undergo background screening by the Department.

- a. Review records of all staff hired and volunteers starting since the last annual compliance review to determine a clearance was received prior to the employee being hired and volunteers starting. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the center) and volunteers.
- b. Confirm if an exemption was granted by the Department prior to hiring or utilizing any staff or volunteer currently working in the program who were rated ineligible/not eligible for employment by the Department's Inspector General to continue employment.
- c. Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards for the center, school, and law enforcement/security agency were submitted to the Background Screening Unit (BSU) prior to January 31 of the current calendar year. (Review spreadsheet sent from BSU.)

Reference:

- FDJJ-1800 and FDJJ-1800 PC, Background Screening Policy and Procedures
- F.S. 985.644, Departmental Contracting Powers; Personnel Standards and Screening

1.02 Five-Year Rescreening

Background rescreening/resubmission is conducted for all Department staff and volunteers and all contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Staff 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.)

Guidelines/Requirements: A rescreening/resubmission is completed every five years, calculated from the agency hire date (original date of hire). This date does not change when a staff transfers within a Department or provider program or when a staff member is promoted. Five-year rescreens/resubmissions shall not be completed more than twelve months prior to the staff's five-year anniversary date.

When a rescreening/resubmission is submitted to the Background Screening Unit (BSU) at least ten business days prior to the five-year anniversary or Retained Prints Expiration date, but it is not completed by the BSU on or before the anniversary or Retained Prints Expiration date, the screening shall meet annual compliance review standards.

- Clearinghouse resubmissions must be initiated in the Clearinghouse portal at least ten business days prior to the Retained Prints Expiration Date.
- Clearinghouse rescreening/resubmission request forms must be submitted to the BSU at least ten business days prior to the Retained Prints Expiration Date.

When a rescreening/resubmission is *not* submitted to the BSU at least ten business days prior to the five-year anniversary or retained prints expiration date, and the BSU does not complete the rescreening prior to the anniversary or retained prints expiration date, the screening shall *not* meet annual compliance review standards.

Review the staff and volunteer roster to determine which staff and volunteers required a five-year rescreening/resubmission since the last annual compliance review. All eligible staff and volunteers should be reviewed.

Review records and Clearinghouse records for all applicable staff and volunteers hired five years since their initial hire date of employment to determine a clearance was submitted at least ten days prior to the staff's anniversary date of being hired within the agency (not promotional date) or to check retained prints expiration dates. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the program (not staff paid by the school board).

Reference:

- FDJJ-1800, Background Screening Policy and Procedures

1.03 Protective Action Response (PAR)

The program uses physical intervention techniques in accordance with the Florida Administrative Code. Any time staff use 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 to be completed and filed in accordance with the Florida Administrative Code.

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not used physical interventions or mechanical restraints during the scope of the annual compliance review.

Program staff should be familiar with Florida Administrative Rule 63H-1, which establishes the statewide frame-work to implement procedures governing the use of verbal and physical intervention techniques and mechanical restraints.

Review the program’s Department approved PAR Plan.

Review a sampling of PAR reports to determine if:

- A review by a PAR certified instructor/supervisory staff
- A post-PAR interview was conducted with the youth by the program director, or designee, within thirty minutes after the incident
- A review of the PAR incident report by the program director, or designee, within seventy-two hours of the incident, excluding weekends and holidays
- Statements were completed by all witnesses and participants
- The reports were completed on the same day the incident occurred
- The youth was referred to the licensed medical professional on-site, or was taken off-site, as appropriate, should medical staff not be present, if findings of the post-PAR Interview indicate the need for a PAR medical review
- The techniques applied were approved by the Department

A PAR report shall be completed after an incident involving the use of counter moves, control techniques, takedowns, or the application of mechanical restraints. A PAR report is not required when mechanical restraints are used for the movement of youth outside of the secure area of operations or during transports.

Reference:

- F.A.C. 63H-1, Staff Training, Basic Curricula (PAR)
- Per Contract Requirement

****Pending Rule Change – updates may be made at a later date****

1.04 Pre-Service/Certification Training

Contracted non-residential staff are trained in accordance with Florida Administrative Code. Contracted non-residential staff must complete pre-service/certification requirements specified by Florida Administrative Code within 180-days of hiring.

Contracted non-residential staff who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.

Contracted non-residential staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.

Guidelines/Requirements: The following essential skills must be completed prior to direct contact with youth:

- PAR (thirty-two hours, within ninety calendar days of hiring)
- CPR/First Aid Certified
- Professionalism and Ethics Training
- Suicide Prevention Training
- Emergency Procedures Training
- Active Shooter Training

Other required trainings:

- New Employee Orientation (minimum of one hour) lessons shall include but are not limited to the Department's overview.
- Customer Service (minimum of one hour)
- Records management and public records (minimum of one hour)
- Sunshine Law (minimum of one hour)
- Civil Rights (minimum of three hours)
- Safety training (minimum of two hours)
- Any other trainings required by contract (as required position)
- PREA

All contracted providers shall submit, in writing, a list of pre-service trainings to the Department's Office of Staff Development and Training including the course names, descriptions, objectives, and training hours for any instructor-led training on the required topics. (It may be helpful to view the "All Trainings Completed" report for each staff.)

It is the expectation of the Department all trainings, both pre-service and instructor-led, are documented in the Department's Learning Management System (SkillPro) [within thirty days of training completion](#).

Review training records for the completion of a minimum of 120-hours of web-based and/or instructor-led training.

For Contracted Non-Residential Staff:

Returning staff who return more than one year from separation shall complete all requirements set forth in subsection 63H-2.004(1), F.A.C., as they are no longer considered trained.

Reference:

- F.A.C. 63H-1.009, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-2.004(1), Contracted Non-Residential Staff
- Pursuant Contract Requirement

****Pending Rule Change – updates may be made at a later date****

1.05 In-Service Training

Contracted non-residential staff must complete in-service training in accordance with Florida Administrative Code. Contracted non-residential staff must complete twenty-four hours of annual in-service training, beginning the calendar year after the staff completed pre-service training.

Supervisory staff shall complete eight hours of training in the areas listed below, as part of the twenty-four hours of annual in-service training.

Guidelines/Requirements: The following are mandatory training topics which must be completed each year by contracted non-residential staff (unless specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- PAR update (As required by PAR Rule Chapter 63H-1)
- CPR (annually)
- First Aid (annually)
- Professionalism and Ethics
- Suicide Prevention (six hours annually, as required by Rule 63N-1.0091) Mental Health staff are excluded from the annual Suicide Prevention Training.
- Active Shooter
- PREA

Supervisory staff shall complete eight hours of training in the areas of:

- Management
- Leadership
- Personal Accountability
- Employee Relations
- Communication Skills
- Fiscal

All contracted programs shall submit to the Department's Office of Staff Development and Training a written list including course names, descriptions, objectives, and training hours for any instructor-led in-service training.

It is the expectation of the Department all trainings, both in-service and instructor-led, are documented in the Department's Learning Management System (SkillPro) within thirty days of training completion.

In-service training begins the calendar year after a staff completes his/her pre-service training.

Programs shall develop an annual in-service calendar which must be updated as changes occur.

Review training records and/or SkillPro for contracted non-residential staff in subsequent years of employment to ensure training was completed, as required. This sample must include supervisory staff.

This indicator shall be rated based on a review of training completed during the last full calendar year prior to the annual compliance review.

[Review staff interview results regarding training participation.](#)

Reference:

- F.A.C. 63H-1.009, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-1.012, Annual Training Requirement
- F.A.C. 63N-1.0091, Suicide Prevention Plans
- Per Contract Requirements

1.06 Cleanliness and Sanitation

The program provides a safe and appropriate treatment environment including maintenance and sanitation of the facility.

Guidelines/Requirements: Safety and welfare standards of programs shall incorporate:

All indoor areas and attached buildings shall be clean, neat, and well maintained.

No graffiti shall be allowed to remain on walls, doors, or windows.

Weekly safety inspections of all internal and external areas and equipment shall be conducted to ensure the facility is clean and in good repair. Inspections shall be documented in writing.

To help ensure the facility is clean and in good repair, a maintenance and housekeeping plan shall be developed and employed.

For programs operating during evening hours, the facility perimeter and grounds shall be lit.

Space shall be available for private counseling, group meetings, and classrooms.

Regional monitor(s)/reviewer(s) shall inspect the building/facility to ensure all bullets have been met.

Regional monitor(s)/reviewer(s) shall review weekly inspection reports.

Reference:

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- Per Contract Requirements

1.07 Fire Prevention and Evacuation Procedures

The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.

Guidelines/Requirements: Safety and welfare standards of programs shall incorporate:

A comprehensive safety regimen including fire prevention.

Smoking shall not be permitted in the facility. Any designated smoking areas shall be outside of the facility and clearly marked.

A fire alarm and automatic detection system is required. All program staff and youth shall be trained in the operation of the alarm system.

Fire protection equipment shall be available at strategic locations throughout the facility and checked quarterly. All program staff and youth shall be trained in the proper operation and use of available equipment.

Fire drill procedures shall include unannounced fire drills, conducted at least monthly. Drills shall be conducted under varied conditions and across all shifts, and all fire drills shall be documented in the Fire Safety Log.

A Fire Safety Log shall be kept in the facility and shall contain a record of annual fire safety inspections, a summary of all deficiencies found by fire officials, a record of corrections, and the results of periodic fire safety inspections and equipment checks.

