Quality Improvement Standards for

Day Treatment Programs

Office of Program Accountability
Promoting continuous improvement and accountability in juvenile justice programs and services
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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, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.

— CRITICAL —

Guidelines: Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth to ensure they meet established statutory requirements of good moral character. 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 has determined that it is appropriate to establish stringent screening requirements for all DJJ personnel. Therefore, the Department utilizes Level 2 Screening Standards as required in s. 435.05, F.S.

Contracted/grant provider volunteers, mentors, and interns who assist or interact with provider youth on an intermittent basis for less than ten hours per 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 or her line of sight. (Note: Intermittent basis means the volunteer provides assistance on a noncontinuous basis or at irregular intervals.)

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 into another position within their organization, as long as there is no break in service.

A new background screening is required when a Department employee is hired by a provider or when a provider employee is hired by the Department or another contracted provider company.

Moving from DJJ or a contracted provider, from a contracted provider to DJJ, or from one contracted provider compa-
ny to another is considered a new hire.

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

a. An eligible background screening rating has been received
b. An application with ineligible rating has received an approved exemption from disqualification from the Department.

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

Teachers 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 programs are not required to undergo background screening by the Department.

Review files of all staff hired since the last QI review to determine that a clearance was received prior to the employee being hired. This includes all contracted staff (medical, mental health, DHA, DMHA, psychiatrist, and any education position hired by the program).

An exemption was granted by the DJJ Inspector General prior to hiring any staff currently working in the program who were rated ineligible for employment by DJJ Inspector General to continue employment.

Review documentation to determine whether the Affidavit of Compliance with Level 2 Screening Standards was submitted to the Background Screening Unit prior to January 31 of the current calendar year. (Review spreadsheet sent from BSU)

References:

- FDJJ-1800, Background Screening Policy and Procedures
- F.A.C. 63E-7.016 (4) (a), Residential Services, Program Administration
- F.A.C. 63E-7.016 (12) (d), Residential Services, Program Administration
- F.S. 985.644
1.02 Five-Year Rescreening

Background rescreening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are rescreened every five years from the initial date of employment.

Guidelines: A rescreening 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 DJJ or provider program or when a staff member is promoted. Five-year rescreens shall not be completed more than twelve months prior to the employee’s five-year anniversary date.

When a rescreening is submitted to the BSU at least ten business days prior to the five-year anniversary date, but it is not completed by the BSU on or before the anniversary date, the screening shall meet QI standards of compliance.

When a rescreening is not submitted to the BSU at least ten business days prior to the five-year anniversary date and the BSU does not complete the rescreening prior to the anniversary date, the screening shall not meet QI standards of compliance.

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

Review files of all applicable staff and volunteers hired since five years from the initial hire date of employment to determine that a clearance was submitted at least ten days prior to the employee anniversary date of being hired within the agency (not promotional date). This includes all contracted staff (medical, mental health, DHA, DMHA, psychiatrist and any education position hired by the program – not employees paid by the school board).
References:

- FDJJ-1800, Background Screening Policy and Procedures
1.03  Protective Action Response (PAR)

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

Guidelines: This indicator shall be rated “non-applicable” if the program has not used physical interventions or mechanical restraints during the scope of the review.

Program staff should be familiar with Florida Administrative Rule 63H-1, which establishes the statewide framework 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 superintendent, or designee, within thirty minutes after the incident.
- A review of the PAR incident report by the superintendent, 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 that 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 move, 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)
1.04 Pre-Service/Certification Training

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

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

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

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

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

All contracted providers shall submit, in writing, a list of pre-service training to the Office of Staff Development and Training that includes the course name, description, 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 that all training, both pre-service and instructor-led, is documented in the Department’s Learning Management System (CORE).

Review training files for the completion of a minimum of 120 hours of web-based and/or instructor-led training.
If a staff member who has previously attended the JPO Academy separates from their current position and is rehired by a state-operated program within four years of separation, they will not be required to complete the Academy training again.

They shall complete the following requirements within sixty calendar days of their return to the department:
1. All PAR training pursuant to Chapter 63H-1,F.A.C.
2. CPR/First Aid certification
3. Overview of program operating procedures
4. In-service training to include: professionalism and ethics, suicide prevention, adolescent behavior, risk and needs assessment, and supervision.