Review drill logs to ensure drills were conducted, as required.

Review the annual fire safety inspections.

Review the program's egress plans.

Review interview responses to determine if youth have been instructed on what to do in the event of a fire.

Reference:

- F.A.C. 63D-12.002 (1)(b), Probation, Non-Residential Facilities, Safety and Administration
- Per Contract Requirements

1.08 Administration

The program provides a safe and appropriate treatment environment including administrative and operational oversight.

Guidelines/Requirements: The program director is responsible for maintaining information regarding the program and reporting to the Department. Monthly reports shall be submitted to the Department detailing incidents and population data. (Only as required by contract.)

Youth listed on the program roster shall match the census report in the Department's Juvenile Justice Information System (JJIS).

Statistical information shall be maintained, including monthly data on admissions, releases, transfers, absconds, abuse reports, medical and mental health emergencies, incidents, personnel actions, volunteer hours, and average length of stay. (Only as required by contract.)

The program shall provide sufficient staff to operate the program with a case manager to youth ratio of 1:12.

The administration shall include, at a minimum, the following staff:

For Eckerd – Contract 10591:

- Program Director - The program director (PD) must possess, at a minimum, a bachelor's degree in criminal justice, social work, sociology, education, public administration or related field from an accredited college or university. Degrees must be conferred from an accredited college or university. Equivalent experience working with youth may be substituted on a year-for-year basis, subject to the approval of the Department's Regional Director, with input from the chief probation officer (CPO) and notification to the Assistant Secretary for Probation and Community Intervention. The PD will possess a minimum of seven years of professional experience working with at-risk or delinquent youth. The PD shall have a minimum of one year of supervisory/management experience.
- Program Manager - shall possess a bachelor's degree in criminal justice, social work, education, public administration, human services or Department-approved, related field. Degrees must be conferred from an accredited college or university. Equivalent experience working with youth may be substituted on a year-for-year basis, subject to the approval of the Department's Regional Director, with input from the CPO and notification to the Assistant Secretary for Probation and Community Intervention. The program manager shall have a minimum of one year of supervisory/management experience.
- Two Integrated Services Managers– must have bachelor's degree in criminal justice, social work, education, or Department-approved, related field with a minimum of two years of experience working with at-risk youth
- Two Case Managers – must have bachelor's degree in criminal justice, social work, education, or Department-approved, related field with a minimum of two years of experience working with at-risk youth

- Clinical Director/Licensed Mental Health Professionals – shall possess, at a minimum, a psychologist licensed pursuant to Chapter 490, F.S., a licensed mental health counselor, a licensed marriage and family therapist, or licensed clinical social worker licensed pursuant to Chapter 491, F.S. The clinical director/licensed mental health professionals must also have a minimum of two years of management experience or ten years of management/education experience.
- Director of Quality and Treatment Services – at a minimum, shall possess a master’s degree in social work, counseling, sociology, education, public administration, or a related field.

For YAP – Contract 10644:

- Program Director (Licensed Clinician) - must be a Licensed Mental Health Professional under Chapter 490 F.S. or Chapter 491 F.S., with a minimum of three years supervisory/management experience and a minimum of seven years of professional experience working with at-risk or delinquent youth. Equivalent experience working with youth may be substituted on a year-for-year basis, subject to the approval of the Department's Regional Director, with input from the CPO and notification to the Assistant Secretary for Probation and Community Intervention.
- Administrative Manager - must possess, at a minimum, a high school diploma or GED, with commensurate experience required.
- Two Case Managers - shall possess a bachelor's degree in criminal justice, social work, education, or Department-approved, related field with a minimum of two years' experience working with at-risk youth.
- Two Integrated Services Managers - shall possess a bachelor's degree in criminal justice, social work, education, or Department-approved, related field with a minimum of two years' experience working with at-risk youth.

Review monthly reports submitted to the Department.

Review logbooks to ensure requirements are met.

Reference:

- F.A.C. 63D-12.002 (2), Probation, Non-Residential Facilities, Safety and Administration
- Per Contract Requirements

1.09 Incident Reporting (CCC)

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.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any reportable incidents during the scope of the annual compliance review. If there are no Central Communications Center (CCC) reports for the past six months, the regional monitor(s)/reviewer(s) may sample reports since the date of the last annual compliance review, but no more than twelve months.

Incidents discovered and reported by the regional monitors during the annual compliance review shall be considered “Non-Applicable,” unless documentation exists indicating the program was aware of the incident but failed to report it.

The purpose of the CCC is to provide a service to the Department, the providers, and programs in maintaining a safe environment for the treatment, care, and provision of services to youth. The CCC activities are conducted twenty-four hours a day, seven days a week. The telephone number for the CCC is 1-800-355-2280.

Violations of criteria outlined in the Department’s FDJJ 1920 policy will be reported to the CCC for dissemination to the related program area and contracted providers.

The reporting of incidents shall be consistent with the Department’s requirements. The regional monitor(s)/reviewer(s) shall be familiar with the Department’s incident reporting requirements and list of reportable incidents.

Review CCC reports for the past six months to determine compliance with CCC reporting procedures.

Review internal incidents and grievances to determine if additional incidents should have been reported to CCC.

Reference:

- F.A.C. 63F-11, Central Communications Center

1.10 Abuse-Free Environment

Any knowledge or suspicion of abuse, abandonment or neglect is reported to the Florida Abuse Hotline.

— CRITICAL —

Guidelines/Requirements: The program shall provide an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment. To promote an abuse-free environment, the program will:

1. Adhere to a code of conduct forbidding staff from using physical abuse, profanity, threats, or intimidation.
2. Ensure all allegations of child abuse or suspected child abuse are immediately reported to the Florida Abuse Hotline.
3. Ensure youth have unimpeded access to self-report alleged abuse.
4. Ensure youth eighteen years of age or older report abuse allegations to the Central Communications Center (CCC).

Review CCC reports and program incident reports to determine if there have been any abuse allegations substantiated against staff or if staff have reported abuse on behalf of a youth.

If any allegations have been made against staff, review any documentation of management interventions and disciplinary actions in response to the incident.

Review youth records to ensure there were not any indication of abuse not being reported to the Florida Abuse Hotline.

Review youth and staff interview results related to an abuse-free environment.

Review the program's code of conduct to ensure compliance with statute.

Reference:

- F.S. 39.201, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."

1.11 Youth Records (Healthcare and Management)

The program maintains an official case record, labeled “Confidential,” for each youth, which consists of two separate records:

- **An Individual Healthcare Record**
 - **An Individual Management Record**
-

Guidelines/Requirements:

1. An Individual Healthcare Record containing the youth’s medical, mental health, and substance abuse related information
2. Individual Management Records are organized in the following separate sections:
 - a. Legal information
 - b. Demographic and chronological information
 - c. Correspondence
 - d. Case management treatment team activities
 - e. Miscellaneous

The program clearly labels each individual management record and individual healthcare record as “Confidential.” All official youth records are secured in a locked file cabinet or a locked room. The program clearly identifies any file cabinet used to store official youth case records as “Confidential.” The program complies with the records and confidential information provisions pursuant to F.S. 985.04.

Programs have an option to maintain a temporary mental health and substance abuse record (“Active Mental Health/Substance Abuse Treatment Record”) during a youth’s on-going mental health or substance abuse treatment, as required.

Review a sample of individual case management records to determine if the program practice is in compliance with the file tab requirements.

References:

- F.A.C. 63M-2.061 Record Documentation, Development and Maintenance
- F.A.C. 63N-1.0041 Individual Healthcare Record

1.12 Interventions and Facilitator Training

The program shall implement interventions for each youth. Interventions shall include, but are not limited to, evidence-based practices, promising practices, or practices with demonstrated effectiveness. Staff whose regularly assigned job duties include the implementation of a specific intervention and/or curriculum must receive training in its effective implementation.

Guidelines/Requirements: For each youth in its care, the program provides interventions addressing the needs of the youth. These interventions include, but are not limited to, evidence-based practices, promising practices, or practices with demonstrated effectiveness, as defined by Florida Administrative Code, addressing a priority need identified for each youth.

Conduct the following interviews:

- Interview the clinical director or designee to determine the intervention provided is an evidence-based, promising practice, or a practice with demonstrated effectiveness to address the priority needs of each youth and to determine how a staff member's education and work experience are considered when determining which staff would deliver life skills training or groups.
- Interview the program director to determine how youth are matched to case managers and/or integration service managers and intervention groups.
- Interview youth to determine participation in groups.

Review the following supportive documentation:

- The program's intervention or strategy to determine if it is evidence-based.
- A sample of staff training records to determine if staff were trained on the specific intervention they facilitate. Review records to determine if facilitators have the required education and work experience.
- The program's contractually required service(s) and identified personnel to be trained.
- Group sign-in sheets to determine if the groups are being delivered as indicated on the program's group/activity schedule.

Reference:

- Per Contract Requirements

Standard 2

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** When referencing duties of a JPO/JPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).

2.01 Transportation Services

The program provides a safe and appropriate treatment environment including transportation.

Guidelines/Requirements: The program shall provide door-to-door transportation to and from the youth's residence to the service center, local community sites, and referral appointments.

The program shall also provide or coordinate transportation to and from services. The program shall provide transportation during the week and on the weekends for any youth being transported to and from off-site activities to include, but not limited to: structured activities, support services, mentoring, school activities (off-site) or community service activities which are part of the youth's Youth Empowered Success (YES) Plan. The youth may also need to be transported therapy-site for Redirections Services.