For Contracted Non-Residential staff:
(10) 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.

References:

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
1.05 In-Service Training

Contracted non-residential staff completes 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 has 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: The following are mandatory training topics that 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 (eight hours)
- CPR (annually)
- First Aid (as required by certification)
- Professionalism and Ethics

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 Office of Staff Development and Training a written list that includes course names, descriptions, objectives, and training hours for any instructor-led in-service training.

It is the expectation of the Department that all training, both in-service and instructor-led, is documented in the Department’s Learning Management System (CORE).
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 files and/or the Department’s Learning Management System (CORE) 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 QI review.

**References:**

- F.A.C. 63H-1, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
1.06 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS

The program shall alert staff of medical issues that may affect the security and safety of the youth in the program.

Guidelines: There shall be a written policy in place that clearly articulates the procedure for the identification and documentation of medical alerts.

The program shall alert staff of medical issues that 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 when a youth is identified during screening or evaluation as a potential suicide risk.

A “Mental Health Alert” shall be entered when a youth is identified as having a mental disorder or acute emotional distress which may pose a security or safety risk.

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

When reviewing alerts, the reviewer shall review the youth’s file for possible alerts and ensure they are identified in the program’s alert system.

Reviewer shall review the programs alert system. Determine how alerts are shared with program staff.

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

- DJJ Health Services Manual Chapter 3, Section XV; and Chapter 18
1.07 Episodic/Emergency Services

The program shall have a comprehensive process for the provision of Episodic Care, First Aid, and Emergency Care. The program shall be capable of facilitating an appropriate response to an emergency situation.

Guidelines: There shall be a written policy in place that clearly articulates how the program would facilitate response to an urgent or emergency medical situation.

All emergency equipment, such as first aid kits, AED, knife-for-life, and wire cutters, shall be located in designated areas. They are monitored monthly and replenished as needed.

If the program has an Automated External Defibrillator (AED), it is placed in a secured area that is easily staff accessible and procedures are established to ensure that the batteries, pads, etc. are replaced at the requisite intervals.

Emergency drills shall be held on each shift and are conducted at least quarterly, on a number of emergency situations. CPR/AED demonstration shall be conducted once per quarter per shift.

Procedures for off-site emergency care shall be in place and demonstrated. This shall include documentation of the emergency episode, notification of the youth’s parent/guardian, and follow-up upon the youth’s return to the program.

All instances of first aid and emergency care are documented in accordance with the DJJ Health Services Manual.

All death or serious adverse medical events undergo root-cause analysis at the facility level (in addition to other levels).

There is a process for informing all staff on a routine basis of potential emergency situations that may arise.
The reviewer shall review episodic log, internal incident reports, and logbooks to determine if there were instances of episodic care, first aid, or emergency care.

**References:**

- DJJ Health Services Manual Chapter 7; Chapter 9; and Chapter 18
1.08 Medication Management – Medication Storage

All medications (prescriptions, over-the-counter, topical, etc.) shall be stored in separate, secure (locked) areas that are inaccessible to youth and ensures proper inventory control.

Guidelines: There shall be a written policy in place that clearly articulates the program’s procedure for storing medications, including the storage of only the daytime medication doses to be delivered to the youth while at the program and how the medications are to be returned once the youth has completed the program.

The area of storage must be clean and free from moisture and extreme temperatures.

Liquids must be stored separately from oral medications.

Topical medications must be stored separately from oral medications.

Medications requiring refrigeration must be stored in a refrigerator for the use of medications only (no food-products, unless used for medication delivery, and stored below medications in the refrigerator to prevent contamination).

Injectable medications (other than emergency medications such as an Epi-pen) shall not be provided by direct care staff.

All controlled substances shall be stored behind two separate locks.

Controlled substances are secured by two locks and inventoried at each shift change, along with key control procedures.

Non-controlled medications are stored with a perpetual inventory.
Reviewer shall observe medication storage to include observation of medication lockbox, a separate refrigerator for refrigerated medication, controlled substances, etc.

References:

- DJJ Health Services Manual Chapter 11; and Chapter 18
1.09 Cleanliness and Sanitation

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

Guidelines: Safety and welfare standards of facilities 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 sanitation and safety inspections of all internal and external areas and equipment shall be conducted to ensure that the facility is clean and in good repair. Inspections shall be documented in writing.
- To help ensure that the facility is clean and in good repair, a maintenance and housekeeping plan shall be developed and employed.
- For facilities that operate during evening hours, the facility perimeter and grounds shall be lit.
- Separate bathroom facilities shall be provided for males and females. For every thirty males, and for every thirty females, there shall be at least one operable toilet and washbasin with hot and cold running water and antibacterial soap.
- Space shall be available for private counseling, group meetings, and classrooms. (ensure space is used as described)

Reviewer shall inspect the building/facility to ensure all bullets have been met.

Reviewer shall review weekly inspection reports.
References:

- F.A.C. 63D-12.002 (1) (a), Probation, Non-Residential Facilities, Safety and Administration
1.10 Fire Prevention and Evacuation Procedures

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

Guidelines: Safety and welfare standards of facilities shall incorporate:

- A comprehensive safety regimen that includes 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 facility 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 shall be checked quarterly. All facility 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.

Reviewer shall review drill logs to ensure drills were conducted as required.

Reviewer shall review the annual fire safety inspections.

Reviewer shall review the facilities egress plans.

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

- F.A.C. 63D-12.002 (1) (b), Probation, Non-Residential Facilities, Safety and Administration
1.11 Water Activities

The program provides a safe and appropriate treatment environment that includes procedures for water activities.

Guidelines: This indicator shall be rated “non-applicable” if the program does not participate in water activities.

Facilities that allow youth to participate in water related recreational activities shall have:

- A water safety plan
- One certified lifeguard for every eight participating youth
- Swim tests for youth prior to any swimming activities

The facility shall provide for the prompt notification of a youth’s parent or guardian in cases of serious illness, injury, or death.

Reviewer shall review the water safety plan, check for certified lifeguards, and review log for youth swim tests.

Review survey responses to determine if youth participate in water activities and have been swim tested.

References:

- F.A.C. 63D-12.002, Probation, Non-Residential Facilities, Safety and Administration
1.12 Food Services

The program provides a safe and appropriate treatment environment that includes food service.

Guidelines: This indicator shall be rated “non-applicable” if the program does not offer food services.

Facilities that provide food services shall:

- Ensure that the food service and dining area shall be clean and well maintained.
- Provide youth special diets when prescribed for health reasons or to accommodate religious beliefs.
- Offer a single menu for facility staff and youth.
- Not withhold food as a disciplinary measure.

Reviewer shall review contract, memorandum of understanding, and/or agreements with any outside agency that provides food to the program.

Review youth survey responses to determine if youth and staff are offered the same menu and if meals/snacks are ever taken away as a form of punishment.

Review staff survey responses to determine if staff and youth are offered the same menu.

Food services are only reviewed related to the day treatment services.

References:

- F.A.C. 63D-12.002 (1) (e), Probation, Non-Residential Facilities, Safety and Administration
1.13 Transportation

The program provides a safe and appropriate treatment environment that includes transportation.

Guidelines: Facilities that provide transportation shall:

- Provide daily transportation to and from the facility, or shall arrange for such transportation.
- Ensure that all facility vehicles that transport youth shall be kept in safe and sound condition.
- Ensure that facility staff transporting youth shall have current, valid driver’s licenses.
- Ensure that facility vehicles shall have current insurance and automobile registration.
- Not deny a youth services or penalize a youth because of the lack of transportation.
- Ensure that all vehicles are locked when not in use.
- Ensure that youth and staff wear seat belts while the vehicle is in operation.

Review agreement with outside agency that provides transportation to ensure they meet the requirements of this indicator (if applicable).

Review youth surveys to determine if you are required to wear seatbelts when being transported in a vehicle.

References:

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

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

Guidelines: The facility director is responsible for maintaining information on the facility and reporting to the Department.

Monthly reports shall be submitted to the department detailing incidents and population data.

Youth listed on the facility roster shall match the census report in the 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.

A daily facility log shall be maintained for facility staff to record significant facility activities, events, and incidents. Special attention shall be given to entries impacting the safety and security of the facility, which shall be highlighted to ensure attention.