Total transportation time between the youth's home and the program shall not exceed ninety minutes each way unless mutually agreed to, in writing (email acceptable), by the program and the Department's chief probation officer (CPO).

For Eckerd Contract 10591: The program shall provide transportation for family members, as needed, for community appointments and program events.

References:

- Per Contract Requirements

2.02 Transportation Plan

The program shall have a transportation plan which includes each of the following components: driver selection process, review of motor vehicle records, drug and alcohol testing, preventative maintenance, and accident procedures.

Guidelines/Requirements:

Elements of the plan shall include the following:

- Driver selection process which includes but is not limited to: Completion of a formal interview and Department background screening clearance to include contacting references, review of Motor Vehicle Reports and a negative result during drug screening. Authorizations shall be obtained to contact prior employers and personal references.
- Motor Vehicle Records (MVRs): MVRs are required to be requested upon completion of a satisfactory interview and periodically thereafter, at a minimum of at least once a year. An unfavorable record shall result in the loss of driving privileges for the transportation of youth, or employment.
- Drug/Alcohol testing: Initial drug testing is mandatory in accordance with the Drug Free Workplace Program. Any positive results shall be grounds for termination. Driving under the influence of alcohol or any other illegal substance shall be grounds for termination.
- Preventative Maintenance: To retain the safety and integrity of the vehicle, the program shall identify the necessary resources to ensure all vehicles are operating at their best. All routine motor vehicle maintenance shall be done according to the manufacturer's specifications. Critical components that must always be maintained and promptly repaired are: brakes, tires, suspension, steering, lights, mirrors, windows, and windshield wipers.
- Accident Procedures: The program's transportation plan shall include compliance with the CCC, Chapter 63F-11 F.A.C., as well as internal procedures in the event an employee is involved in any type of vehicular accident while working and using a company or personal vehicle. This shall include but not be limited to: the reporting process, procedure if towing is needed, and coordination if hazardous material and/or clean-up is needed.

References:

- Per Contract Requirements

2.03 Transportation of Youth

The provider shall provide or arrange for the provision of transportation for program-related purposes.

Guidelines/Requirements:

- Ensure program staff transporting youth have current, valid driver's licenses.
- Not deny a youth services or penalize a youth due to the lack of transportation.
- Ensure youth and staff wear seat belts while the vehicle is in operation.
- Comply with Department transportation policies.
- The program shall provide at least one staff for all transports.

Review youth and staff interviews to determine if youth are required to wear seatbelts when being transported in a vehicle.

Changes to the Transportation Plan: The chief probation officer (CPO) or other designated staff shall review, consider, and approve in writing any requests for changes based on transportation difficulties presented by the program. Approved changes to the transportation plan shall be incorporated by reference and shall be sent to the Department's Contract Manager.

If the program utilizes staff members to transport youth using personal vehicles the program shall follow FDJJ 1920 when transporting youth at any time.

References:

- Per Contract Requirements

2.04 Vehicles and Maintenance

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. Vehicles are to be equipped with the appropriate amount of working seat belts. Each vehicle is to utilize the required equipment and be inspected, as required by contract.

Guidelines/Requirements:

- Vehicles must be inspected by the program director or designee and have working seat belts.
- Ensure all vehicles transporting youth are kept in safe and sound condition.
- Ensure vehicles have current insurance and automobile registrations.
- Ensure all vehicles are locked when not in use.

Preventative Maintenance - All routine motor vehicle maintenance shall be done according to the manufacturer's specifications. Critical components which must always be maintained and promptly repaired are: brakes, tires, suspension, steering, lights, mirrors, windows, and windshield wipers.

Reference:

- F.A.C. 63D-12.002 (1)(f), Probation, Non-Residential Facilities, Safety and Administration
- Per Contract Requirements

MQI Standards for Day Treatment Services

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* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

** When referencing duties of a JPO/JPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).

3.01 Admission and Orientation

Program orientation shall be conducted within twenty-four hours of a youth's admission to the program. Case notes should document the date and time of the orientation and the youth received orientation documents.

Guidelines/Requirements:

The youth's parent/guardian shall receive written notification within twenty-four hours of the youth's admission to the program. Written notification shall include a brief overview of the program, the transportation route time slot when the youth will be picked up and brought home each day, information regarding weekly scheduled recreational activities, and how to inform the program of any objections to the youth's participation in recreational activities due to physical or medical problems. Objection must be accompanied by written documentation from a physician.

An orientation handbook or brochure shall be provided, containing the following:

- Program goals and available services
- Review of the case planning process
- Telephone guidelines
- Search policy
- Youth rights and grievances
- Florida Abuse Hotline telephone number
- Advocacy Center for Persons with Disabilities telephone number
- Program rules governing youth conduct and consequences for major rule violations

In addition to the handbook or brochure, the orientation shall also include the following:

- Introduction to program staff
- A review of expectations, rules, and the behavior management system
- A review of the daily activity schedule governing day-to-day operations
- A review of emergency medical and mental health services, emergency safety, and the evacuation procedures for the program
- A list of contraband items and materials, and the consequences for introducing contraband into the facility
- A review of the performance planning process
- The average anticipated length of stay to successfully complete the program
- The program dress code, which shall prohibit pictures, logos, emblems, and writing depicting illegal activity, violence, profanity, gang logos, or nudity
- All forms and consents are signed and dated by the youth, parent/guardian, and the case manager or designee, and should also include the orientation acknowledgement with the checklist of materials reviewed.
- Intake/orientation documentation and session is to be maintained in the youth's case management record.

Review the youth's Face Sheet to determine when the youth was added to the program's census.

Reference:

- F.A.C. 63D-12.003 (1), Probation, Non-Residential Facilities, Service Delivery
- Per Contract Requirements

3.02 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS

The program shall alert staff of medical, mental health, and suicide risk issues which may affect the security and safety of the youth in the program.

Guidelines/Requirements: There shall be a written policy in place clearly articulating the procedure for the identification and documentation of medical, mental health, and suicide risk alerts.

The program shall alert staff of medical issues which may affect the security and safety of the youth in the program. The program shall also alert staff of a youth's possible suicide risk or mental health disorder which may pose a potential security or safety risk in the program.

At a minimum, all youth with chronic medical conditions shall be placed on the program's alert system.

A suicide risk alert shall be entered in the Department's Juvenile Justice Information System (JJIS) and the program's alert system when a youth is identified during screening, staff observations, or assessment as a potential suicide risk. For youth who have a suicide risk alert in JJIS, discontinuation of the alert must be based upon an Assessment of Suicide Risk (ASR), as required in Rule 63N-1. For youth with an open Suicide Risk Alert at intake when mental health clinical staff are not present, the Parent Guardian Notification Form must be utilized. During the next scheduled program contact with the youth, Mental Health clinical staff must review the community-based ASR indicating their child to no longer be a suicide risk, or a mental health clinical staff will need to administer an ASR during the next contact with youth. If clinical staff are not present to complete an ASR at the next contact with youth, staff must maintain at least Constant Supervision of the youth until an ASR is completed and the Suicide Risk Alert is discontinued.

A mental health alert shall be entered in JJIS and the program's alert system when a youth is identified as having a mental disorder or acute emotional distress which may pose a security or safety risk. For youth who have a mental health alert in JJIS, discontinuation of the alert must be based upon a Crisis Assessment, as set forth in Rule 63N-1, F.A.C.

There is a daily process of informing all staff of environmental stressors (e.g., heat indexes) automatically rendering some programming unsafe, and there are alternative activities planned.

When reviewing alerts, the regional monitor(s)/reviewer(s) shall review the youth's record for possible alerts and ensure they are identified in the program's alert system.

Review the program's alert system. Determine how alerts are shared with program staff.

Review interview responses to determine how staff are informed of alerts and how effective staff believe this process is for communicating this information.

Reference:

- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Contract Language – Medical Alerts
- Facility Operating Procedures – Medical Alerts
- Per Contract Requirement
- F.A.C. 63N-1.00921, Suicide Risk Screening – General Requirements
- F.A.C. 63N-1.0093, Assessment of Suicide Risk and Follow-Up Assessment of Suicide Risk Procedures
- F.A.C. 63N-1.0097, Notifications When a Youth on Suicide Precautions is Released, Transferred or Discharged

3.03 Community Assessment Tool (CAT) Full Assessment

The CAT Full Assessment is completed by program staff for all youth, regardless of risk to reoffend, within seven calendar days of admission.

Guidelines/Requirements: Program staff shall complete a Community Assessment Tool (CAT) on all youth. Staff completing the CAT shall use the interview with the youth, along with his or her own observations and those of collateral sources such as parents/guardians, other Department staff, law enforcement, and/or other informed persons who have knowledge of the youth's behavior and background.

Program staff are responsible for completing all assessments for youth in the program. CATs completed by Department staff will not be used to determine compliance with this indicator.

Review CAT completion list from the Department's Juvenile Justice Information System (JJIS) to ensure the CAT was completed in a timely manner.

Reference:

- CAT Statewide Business Rules
- Per Contract Requirements

3.04 Youth-Empowered Success (YES) Plan Development

The YES Plan is cooperatively developed for youth on probation, and minimum risk committed non-residential. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan.

Guidelines/Requirements: All youth shall have a Community Assessment Tool (CAT) assessment completed prior to the development of the initial Youth Empowered Success (YES) Plan.

Review a sample of records to ensure the initial YES Plan was developed within fourteen calendar days of the youth's admission to the program and was signed by all parties, including the youth, parent/guardian, program staff, and the program director or designee.

Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan.

The youth, parent/guardian, and juvenile probation officer (JPO)/case manager (CM) and/or Integration Services Manager input regarding needs and goals shall be the driving force in the development of the case plan including action steps and target dates and clearly document the development process in the case notes.

Each youth's YES Plan shall include:

- An evidence-based intervention aligned with assessed risk level
- Community contacts – three times a week
- Monthly home contacts
- Structured activity schedule

Structured Activities, Skills, Training, and Support Services. These services may include, but are not limited to:

- Life Skills and Character Development
- Self-Sufficiency Skills
- Leisure and Recreation
- Educational Assistance
- Pre-Vocational or Vocational Services
- Career Exploration Services
- Regularly scheduled employment with a verified employer
- Verified employability skills training and/or job search services for development of a job candidate pool

Review the case notes to ensure negotiation of the YES Plan with the appropriate parties.

Review the YES Plan to ensure treatment and intervention recommendations identified at the Exit Conference and/or in the Discharge Summary are included.

The youth and parent/guardian shall be provided with a copy of the initial YES Plan upon their review and signature.

Parent/guardian requirements are waived whenever a youth is eighteen years of age or older, living independently, or otherwise disengaged from his/her parent/guardian, as documented in the case notes.

The youth and parent/guardian shall be informed of the importance of complying with the sanctions and goals of the plan.

Review youth interviews for youth participation in development and acknowledgement of the plan.

Reference:

- F.A.C. 63D-12.003 (3), Probation, Intervention, Community Supervision Services
- F.A.C. 63D-10.003, Probation
- F.A.C. 63D-10.003 (4), Probation
- CAT Statewide Business Rule
- PCI-16-003, Contact with Youth and Families – Amendment I
- Per contract requirements

3.05 Youth Requirement/Change Goal Elements

The YES Plan provides appropriate and individualized target dates for the completion of each youth requirement and Change Goal. All youth requirement and Change Goal action steps include the intervention plan elements (i.e., who, what, and how often).

Guidelines/Requirements: Court-ordered sanctions shall be documented in the Department's Juvenile Justice Information System (JJIS) in the Youth Requirements Module. Each youth requirement shall contain at least one specific action step for the youth, parent/guardian, and juvenile probation officer (JPO)/case manager (CM), clearly defining who is responsible, what action should be taken, and how often the action should be taken.

For all youth in the program, at least one of the top three criminogenic needs shall be addressed by creating a Change Goal in JJIS. Each Change Goal shall contain at least one specific action step for the youth, parent/guardian, and JPO/CM, clearly defining who is responsible, what action should be taken, and how often the action should be taken.

A Change Goal may address part of the court order, as long as it is also one of the top three criminogenic needs.

All of the youth requirements, including items such as community service and restitution, should be included on the YES Plan and should contain reasonable projected completion dates.

Some of these requirements, such as community service and restitution, may involve the JPO/CM working with the case manager to ensure completion.

Review youth interviews to determine if the youth participated in the development of and were provided a copy of their YES Plan.

Reference:

- F.A.C. 63D-10.003 (4), Probation, Intervention, Community Supervision Services
- CAT Statewide Business Rules
- PCI-16-003, Contact with Youth and Families-Amendment I

3.06 Family Engagement

The program shall offer innovative means to secure family engagement and family involvement for the youth participating in the program, including having staff assigned to provide a supportive relationship to a youth, including interaction and engagement with the family.

Guidelines/Requirements:

- Program shall link the youth and his/her family to appropriate services provided within the program and within the youth's local community as indicated by risk factors and treatment needs identified in appropriate assessments.
- The program shall organize monthly parental support groups to provide an opportunity for parents to discuss common challenges they face in the home and identify strategies to effectively address these barriers.

References:

- Contract Requirements

3.07 YES Plan Implementation/Supervision

Youth on supervision (i.e., probation, minimum risk committed non-residential) are supervised in a manner ensuring compliance with the court order and completion of YES Plan (youth requirements and Change Goals). Case notes demonstrate compliance (or attempted compliance) with the youth, parent/guardian, and staff action steps contained in the YES Plan.

Guidelines/Requirements: Staff document all case activities shall be documented in the Department's Juvenile Justice Information System (JJIS), this includes face-to-face interactions and telephone contacts with the youth, parent/guardian (if applicable), and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc.

Staff are responsible for monitoring the youth's progress on the Youth Empowered Success (YES) Plan. The youth is monitored in his/her home, school, workplace, and community.

A key component of providing appropriate supervision, is maintaining regular, *quality* contact with both the youth and parent/guardian.

YES Plan supervision includes:

- Community contacts, except for curfew checks, and shall occur face-to-face, a minimum of three times a week, unless the YES Plan indicates a different level of need. No more than one contact while the youth is in attendance at the service center or local community site may be counted as a community contact.
- Eckerd Contract 10591:
 - The program shall conduct curfew checks to include the following:
 - Intake - first ninety days: at least three weekly face-to-face contacts and two telephone contacts
 - Day ninety-one - Day 150: at least two weekly face-to-face contacts and two telephone contacts
 - Day 151 – Day 180: at least one weekly face-to-face contact and a minimum of three telephone contacts, utilizing staggered schedules during traditional and non-traditional business hours
- YAP Contract 10644:
 - The program shall conduct a minimum of two curfew checks a week utilizing staggered schedules during traditional and non-traditional business hours.
 - The program staff is responsible for performing curfew checks, conducting collateral contacts with the youth at his/her school, place of employment, and with the youth's parent(s)/guardian(s) and other service professionals.
 - A minimum of two in-person and two telephone curfew checks shall be performed weekly.

- The program shall notify the youth's juvenile probation officer (JPO) immediately but no later than one business day, when a youth violates his/her curfew and/or other goals. The JPO and the program staff shall ensure additional sanctions for non-compliance will be consistent with the local Effective Response Matrix.
- For any youth who has a Structured Activity Schedule incorporated into the youth's Youth Empowered Success (YES) Plan, the program shall maintain a weekly schedule of the activity, location of the activity, and contact information during the scheduled activity.
- Program staff shall also have face-to-face contact with the sponsor of the Structured Activity no less than once a month so long as the youth is participating in the activity, and shall have, at minimum, telephonic contact with the sponsor of the Structured Activity once a week.

Reference:

- F.A.C. 63D-10.003 (6), Probation, Intervention, Community Supervision Services
- Contract Requirements

3.08 Thirty-Day YES Plan Reviews & Ninety-Day YES Plan Updates

Staff adjust the YES Plan to reflect any new needs and progress made during the course of supervision. Staff must make necessary updates to youth requirements and Change Goals in the Department's Juvenile Justice Information System (JJIS) prior to supervisory reviews.

Guidelines/Requirements: At each thirty-day review, the juvenile probation officer (JPO)/case manager (CM) shall update youth requirements and Change Goals, as applicable, in the Department's Juvenile Justice Information System (JJIS) prior to the supervisory case review, to include closing completed or terminated sanctions and goals, updating action steps for pending sanctions and goals to reflect the youth's progress, or adding sanctions or goals to address additional needs identified during the course of supervision. There should be a process in place for on-going revisions to the plan as goals are accomplished and other needs are addressed. Every ninety-days, a new YES Plan shall be updated/completed in JJIS.

When updates are made to the Youth Empowered Success (YES) Plan reasonably requiring the input of the youth and parent/guardian, this discussion is clearly documented in the JJIS case notes.

After changes are made in the youth requirements module (and Change Goals area, if applicable), a new YES Plan must be generated in JJIS every ninety-days.

The JPO supervisor/program director shall ensure the youth is receiving appropriate supervision and interventions.

Reference:

- F.A.C. 63D-10.003 (8) Probation, Intervention, Community Supervision Services
- CAT Statewide Business Rules
- Per Contract Requirements

3.09 Supervisory Reviews

Cases under supervision are reviewed by the juvenile probation officer supervisor/program director within two days of the case manager's review/update of the Youth Empowered Success (YES) Plan. The supervisor ensures staff update any instructions given during the review, and ensures they were followed during the subsequent review.

Guidelines/Requirements: The juvenile probation officer (JPO) supervisor/program director shall ensure the JPO/case manager (CM) reviews/updates the Youth Empowered Success (YES) Plan (every thirty days or ninety-days, as applicable) and Community Assessment Tool (CAT) Reassessment (every ninety days) prior to the supervisory review. Ensure JPO/CM updates youth requirements and Change Goals in the Department's Juvenile Justice Information System (JJIS) prior to supervisory review.

Reference:

- F.A.C. 63D-8.001 (13), Probation, General, Definitions
- F.A.C. 63D-10.003 (8), Probation, Intervention, Community Supervision Services
- Per Contract Requirements

3.10 CAT Reassessment

Staff complete Community Assessment Tool (CAT) Reassessments for youth on probation and minimum-risk non-residential commitment. Regardless of risk to reoffend, the CAT Reassessment is completed every ninety calendar days.

Guidelines/Requirements: The assessment of youth is not a one-time event, but an ongoing process. Therefore, the juvenile probation officer (JPO)/case manager (CM) shall update the youth's risk and needs assessment on a regular basis to ensure the Community Assessment Tool (CAT) assessment results are reflective of the youth's current status, including changes in behavior and progress with Youth Empowered Success (YES) Plan sanctions and goals.