The facility director shall review the log on a bi-weekly basis, taking action where appropriate. Any action taken shall be documented in the log. Log entries shall be brief, and legibly written in ink. Recording errors shall be struck through with a single line, with “void” written by the error and the correction initialed by facility staff.

Each log entry shall provide the following information:

- Date and time of incident
- Name of the youth and facility staff involved
- Brief statement of pertinent information
- Name of the person making the entry with the date, time of entry, and signature

Reviewers shall review monthly reports submitted to the Department
Reviewer shall review logbook to ensure requirements are met.

References:

- F.A.C. 63D-12.002 (2), Probation, Non-Residential Facilities, Safety and Administration
1.15 Ninety-Day Supervisory Reviews

Cases under supervision (i.e., probation, conditional release, post-commitment probation) are reviewed by the supervisor at least once every ninety calendar days. The supervisor ensures that staff review any instructions given during the review, and ensures that they were followed during the subsequent review.

Guidelines: The supervisor shall ensure the JPO/case manager updates the risk and needs assessment and case plan prior to the supervisory review.

The JPOS shall ensure that the youth is receiving appropriate supervision and interventions. Staff should review supervisors’ notes and take appropriate action, if necessary.

References:

- F.A.C. 63D-8.001 (13), Probation, General, Definitions
- F.A.C. 63D-10.003 (8), Probation, Intervention, Community Supervision Services
1.16 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: This indicator shall be rated “non-applicable” if the program has not had any reportable incidents during the scope of the review. If there are no CCC reports for the past six months, the reviewer may sample reports since the date of the last QI review, but no more than twelve months.

Incidents discovered and reported by the review team during the review shall be considered “non-applicable,” unless documentation exists that the program was aware of the incident, but failed to report it.

The purpose of the Central Communications Center is to provide a service to DJJ, 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.

The reporting of incidents shall be consistent with the Department’s requirements. The reviewer 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/grievances to determine if additional incidents should have been reported to CCC.

References:

- F.A.C. 63F-11, Central Communications Center
## Standard 2: Assessment Services

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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 Admission and Orientation

Face-to-face contacts are conducted with youth within three working days of any probation disposition or release from a residential program, if the youth is on conditional release (CR) or post-commitment probation (PCP). Applicability of the face-to-face contact requirement depends on whether the youth has been admitted to the program at the time of disposition or release. All youth participate in a program orientation process, which includes the elements required by Florida Administrative Code, within twenty-four hours of admission.

Guidelines: Facility orientation shall be conducted within twenty-four hours of a youth’s admission to the facility. The youth’s parent/guardian shall be encouraged to attend. Orientation information shall be understandable to the youth.

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; and
- Facility 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 facility staff and a tour of the facility grounds;
- A review of expectations, rules, and the behavior management system;
Standard 2.

- 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 facility;
- 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; and
- The facility dress code, which shall prohibit pictures, logos, emblems, and writing that depict illegal activity, violence, profanity, gang logos, or nudity.

Reviewer shall review face sheet to determine when the youth was added to the programs census.

References:

- F.A.C. 63D-10.003 (2), Probation, Intervention, Community Supervision Services
- F.A.C. 63D-12.003 (1), Probation, Non-Residential Facilities, Service Delivery
2.02 Medical Screening

Youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions that require medical attention. The screening includes a review of the most recent Health Discharge Summary (Form HS 012), if applicable, and documented contact with the parent/guardian if there are any questions or concerns regarding the youth’s medical condition. Screening may be performed by non-licensed staff during the admission process. All medical, mental health, and substance abuse information is documented in the youth’s Individual Health Care Record.

— CRITICAL —

Guidelines: At the time of admission, staff shall interview the youth utilizing the established screening process to determine if the youth has a condition that may require medical attention while the youth is in the care of the staff at the program.

Day Treatment programs may utilize the Department’s Facility Entry Physical Health Screening form to document the medical screening. (for the purposes of Day Treatment programs, this form may be completed by a non-medical staff member)

References:

- DJJ Health Services Manual, Chapter 18, Sections III-IV
2.03 Medication Management – Verification of Medications

The program shall determine a youth’s medication regimen upon admission to the program.

Guidelines: There shall be a written policy in place that clearly articulates the procedure of medication verification upon entry into the program.