The JPO/CM will complete a new CAT Full Assessment upon admission, as well as a CAT Reassessment every ninety calendar-days and will utilize the YES Plan to document youth needs and progress. A CAT Final Assessment will be done at program completion to document the youth's progress in meeting criminogenic needs, as well as court-ordered sanctions.

The Exit CAT (Final Assessment) must be completed within three calendar days of program completion/discharge.

Review youth records to ensure CAT Reassessments were completed, as required.

In addition to open/active youth records, the regional monitor(s)/reviewer(s) shall review closed records in order to determine if the CAT Final Assessment was completed at program completion.

Note: No youth on supervision should go more than six months without an updated CAT.

Reference:

- Per Contract Requirements

3.11 Progress Reports

Progress reports are completed detailing the youth's progress with the youth requirements and Change Goals outlined in the YES Plan.

Guidelines/Requirements: Program staff complete a progress report every ninety days which is submitted to the court, with copies to the youth juvenile probation officer (JPO), state attorney, youth's attorney, and parent/guardian, unless otherwise stipulated in contract.

The program shall also submit monthly progress reports to the youth's JPO. The program shall upload the progress report to the Department's Juvenile Justice Information System (JJIS) Documents Library and send an email notification to the JPO.

- The youth is given an opportunity to review the report and provide comments. The progress report is signed and dated by the youth and staff who prepared it.
- The progress report is reviewed and signed by the program director or designee.
 - If the youth is on probation, the original progress report shall be sent to the juvenile probation officer (JPO).
 - If the youth is a commitment minimum-risk non-residential youth, the original progress report shall be sent to the court with copies to the JPO, State Attorney (SA), youth's attorney, youth, and parent/guardian.

For commitment minimum-risk non-residential youth, the program staff shall include a cover letter providing a brief description of the youth's overall performance, as well as any extraordinary information about the youth.

Reference:

- F.A.C. 63D-12.005, Probation, Non-Residential Facilities, Progress Reports
- Per Contract Requirements

3.12 Termination/Release

The program shall recommend termination to the Department for youth on probation, conditional release, or post-commitment probation, as well as minimum-risk commitment youth, upon successful completion of court-ordered sanctions and substantial compliance with restitution and/or court fees.

Guidelines/Requirements: For youth on probation), the program and juvenile probation officer (JPO)/case manager (CM) shall work together to facilitate the release of the youth upon completion of the program.

For youth on commitment minimum-risk non-residential status), staff completes the Pre-Release Notification and Acknowledgement (PRN) (DJJ/BCS Form 19) and follows the required procedures.

The JPO/CM may submit a termination request to the court. Termination shall be sought for youth who are in substantial compliance with restitution and/or court fees. Substantial compliance means the youth has exhibited, through routine payments, the intention to follow through with his/her obligation. For youth on commitment, the program and JPO/CM shall work together on PRN.

Pursuant to the contract, the provider may send these documents directly to the court or through the assigned JPO/CM. In some cases, the JPO/CM may choose to transfer the youth to community supervision instead of requesting termination; however, the program's responsibility to communicate successful completion of the program remains the same.

Reference:

- F.A.C. 63D-12.006, Probation, Non-Residential Facilities, Release
- F.A.C. 63D-10.005, Residential Case Management and Transitional Planning
- F.A.C. 63D-10.006, Intervention, Termination of Supervision

3.13 Post-Termination Follow-up

The program will maintain contact with the youth for minimum thirty days following the youth's successful completion of the program.

Guidelines/Requirements:

- The program shall provide all required follow-up and the program shall provide at minimum a thirty day aftercare plan for discharged youth, to include weekly telephonic contact with the youth and their parent(s)/guardian(s). Youth shall be permitted to return to the program to speak with an integrated services manager on an as needed basis and the integrated services manager shall facilitate referrals to appropriate services.
- The program shall provide follow-up services for youth longer than thirty days, based on the individual needs of the youth, and will work in concert with the assigned juvenile probation officer (JPO).

Reference:

- Per Contract Requirements

MQI Standards for Day Treatment Services

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* The Department has identified certain key critical indicators. These indicators represent critical areas requiring 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.

** When referencing duties of a JPO/JPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).

4.01 Designated Mental Health Clinician Authority or Clinical Coordinator

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 fewer than 100 youth must have either a DMHCA or a clinical coordinator.

Guidelines/Requirements: The designated mental health clinician authority (DMHCA) is a licensed mental health professional, which means a psychiatrist licensed pursuant to Chapter 458 or 459, who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a licensed psychologist under Chapter 490, licensed mental health counselor, licensed clinical social worker, or licensed marriage and family therapist under Chapter 491, or a psychiatric nurse as defined in Section 394.455(23) F.S.

The DMHCA or Clinical Coordinator must ensure appropriate coordination and implementation of mental health and substance abuse services are taking place.

A copy of license and agreement or position description is available for review.

Conduct an informal interview with the DMHCA or clinical coordinator to verify the role in the coordination and implementation of mental health and substance abuse services at the program to include how often the LMHP is available.

A clinical coordinator may be a licensed or non-licensed mental health professional; however, if the clinical coordinator is not licensed, then a licensed mental health clinical staff must provide supervision for the Clinical Coordinator, as well as any other non-licensed clinical staff. The clinical coordinator is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program.

Review DMHCA or LMHP interview results.

Reference:

- DJJ Rule 63N-1.0035, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.02 Licensed Mental Health and Substance Abuse Clinical Staff

The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide based on education, training, and experience.

— CRITICAL —

Guidelines/Requirements: Staffing shall be in accordance with contract and Rule 63N-1, F.A.C.

If there is no other licensed clinical staff other than the designated mental health clinician Authority (DMHCA), this indicator is to be rated non-applicable.

Licensed Mental Health Professionals

- A licensed mental health professional is a psychiatrist licensed pursuant to Chapter 458 or 459, F.S., who is board certified in Child and Adolescent Psychiatry or Psychiatry by the American Board of Psychiatry and Neurology or has completed a training program in Psychiatry approved by the American Board of Psychiatry and Neurology for entrance into its certifying examination, a psychologist licensed pursuant to Chapter 490, F.S., a mental health counselor, marriage and family therapist, or clinical social worker licensed pursuant to Chapter 491, F.S., or a psychiatric nurse as defined in Section 394.455(23), Florida Statutes.
- A copy of a clear and active license is available for review.

Licensed Qualified Professional (for Substance Abuse Services)

- A physician or physician assistant licensed under Chapter 458 or 459, a psychologist licensed under Chapter 490, or a licensed clinical social worker, licensed marriage and family therapist, or licensed mental health counselor under Chapter 491, Florida Statutes who is exempt from Chapter 397 licensure pursuant to Section 397.405 See Rule 65D-30.003(15) F.A.C., condition (c) and (d).

Request copies of licensure, education, or training, as required.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1.002(46) and (47), Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- F.A.C. 63N-1.0031
- Per Contract Requirements

4.03 Non-Licensed Mental Health and Substance Abuse Clinical Staff

The program director is responsible for ensuring mental health and substance abuse services are provided by individuals with appropriate qualifications. Clinical supervisors must ensure clinical staff working under their supervision are performing services they are qualified to provide, based on education, training, and experience.

Guidelines/Requirements: Staffing shall be in accordance with contract.

Verification of education is required for non-licensed clinical staff.

Non-Licensed Mental Health Clinical Staff Person

- A non-licensed mental health clinical staff must have one of the following:
 1. Hold a master's-level degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field. A related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy
 2. Hold a bachelor's-level degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years of clinical experience assessing, counseling, and treating youth with serious emotional disturbance or substance abuse problems
 3. Hold a bachelor's-level degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have fifty-two hours of pre-service training as described in Rule 63N-1 F.A.C., prior to working with youth. The fifty-two hours of pre-service training must include a minimum of sixteen hours of documented clinical training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin working with youth, but must receive training in mental disorders and substance-related disorders, counseling theory and techniques, group dynamics and group therapy, treatment planning and discharge planning for one year by a mental health clinical staff person who holds a master's degree.

Note: A "Related Human Services Field" is defined in Rule 63N-1.002 as a college major which includes the study of human behavior and development, counseling and interviewing techniques, AND individual, group or family therapy.

Non-Licensed Substance Abuse Clinical Staff

- A non-licensed substance abuse clinical staff may provide substance abuse services in a Department facility or program only as an employee of a service provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S. A non-licensed substance abuse clinical staff must work under the direct supervision of a "qualified professional" as defined in Section 397.311, F.S.
- A non-licensed substance abuse clinical staff is an employee of a service provider licensed under Chapter 397 or in a program licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a bachelor's-level degree from an accredited university or college with a major in psychology, social work, counseling, or related human services field. Related human services field is one in which major course work includes the study

of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.

- Note: A “Related Human Services Field” is defined in Rule 63N-1.002 as a college major which includes the study of human behavior and development, counseling and interviewing techniques, AND individual, group or family therapy.

Mental Health Clinical Staff and Substance Abuse Clinical Staff Training

- Non-licensed mental health clinicians holding a bachelor's degree with less than two years of experience must have fifty-two hours of pre-service training to include sixteen hours training in their duties and responsibilities. Training must include, at a minimum, the following: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development, and typical behavior problems.
- A non-licensed mental health clinical staff who conducts Assessments of Suicide Risk (ASR) must have received twenty hours training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training must have included administration of, at a minimum, five ASRs or crisis assessments conducted on site in the physical presence of a licensed mental health professional and documented on form MHSA 022.
- A non-licensed substance abuse clinical staff providing substance abuse services in a Department facility or program must have received training in accordance with Rule 65D-30 F.A.C.

Direct Supervision

“Direct Supervision for Mental Health Clinical Staff” means a licensed mental health professional has at least one hour a week of on-site face-to-face interaction with a non-licensed mental health clinical staff person individually or in group format, for the purpose of overseeing and directing the mental health services that he or she is providing in the program, as permitted by law within his/her state licensure.

- Each non-licensed mental health clinical staff must work under the direct supervision of a licensed mental health professional, and must receive a minimum of one hour a week of on-site face-to-face direct supervision by the licensed mental health professional for the purpose of overseeing and directing the mental health services that he or she is providing in the program.

“Direct Supervision for Substance Abuse Clinical Staff” means a qualified professional has at least one hourly session a week of on-site face-to-face interaction with a non-licensed or non-certified substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a program licensed under Chapter 397, F.S., individually or in group format, for the purpose of overseeing and directing the substance abuse services that he or she is providing in the program.

- Each non-licensed substance abuse clinical staff must work under the direct supervision of a "qualified professional" as defined in Section 397.311, F.S. which means a physician or physician assistant licensed under Chapter 458 or 459, psychologist licensed under Chapter 490, clinical social worker, mental health counselor, or marriage and family therapist licensed under Chapter 491, or an

advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of Chapter 464, or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds at a minimum a bachelor's-level degree. The non-licensed substance abuse clinical staff must receive at least one hour a week of on-site face-to-face direct supervision by the "qualified professional."

- Documentation of direct supervision must be recorded on form MHSA 019 or a form which includes all the information in form MHSA 019.
- If any non-licensed mental health clinical staff or non-licensed substance abuse clinical staff is on-site to provide mental health or substance abuse services at any time during the week (Sunday – Saturday), full-time, part-time or intermittently, the licensed professional must provide at least one hour of direct supervision to the non-licensed staff during that week.
- The licensed mental health professional providing direct supervision is responsible for reviewing and signing Comprehensive Mental Health Evaluations, Updated Comprehensive Mental Health Evaluations, Initial Mental Health Treatment Plans and Individualized Mental Health Treatment Plans prepared by the non-licensed Mental Health Clinical Staff Person within ten calendar days of administration of the instrument.
- The licensed mental health professional providing direct supervision is responsible for reviewing each ASR and Follow-Up ASR, crisis assessment and follow-up crisis assessment conducted by the non-licensed mental health clinical staff within twenty-four hours of the referral for assessment, or the ASR, Follow-Up ASR, Crisis Assessment or Follow-Up Crisis Assessment conducted by non-licensed mental health clinical staff must be signed by a licensed mental health professional the next scheduled time he/she is on-site.
- The qualified professional providing direct supervision to substance abuse clinical staff is responsible for reviewing and signing comprehensive substance abuse evaluations, updated comprehensive substance abuse evaluations, initial substance abuse treatment plans and individualized substance abuse treatment plans prepared by the non-licensed substance abuse clinical staff person within ten calendar days.

Regional monitor(s)/reviewer(s) shall review weekly supervision notes to ensure services are being provided and are appropriate. Regional monitor(s)/reviewer(s) shall also make sure supervision is documented on required forms and it meets all of the requirements.

Regional monitor(s)/reviewer(s) shall review training records for pertinent information (i.e., education/training).

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- F.A.C 65D-30.003(15)
- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.04 Mental Health and Substance Abuse Admission Screening

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.

— CRITICAL —

Guidelines/Requirements: Mental health and substance abuse screening is accomplished through review of the Community Assessment Tool (CAT) assessment and administration of the Massachusetts Youth Screening Instrument, Second Edition (MAYSI-2) and a review of each youth's referral information. Suicide risk screening is accomplished through review of the CAT-Suicide Category, observations of the youth during screening, review of any open or closed Suicide Risk Alerts in JJIS, and MAYSI-2 – Suicide Ideation Subscale.

The non-residential program shall ensure youth in the program have access to, at a minimum, the following mental health and substance abuse services based upon the identified treatment needs of the youth:

- Mental health and substance abuse screening
- Comprehensive mental health and substance abuse evaluation
- Individualized mental health and substance abuse treatment planning, treatment plan review, and discharge planning
- Mental Health/Substance Abuse individual, group, and family therapy
- Behavioral therapy
- Psychosocial skills training
- Referrals for psychiatric services when indicated
- Suicide prevention services
- Crisis intervention
- Emergency mental health and substance abuse services
- Developmental disability services for youth with a developmental disability

The program director is responsible for developing written facility operating procedures for the implementation of a standardized admission/intake mental health and substance abuse screening process. The written facility operating procedures must address the following elements:

- A standardized mental health and substance abuse screening process which includes review of each youth's available information including collateral contacts, reports and records for existing documentation of mental health or substance abuse problems, and referral of youth identified by screening or through staff observations as in need of further evaluation or immediate attention.
- Staff training in mental health and substance abuse issues and administration of the MAYSI-2.

- A standardized process for referral of youth identified as in need of further mental health and/or substance abuse evaluation to an appropriate service provider/professional, or, when immediate attention is needed, to a hospital or Baker Act or Marchman Act receiving facility.

Review of Available Information

Program staff conducting screening shall review each youth's available information, reports, and records for existing documentation of mental health and/or substance abuse problems. Program staff shall note any existing documentation of mental health or substance abuse problem, needs, or risk factors and report the documentation to clinical and administrative staff. Procedures shall be in place for mental health clinical staff to review existing documentation of mental health and/or substance abuse problems, risk factors, or needs.

CAT (Community Assessment Tool)

- When CAT results or other information obtained at admission indicate the need for further mental health and/or substance abuse evaluation, the youth shall be referred for comprehensive mental health evaluation and/or comprehensive substance abuse evaluation.
- When CAT results, MAYSI-2 results, or other information obtained at admission indicate possible suicide risk, the youth must be referred for an Assessment of Suicide Risk as stipulated in Standard 4.12.

Massachusetts Youth Screening Instrument - Second Edition (MAYSI-2)

The MAYSI-2 is to be administered upon a youth's admission to a community-based day treatment program, and the following procedures must be followed:

- MAYSI-2 is administered on the day the intake is completed in a confidential manner;
- MAYSI-2 is administered and scored on JJIS by a staff member who has completed the DJJ training specific to its administration.
- If MAYSI-2 indicates assessment is required, a referral must be made for further evaluation or immediate attention.
- If staff believes a youth has a mental health or substance abuse problem or is a suicide risk, the staff should make a referral for further evaluation, regardless of MAYSI-2 findings.
- If staff determines referral for further evaluation is needed, but MAYSI-2 does not indicate referral is necessary, staff person enters into JJIS the information, observations, events, or concerns leading to the determination a referral was needed.
- When the MAYSI-2 or other admission information indicates the need for an assessment, crisis intervention, or emergency services, the program director or designee must be notified and referral made.
- The program director shall ensure the youth receives an Assessment of Suicide Risk when the MAYSI-2 category "Suicide Ideation" indicates further assessment is needed, or other information obtained at intake/admission suggests potential suicide risk.

- When the CAT, MAYSI-2, or other intake/admission information indicates the need for referral for Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation, the program director or designee must be notified and referral made to the program's mental health staff or substance abuse staff, as set forth in Rule 63N-1.0036, F.A.C.
- Suicide Risk Screening is accomplished through the CAT (Suicide Category) and MAYSI-2 (Suicide Ideation Subscale), review of available information and staff observations of the youth's behavior at admission.

If screening indicates the need for an Assessment of Suicide Risk (ASR): A suicide risk alert shall be entered in the Department's Juvenile Justice Information System (JJIS) and the program's alert system when a youth is identified during screening, staff observations, or assessment as a potential suicide risk. For youth who have a suicide risk alert in JJIS, discontinuation of the alert must be based upon an Assessment of Suicide Risk (ASR), as required in Rule 63N-1. For youth with an open Suicide Risk Alert at intake when mental health clinical staff are not present, the Parent Guardian Notification Form must be utilized. During the next scheduled program contact with the youth, Mental Health clinical staff must review the community-based ASR indicating their child to no longer be a suicide risk, or a mental health clinical staff will need to administer an ASR during the next contact with youth. If clinical staff are not present to complete an ASR at the next contact with youth, staff must maintain at least Constant Supervision of the youth until an ASR is completed and the Suicide Risk Alert is discontinued.

Screening may be performed by non-licensed staff during the admission process. Assessments must be administered by a licensed mental health professional or non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional as set forth in Rule 63N-1, F.A.C. All medical, mental health, and substance abuse information is documented in the youth's Individual Health Care Record.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- F.A.C. 63N-1-1.0051(4), 63N-1.0052, 63N-1.0053, F.A.C., Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements
- Facility Operating Procedure

4.05 Mental Health and Substance Abuse Assessment/Evaluation

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

Guidelines/Requirements: The program ensures a Comprehensive Mental Health Evaluation and/or Comprehensive Substance Abuse Evaluation is conducted when the need is identified by screening. If a Comprehensive Evaluation was conducted within twelve months of admission to the program, the program may update that evaluation. The updated evaluation must be identified as an "Updated Comprehensive Mental Health Evaluation" or "Updated Comprehensive Substance Abuse Evaluation" and must be attached to the evaluation being updated.