During the Medical Screening process, the youth and parent/guardian (if available) shall be interviewed about the youth’s current medications.

Only medications from a licensed pharmacy, with a current, patient-specific label intact on the original medication container may be accepted into the program.

Any medication that cannot be verified shall not be provided to the youth while attending the program.

After the above has been completed, the trained assigned staff shall initiate the Medication Distribution Log that will capture the process of Assisting in Delivery of Medications by non-licensed staff.

The reviewer will need to review additional files if the original file selection does not include any youth currently taking medications.

References:

- DJJ Health Services Manual Chapter 11; and Chapter 18
2.04 Mental Health/Substance Abuse Screening

Youth are screened for mental health/substance abuse issues at the time of admission to determine if the youth has any conditions that require further assessment and/or immediate attention. The screening includes a review of available information and completion of the Positive Achievement Change Tool (PACT) and the PACT Mental Health and Substance Abuse Report and Referral Form when further assessment is indicated by the PACT, or administration of the Massachusetts Youth Screening Instrument (MAYSI-2). The program ensures further assessment of the youth, or immediate intervention, as indicated by the mental health/substance abuse screening.

If the screening indicates the need for further assessment of suicide risk:

- The program director or designee documents discussion with the Designated Mental Health Authority or licensed mental health professional, including recommendations for immediate interventions;
- A Suicide Risk Alert is entered in JJIS and the youth is placed on suicide precautions until further assessment is completed; and
- The Assessment of Suicide Risk (Form MHSA 004) is completed immediately, or within 24 hours of the screening.

Screening may be performed by non-licensed staff during the admission process. All medical, mental health, and substance abuse information is documented in the youth’s Individual Health Care Record.

— CRITICAL —

Guidelines: The non-residential program shall ensure that 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 and discharge planning;
- Individual, group, and family therapy;
- Behavioral therapy;
- Psychosocial skills training;
- Psychiatric services;
- Suicide prevention services;
- Mental health crisis intervention;
- Emergency mental health and substance abuse services; and
- Developmental disability services for youth with a developmental disability.

When a comprehensive mental health or substance abuse evaluation indicates the youth is in need of mental health and/or substance abuse treatment, an individualized mental health and/or substance abuse treatment plan shall be developed, and timely treatment shall be provided based upon the youth’s treatment plan. Pending development of an individualized mental health or substance abuse treatment plan, an initial plan is acceptable. The individualized mental health treatment plan shall include the signatures of the youth, the mental health clinical staff person that prepared the plan, and any intervention and treatment team members who participated in its development. A licensed mental health professional shall review, sign, and date the treatment plan within ten days of completion.

The individualized substance abuse treatment plan shall include the signatures of the youth, the substance abuse clinical staff person that prepared the plan, and any intervention and treatment team members who participated in its development. The plan shall be completed by a qualified professional who is licensed under Chapter 458, 459, 490, or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility so licensed.
The program shall ensure the delivery of individual, group and family therapy, behavioral therapy, or psychosocial skills training in accordance with a youth’s treatment plan. Mental health treatment shall be provided by a licensed mental health professional or a mental health clinical staff person working under the direct supervision of a licensed mental health professional. Substance abuse treatment shall be delivered by a qualified professional who is licensed under Chapter 458, 459, 490, or 491, F.S., or a substance abuse clinical staff person who is an employee of a service provider licensed under Chapter 397, F.S., or an employee in a facility that is licensed under Chapter 397, F.S., or an employee in a facility that is licensed under Chapter 397, working under the direct supervision of a qualified professional as defined in Section 397.311(26).

References:

- F.A.C. 63D-12.003 (5), Probation, Non-Residential Facilities, Service Delivery
- DJJ Mental Health and Substance Abuse Services Manual, Chapter 5, Section II (C)
- DJJ Mental Health and Substance Abuse Services Manual, Chapter 7, Section III (A)(4)
2.05 Positive Achievement Change Tool (PACT) Full Assessment

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

Guidelines: Program staff shall conduct a risk and needs assessment on all youth. The PACT is predominantly a self-report tool, and youth sometimes supply inaccurate information about themselves or their situation. Staff completing the PACT shall use his or her own observations and those of collateral sources such as parents, other department staff, law enforcement, 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. PACTs completed by DJJ staff will not be used to determine compliance with this indicator.

Reviewer shall review PACT completion list from JJIS to ensure the PACT was completed in a timely manner.

References:

- F.A.C. 63D-12.003 (2), Probation, Non-Residential Facilities, Service Delivery
- Community PACT Statewide Business Rules
2.06 PACT Reassessment

Staff complete PACT Reassessments for youth on probation, conditional release, and post-commitment probation, as well as minimum-risk non-residential commitment youth. Regardless of risk to reoffend, the PACT Full Assessment is completed every ninety days.

Guidelines: The assessment of youth is not a one-time event, but an ongoing process. Therefore, the JPO/CM shall update the youth’s risk and needs assessment on a regular basis to ensure that PACT results are reflective of the youth’s current status, including changes in behavior and progress with YES Plan sanctions and goals.

The day treatment case manager will complete a new PACT Full Assessment upon admission as well as the PACT Reassessment every ninety days and will utilize the YES Plan to document youth needs and progress. A PACT Final Assessment will be done prior to program completion to document the youth’s progress in meeting criminogenic needs as well as court ordered sanctions.

Any PACT completed within fourteen days of release shall be considered the “exit” PACT.

Reviewer shall review youth files to ensure PACT reassessments were completed as required.

As part of the review of closed files, the reviewer shall determine if the PACT final assessment was completed prior to program completion.

Reference:

- F.A.C. 63D-10.003 (7), Probation, Intervention, Community Supervision Services
- F.A.C. 63D-12.003 (3), Probation, Non-Residential Facilities, Service Delivery
2.07 Progress Reports

Progress reports are prepared and distributed in accordance with Florida Administrative Code. The report details the youth’s progress and status of youth requirements and PACT goals contained in the YES Plan. The youth is given an opportunity to review the report and provide comments. The report is signed and dated by the youth and the staff that prepared the report. The report is reviewed and signed by the program director or designee.

Guidelines: Facility staff shall complete a progress report every ninety days. The progress report is prepared after a review of the YES Plan and documents the youth’s progress in the program. If the youth is on probation, CR, or PCP, the original report shall be sent to the JPO. If the youth is under minimum-risk commitment, the original report shall be sent to the court, with copies to the JPO, state attorney, youth’s attorney, and the youth’s parent/guardian. Facility 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.

Youth shall be given an opportunity to read the progress report and add comments. The progress report shall be signed and dated by the youth and the facility staff member who prepared it. The facility director or designee shall review, sign, and date the progress report prior to distribution.

References:

- F.A.C. 63D-12.005, Probation, Non-Residential Facilities, Progress Reports
2.08 Abuse-Free Environment

Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined by Florida Statute, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.

— CRITICAL —

Guidelines: 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 that forbids 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 that youth have unimpeded access to self-report alleged abuse.
4. Ensure that youth eighteen years of age or older report abuse allegations to the Central Communications Center.

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 the program’s code of conduct to ensure compli-
Review youth and staff survey results related to abuse free environment.

**References:**

- F.S. 39.201, “Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.”
- F.A.C. 63E-7.006 (1) (E), Residential Services, Quality of Life and Youth Grievance Process
### Standard 3: Intervention Services

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

**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 Vocational Programming

Staff shall develop and implement a vocational competency development program.

Guidelines: The program must define vocational programming that is appropriate based upon the (1) age, (2) assessed educational abilities and goals of the youth to be served, and (3) the typical length of stay and custody characteristics at the commitment program to which each youth is assigned.

The vocational programming may be one of three types:

- Type A/Level 1—Programs that teach personal accountability skills and behaviors that are appropriate for youth in all age groups and ability levels and that lead to work habits that help maintain employment and living standards.
- Type B/Level 2—Programs that include Type A program content and an orientation to the broad scope of career choices, based upon personal abilities, aptitudes, and interests (e.g., CHOICES). Exploring and gaining knowledge of occupation options and the level of effort required to achieve them are essential prerequisites to skill training.
- Type C/Level 3—Programs that include Type B program content and the vocational competencies or the prerequisites needed for entry into a specific occupation.