Comprehensive Mental Health and Substance Abuse Evaluations are to be provided as set forth in Rule 63N-1, F.A.C.

New or Updated Comprehensive Mental Health/ Substance Abuse Evaluations

- New or updated Comprehensive Mental Health and/or Substance Abuse Evaluations must be completed within thirty calendar days of referral. However, if screening, staff observations or other information indicates the youth has a mental health and/or substance abuse problem which poses a safety risk to himself/herself or others, completion of the Comprehensive Mental Health and/or Substance Abuse Evaluation must be expedited based upon the urgency of the youth symptoms as determined by a licensed mental health professional. If a non-licensed mental health clinical staff or non-licensed substance abuse clinical staff completes the evaluation, it must be reviewed and signed by a licensed mental health professional or “licensed qualified professional” respectively within ten calendar days after the evaluation is conducted.
- The updated Comprehensive Mental Health Evaluation and/or updated Comprehensive Substance Abuse Evaluation must provide any new or additional information applicable to each area, based upon current information provided by the youth, parent/guardian, and the youth’s records.

Review evaluations to ensure it contains all of the required elements listed on the annual compliance review work papers.

For YAP (Contract 10644) Only: contract specifies inclusion of CANS to each youth admitted as part of the Comprehensive Assessment, and SASSI-A2 to youth identified as having substance use needs per page 28 of the original contract.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1.0055 and 63N-1.0056, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.06 Mental Health and Substance Abuse Treatment

Mental health and substance abuse treatment planning in Department programs 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 assessing the youth's rehabilitative treatment needs and assisting in developing, reviewing, and updating the youth's Individualized and Initial Mental Health/Substance Abuse Treatment Plans.

Guidelines/Requirements:

Multidisciplinary Treatment Teams

- The youth is assigned to a treatment team upon arrival to the program.
- Treatment Team is comprised of direct care, mental health, and substance abuse counseling components, the youth, and parent/legal guardian (as allowed by law), and may also include administration, medical, educational, and career service/vocational staff.

Mental Health and Substance Abuse Treatment Services

- Youth determined in need of mental health treatment must receive individual, group, and/or family counseling by a licensed mental health professional or a non-licensed mental health clinical staff working under the direct supervision of a licensed mental health professional in accordance with the youth's Initial or Individualized Mental Health Treatment Plan either directly by the service provider or by a community provider.
- Youth determined to be in need of substance abuse treatment must receive individual, group, and/or family counseling provided by a licensed qualified professional or a non-licensed substance abuse clinical staff person who is an employee of a service provider or community provider licensed under Chapter 397, who works under the direct supervision of a qualified professional as defined in Section 397.311, F.S., in accordance with the youth's Initial or Individualized Substance Abuse Treatment Plan.
- All youth receiving mental health treatment will have a properly executed Authority for Evaluation and Treatment form (AET) (HS 002).
- All youth receiving substance abuse treatment must have a signed Youth Consent for Substance Abuse Treatment form (MHSA 012) or a court order for substance abuse evaluation and treatment, otherwise substance abuse treatment may not be provided. If the youth does not sign a Consent for Release of Substance Abuse Treatment Records (MHSA 013), then no Substance Abuse Treatment records shall be released except as required by law.
- Mental health treatment notes or substance abuse treatment notes will be documented on the form MHSA 018, or a form which contains all of the information in form MHSA 018.

Mental Health and Substance Abuse Group Therapy

- Group therapy is limited to ten or fewer youth with mental health diagnoses for mental health treatment groups and fifteen or fewer youth with substance abuse diagnoses for substance abuse treatment groups.

Review treatment notes to ensure treatment is proceeding, as needed, and all forms are signed accordingly. (This may be documented on a different form as long as all required elements are included.)

Review group documentation to ensure group treatment is held as scheduled and with the appropriate number of youth.

Review contract documents to verify if any required groups are mental health or substance abuse treatments(s); verify that any MH/SA groups are delivered by appropriately qualified MH/SA staff.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirement

4.07 Treatment and Discharge Planning

Youth determined to have a mental disorder and/or substance abuse disorder and are receiving mental health and/or substance abuse treatment in a program, must 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/Substance Abuse Treatment Plan is completed. When both mental health and substance abuse treatment is initiated, an integrated Mental Health and Substance Abuse Treatment Plan is completed.

All youth who receive mental health and/or substance abuse treatment while in a day treatment program will 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 program.

Guidelines/Requirements:

Initial Treatment Plans and Initial Treatment Note

- Initial Treatment Plan may be developed when treatment is provided on an expedited basis.
- Initial Treatment Plan is on the form MHSA 015, or a treatment plan form which includes all of the information in form MHSA 015.
- Initial Treatment Plan is developed within seven days of the onset of treatment.
- Initial Treatment Plan is signed by the mental health or substance abuse clinical staff person completing the form, and if unlicensed, by the non-licensed clinical staff's licensed clinical supervisor, within ten days of completion. Plan is also signed by treatment team members who participated in development of the plan, youth, and parent/guardian (as allowed).
- Information about the youth's Psychiatric services, when relevant, including medication and the prescriber's information, must be included.

Individualized Mental Health/Substance Abuse Treatment Plans

- Individualized Treatment Plan is developed for youth within thirty days of admission, or for youth identified with treatment needs subsequent to admission, the Individualized Mental Health and/or Substance Abuse Treatment Plan must be developed within thirty days of the youth receiving a Comprehensive Mental Health and/or Substance Abuse Evaluation or updated Comprehensive MH/SA Evaluation.
- Individualized Treatment Plan is developed on form MHSA 016, or a form which contains all of the information in form MHSA 016.

- Individualized Treatment Plan is signed by the mental health clinical staff person or substance abuse clinical staff completing the plan. If the mental health clinician is unlicensed, a licensed mental health professional for the mental health treatment plan or qualified professional as defined in Section 397.311 for the Substance Abuse Treatment Plan, must review and sign the plan within ten days of completion. The plan is also signed by treatment team members who participated in development of the plan, youth, and parent/guardian (as allowed).
- Information about the youth's Psychiatric services, including psychotropic medication and the prescriber's information if available, must be included for youth receiving psychotropic medication.
- Individualized Treatment Plan reviews must be completed on form MHSA 017 or a form which contains all of the information in MHSA 017, at a minimum, every thirty days following the development of the Individualized Treatment Plan.

Discharge Plans

- All youth who received mental health and/or substance abuse treatment while in the program will have a discharge plan documented on form MHSA 011, the Mental Health/Substance Abuse Treatment Discharge Summary.
- Notification of suicide risk must be made to youth's parent/guardian and juvenile probation officer (JPO) for youth being discharged from program while still on suicide risk alert/suicide precautions. Notification is made through use of the Suicide Risk Screening Parent/Guardian Notification Form (MHSA 003) and the parent/guardian must sign the form. A copy is provided to the parent/guardian and the original is permanently filed in the youth's IHCR.
- The Mental Health/Substance Abuse Treatment Discharge Summary must consider the services needed for daily maintenance of the positive improvement in behavioral, emotional, and social skills made by youth during treatment.
- The discharge plan should be discussed with the youth, parent/guardian (when available), and JPO prior to discharge from therapy services.
- A copy of the Mental Health/Substance Abuse Treatment Discharge Summary will be provided to the youth, youth's JPO, and to the parent/guardian (as allowed).

Review plans to ensure the plan was reviewed with the youth.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.08 Mental Health Crisis Intervention Services

Every program must 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 must be able to differentiate a youth who has an acute emotional problem or serious psychological distress which would require mental health crisis interventions 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.

— CRITICAL —

Guidelines/Requirements: A mental health crisis is an acute emotional or behavioral problem or psychological distress (e.g., anxiety, fear, panic, paranoia, agitation, impulsivity, rage) which is extreme and does not respond to ordinary crisis intervention and mental health expertise is needed.

Each program shall have a written Crisis Intervention Plan which details crisis intervention procedures including the following.

- Notification and alert system
- Means of referral, including youth self-referral
- Communication
- Supervision
- Documentation and review

Program may develop an integrated Mental Health Crisis Intervention and Emergency Mental Health and Substance Abuse Services Plan which contain and meet all of the elements, as required.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1.010, 63N-1.0101, 63N-1.0102, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.09 Crisis Assessments

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 non-licensed mental health professional 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 must 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 and the procedures for a suicide risk alert must be followed.

— CRITICAL —

Guidelines/Requirements: Youth in crisis are administered a Crisis Assessment, which includes the following:

- Reason for assessment
- Mental Status Examination and Interview
- Determination of danger to self/others (including imminence of behavior, intent of behavior, clarity of danger, lethality of behavior)
- Initial clinical impression
- Supervision recommendations
- Treatment recommendations
- Recommendations for follow-up or further evaluation
- Notification to parents/guardians of follow-up treatment

A Crisis Assessment is documented on form MHSA 023 or a form which contains all of the information in form MHSA 023. A Crisis Assessment must be conducted by a licensed mental health professional, or by a non-licensed mental health clinical staff working under the direct supervision of a licensed mental health professional. A Crisis Assessment shall be conducted immediately, or within twenty-four hours, based on the needs of the youth.

A mental health alert is entered into the Department's Juvenile Justice Information System (JJIS) for youth requiring a Crisis Assessment.