Vocational programming shall include communication, interpersonal, and decision-making skills. Youth with employability as one of their goals shall have by the completion of the program:

1. a sample completed employment application
2. a résumé summarizing education, work experience, and/or career training
3. an appointment with One Stop Center
4. appropriate documents essential to obtaining employment
5. documentation that the youth’s parent and JPO (if continuing on supervision) are aware of the vocational plan for the youth

All programs must be at least a Type A/Level 1. Life skills group, activities, and instruction meet this requirement.


References:

- F.S. 985.622 (2) (3), Multiagency Plan for Vocational Education
- F.A.C. 63B-1.002 (5), Career Related Programs, Definitions
- F.A.C. 63B-1.003, Career Related Programs, Career and Vocational Programming
3.02 Youth-Empowered Success (YES) Plan Development

The YES Plan (Form DJJ/PACTFRM 4) is cooperatively developed for youth on Probation, Conditional Release, and Post-Commitment Probation. Youth and parent/guardian signatures do not indicate cooperative development of the YES Plan. Case notes clearly reflect that the youth and/or parent/guardian was involved, or refused to be involved, in the development of the YES Plan. All parties sign the YES Plan within fourteen calendar days of youth’s admission to the facility.

Guidelines: The Youth-Empowered Success (YES) Plan is the document developed by the youth, parent/guardian, and program staff to plan for the completion of court-ordered sanctions and to address criminogenic needs.

All youth shall have a PACT completed prior to the development of the initial YES Plan.

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

The youth and parent/guardian shall participate in the development of action steps and target dates for the completion of all sanctions and goals. The program staff shall document the development process in the case notes.

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 shall be informed of the importance of complying with the sanctions and goals of the plan.
Reviewer shall review the case notes to ensure negotiation of the plan with the youth and family.

Reviewer shall review documentation that the plan was provided to the family.

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

References:

- F.A.C. 63D-12.003 (3), Probation, Intervention, Community Supervision Services
- F.A.C. 63D-10.003, Probation
- Community PACT Statewide Business Rules
3.03 Youth Requirement/PACT Goal Elements

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

Guidelines: Court-ordered sanctions shall be documented in JJIS in the Youth Requirements module. Each youth requirement shall contain at least one specific action step for the youth, parent/guardian, and JPO/CM that clearly defines who is responsible, what action should be taken, and how often the action should be taken.

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

A PACT goal may address an item that is 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 DNA and restitution should be included on the one YES Plan and should contain reasonable projected completion dates.

Some of these requirements such as DNA and restitution may involve the JPO working with the case manager to ensure completion.

PACT goals should be done within 30, 60, or 90 days.

Review youth survey results to determine if you are aware of their current goals.

References:

- F.A.C. 63D-10.003 (4), Probation, Intervention, Community Supervision Services
- Community PACT Statewide Business Rules
3.04 Transitional Planning/Reintegration

Program staff actively participates in the transitional planning process for youth who are being released from a residential program on conditional release (CR) or post-commitment probation (PCP). For conditional release and post-commitment probation youth, the YES Plan must address recommendations from the residential program during transition.

— CRITICAL —

Guidelines:

This indicator shall be rated “non-applicable” for Paxen Day Treatment programs and Front End services programs.

The transitional planning requirement only applies for youth referred to the program prior to release from residential commitment.

While the youth is receiving treatment at the residential facility, the JPO shall assist the parent/guardian and program staff, as necessary, to ensure communication is conducive to the youth’s successful completion of the program.

Review case notes for youth on conditional release and or post-commitment probation. The case notes must document communication with youth and parent while the youth is in the residential program.

At a minimum, the JPO shall have one face-to-face contact with the youth during transition conference (*transition conference is synonymous with transition phase in rule 63D), if the program is within a fifty-mile radius of the home office. Telephonic participation is acceptable outside the fifty-mile radius.

Effective 6/11/13—The JPO or designee must participate in person, telephonically, or if available, through web-based video phone in the transition conference.

Review documentation in case notes for participation in the transition conference and exit conference from the residential program.
Review the YES Plan to ensure that treatment and intervention recommendations identified at the exit conference and/or in the discharge summary are included.

Planning for the youth’s transition to the community shall begin at the commitment conference, when the appropriate post-residential services are identified. Planning for the youth’s successful transition involves the ongoing efforts of the youth, parent/guardian, treatment team, and JPO. Prior to the youth’s release from residential care, the program shall conduct an exit conference to finalize plans for the youth’s release. It is at this time that the JPO shall make post-residential service referrals, if applicable.

References:

- F.A.C. 63D-10.005 (2-3), Probation, Intervention, Residential Case Management and Transitional Planning

- F.A.C. 63T-1.003 (Transition) Community Supervision
3.05 **YES Plan Implementation/Supervision**

Youth on supervision (i.e., probation, conditional release, or post-commitment probation) are supervised in a manner that ensures compliance with the court order and completion of YES Plan (youth requirements and PACT goals). Case notes demonstrate compliance (or attempted compliance) with youth, parent/guardian, and staff action steps contained in the YES Plan.

**Guidelines:** Staff documents all case activities, including face-to-face interactions and telephone contacts with the youth, parent/guardian, and providers, and review of written or verbal reports from collateral sources, such as educational institutions, employers, counselors, electronic databases, etc.

Staff is responsible for monitoring the youth’s progress on the YES Plan. The youth is monitored in his/her home, school, workplace, and community.

The JPO/case manager shall make contacts in accordance with his or her professional discretion to ensure the youth’s compliance with the court order and the completion of YES Plan sanctions and goals.

**References:**

- F.A.C. 63D-10.003 (6), Probation, Intervention, Community Supervision Services
3.06 **Effective Response System**

Staff responds to noncompliance in a manner that is consistent with the program’s effective response system.

**Guidelines:** A effective response system is a written plan developed in each circuit, in consultation with Circuit Chief Probation Officer, judges, state attorneys, and public defenders, that describes in detail a methodology for responding when youth under supervision violate a condition of their probation. These plans are based upon the principle that sanctions should be based upon the need to ensure public safety, the assessed criminogenic needs and risks of the youth, and how effective the sanction will be in moving the youth to compliant behavior.

Technical violations involve noncompliance with court-ordered sanctions, such as not reporting to the JPO as directed, failing to complete community service, failing to follow through with a referral, missing school, or failing to make restitution payments. Technical violations shall be addressed through the effective response system, which shall describe in detail how the JPO should respond when youth under supervision are noncompliant with court-ordered sanctions, considering that responses should be based on public safety, the assessed criminogenic needs and risks of the youth, and how effective the sanction will be in promoting compliant behavior. However, the JPO shall comply with orders of the court that require the reporting of any technical violations.

If the JPO and JPOS decide that a formal court hearing is not needed to address the violation, the JPO shall address the non-compliant behavior with an intervention, such as initiating a behavior contract, conducting a formal staffing with parents, referring the youth for services to address new needs, or increasing supervision. Under no circumstances can a JPO informally modify conditions related to contact with a victim.

Reviewer shall consult with the circuit/state effective response system to ensure that he program response is appropriate.


**Reference:**

- F.A.C. 63D-10.004, Probation, Intervention, Violations of Supervision


3.07 Behavior Management System

The program utilizes a behavior management system that provides privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavior problem. The use of facility restriction does not exceed seven consecutive days. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. Time-out is used in accordance with Florida Administrative Code. All behavior problems, time-outs, in-facility suspensions, and privilege suspensions are documented in the facility log and case file in accordance with Florida Administrative Code.

Guidelines: Facilities shall also comply with the following:

- Facilities shall have a document containing a mission statement that includes the department’s mission to reduce juvenile crime, description of program design, educational goals, and objectives.
- Daily activity schedules shall be developed and substantially followed. This shall include structured outdoor/indoor recreational and leisure activities that teach values and encourage sportsmanship.
- All instances of time-out, in-facility suspension, and privilege suspension shall be logged, dated, and signed by facility staff implementing the discipline. Supervisory facility staff shall review the log daily.
- The facility shall have a behavior management system that provides a system of privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences for violating facility rules shall be fair and have a direct correlation to the inappropriate behavior.
- The use of facility restriction shall not exceed seven consecutive days.
- Disciplinary procedures shall be carried out promptly.
- No youth or group of youth shall be allowed to control, have authority over, or otherwise discipline any other youth. Discipline or authority shall never be delegated to youth.
- Rules shall be conspicuously