- Youth determined through assessment to pose a safety and security risk shall remain on mental health alert until follow-up mental status examination by, or under the direct supervision of, a licensed mental health professional. (If a youth is identified by direct care staff or clinical staff as having acute emotional or behavioral problems or acute psychological distress which may pose a safety/security risk, this must be brought to the attention of the program director and other staff through the facility's alert system which must include a mental health alert in JJIS. A youth determined by crisis assessment to pose a safety or security risk must remain on mental health alert status (in JJIS) until subsequent mental status examination indicates the youth no longer poses a safety or security risk.)

Review the program's policy, Crisis Assessment Tool, and staff training records to ensure the program is adequately prepared to conduct Crisis Assessments.

Reference:

- DJJ Rule 63N-10103, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.10 Emergency Mental Health and Substance Abuse Services

Youth determined to be an imminent danger to themselves or others due to mental health or substance abuse emergencies occurring in facility require emergency care provided in accordance with Rule 63N-1, F.A.C., and the program's Emergency Care Plan.

— CRITICAL —

Guidelines/Requirements: The program's Emergency Care Plan must include the following:

- 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 Ch. 394 FS (Baker Act)
- Transport for Emergency Substance Abuse Assessment and Treatment under Ch. 397 (Marchman Act)
- Documentation
- Training (including mock drills) (Must be included in the plan, documentation of completion of drills should be rated in 3.15)
- Review Process

Program may develop an integrated Mental Health Crisis Intervention and Emergency Mental Health and Substance Abuse Services Plan which contain and meet all of the elements identified in Rule 63N-1, F.A.C.

Reference:

- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.11 Baker and Marchman Acts

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.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program has not had any Baker or Marchman Acts during the annual compliance review period.

When a youth returns from Baker Act or Marchman Act the youth may resume services. The youth returning without any discharge information will need to be placed on constant supervision until mental health clinical staff is able to complete an ASR or Review discharge information once it is provided. All of these activities shall be documented and filed by mental health clinical staff in the youth’s Individual Healthcare Record.

For youth who have a Suicide Risk Alert in the Department’s Juvenile Justice Information System (JJIS), discontinuation of suicide risk alert must be based upon an Assessment of Suicide Risk.

For youth who have a mental health alert in JJIS, discontinuation of mental health alert must be based on crisis assessment as set forth in Rule 63N-1 (See Rule 63N-1.006, 63N-1.0101, 63N-1.102 and 63N-1.0103 provisions).

If a Baker Act or Marchman Act occurred, review the policy to ensure the program followed the proper procedures.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.12 Suicide Prevention Services

Suicide prevention services are the methods utilized for supervising, monitoring, referring and assessing youth identified through screenings, available information, or staff observations as having suicide risk factors.

All youth identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations, must receive an Assessment of Suicide Risk.

Note: Precautionary Observation, Secure Observation and Close Supervision are not required in Community-Based Day Treatment programs, as youth are not housed in a facility.

— CRITICAL —

Guidelines/Requirements:

A suicide risk alert shall be entered in the Department's Juvenile Justice Information System (JJIS) and the program's alert system when a youth is identified during screening or during length of stay, staff observations, or assessment as a potential suicide risk. For youth who have a suicide risk alert in JJIS, discontinuation of the alert must be based upon an Assessment of Suicide Risk (ASR), as required in Rule 63N-1. For youth with an open Suicide Risk Alert at intake when mental health clinical staff are not present, the Parent Guardian Notification Form must be utilized. During the next scheduled program contact with the youth, Mental Health clinical staff must review the community-based ASR indicating their child to no longer be a suicide risk, or a mental health clinical staff will need to administer an ASR during the next contact with youth. If clinical staff are not present to complete an ASR at the next contact with youth, staff must maintain at least Constant Supervision of the youth until an ASR is completed and the Suicide Risk Alert is discontinued.

Review of Serious Suicide Attempts or Incidents of Self-Injurious Behavior

The program director has an established review process for every serious suicide attempt or serious self-inflicted injury (requiring hospitalization or medical attention) and a mortality review for a completed suicide. The multidisciplinary review must include the following:

- Circumstances surrounding event
- Facility procedures relevant to the incident
- All relevant training received by involved staff
- Pertinent medical and mental health services involving the victim
- Possible precipitating factors
- Recommendations, if any, for changes in policy, training, medical or mental health services, and/or operational procedures.

Assessments of Suicide Risk and Follow-Up Assessments of Suicide Risk

- All youth determined to be at risk of suicide, based on intake screening, staff observations, or youth functioning will be administered an Assessment of Suicide Risk (ASR) on Form MHSA 004.
- ASR will be completed within twenty-four hours, or immediately if the youth is in crisis.
- ASR will be administered by a licensed mental health professional, or a non-licensed mental health clinical staff person who has completed the required twenty hours of ASR training, working under the direct supervision of a licensed mental health professional.
- If the ASR is completed by a non-licensed mental health clinical staff person, the ASR must be reviewed and signed by licensed mental health professional in accordance with Rule 63N-1, F.A.C.
- If ASR indicates discontinuation of suicide precautions, the youth will not be transitioned to a lower level of supervision until the non-licensed mental health clinical staff person confers with both a licensed mental health professional and the program director/designee.
- Licensed mental health professional must confer with program director/designee prior to revising supervision level.
- Documentation of the actual date/time clinician conferred with program director/designee and licensed mental health professional must be recorded on the ASR in the date/time sections.
- Youth whose ASR indicates potential suicide risk must be maintained on Constant Supervision until released home to the parent/guardian, and the Parent/Guardian Notification Form utilized.
- Procedures must be in place to verbally notify the juvenile probation officer (JPO) and the parent/guardian of the youth's potential suicide risk, as indicated by an ASR.
- The parent/guardian must be notified of a youth's potential suicide risk, as indicated by an ASR. The parent/guardian and JPO notification is to be documented on the ASR (form MHSA 004).

Off-Site Assessment of Suicide Risk:

- If a youth is released to parent/guardian while on Suicide Risk Alert, the parent/guardian must be provided form MHSA 003 "Suicide Risk Screening Parent/Guardian Notification Form", with the original signed copy placed in the IHCR.
- If the parent/guardian is responsible for obtaining an off-site ASR for the youth, the following action must be taken upon the youth's return to the day treatment program:
 - Mental Health Clinical Staff must be notified of a youth's JJIS Suicide Risk Alert.
 - If the parent/guardian fails to obtain an off-site Assessment of Suicide Risk, Mental Health Clinical Staff must be notified of the need for an ASR to be completed the next scheduled day of program services and prior to the youth returning to program services.
- The parent/guardian must either provide a copy of the off-site assessment documentation to the day treatment program, or sign consent for release of the assessment documentation to the program.

- When the parent/guardian provides an off-site ASR, the off-site assessment must be reviewed by mental health clinical staff to determine if there are any recommendations regarding increased supervision or service delivery for the youth while he/she is in the program.
- When the parent/guardian provides written consent for release of the off-site ASR, the program must obtain a copy of the off-site assessment as soon as possible, and provide it to mental health clinical staff for review.
- If the parent/guardian has not obtained an off-site ASR for the youth, the youth must be maintained on Constant Supervision and referred to the program's mental health provider for administration of an ASR.

Regional monitor(s)/reviewer(s) shall review ASRs and copies of signed Parent Guardian Notification Forms as applicable.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.13 Suicide Prevention Plan

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 Rule 63N-1, Florida Administrative Code.

— CRITICAL —

Guidelines/Requirements: Day Treatment program has a written plan detailing suicide prevention procedures. The plan includes the following:

- Identification and assessment of youth at risk of suicide
- Staff training (Each facility or program must provide at least six hours of training annually.)
- Levels of supervision
- Referral
- Communication
- Notification
- Documentation
- Immediate staff response
- Review process

Reference:

- DJJ Rule 63N-1.0035, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements

4.14 Suicide Prevention Training

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

— CRITICAL —

Guidelines/Requirements: All staff who work with youth are to receive a minimum of six hours of annual training on suicide prevention and implementation of suicide precautions. The Department’s Suicide Prevention course for Probation is available in the Department’s Learning Management System (SkillPro). Program staff must also receive training on the program-specific policies.

Mock suicide drills are to be held, at a minimum, quarterly on each shift.

NOTE: Mock Suicide Drills must take place at all program sites with all staff who work directly with youth on a quarterly basis. Documentation of the Mock Suicide Drill includes the mock drill scenario, a sign-in staff participation log sheet, and indications of a discussion of procedures/policies. Each staff member that has contact with youth on a daily basis, must participate in 1 Mock Suicide Drill at least 1 time semi-annually (1x/6mos.). Also, staff that have daily direct contact with youth must participate in at least 1 mock suicide drill which includes the use of CPR annually (1x/year). For staff that are not able to attend the actual mock suicide drill, participation may be counted for staff that review a mock suicide drill scenario, so that they are familiar with procedures and processes necessary to properly respond to an incident of a suicide attempt or incident of serious self-inflicted injury. A review of the drill without direct participation may not be counted towards the annual 6 hours of training requirement.

Note: Community-Based Day Treatment programs that do not have a provider-owned program site where youth receive services do not have a “physical plant” and are not required to have a Suicide Response Kit. **Programs who do have a primary office location where youth receive services should have a Suicide Response Kit as required in Rule 63N-1.**

Regional monitor(s)/reviewer(s) shall check drill logs for the appropriate number of drills during required frequency.

Regional monitor(s)/reviewer(s) shall consult with team member reviewing training regarding staff training.

Review staff interview results.

Reference:

- DJJ Rule 63N-1.0091, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements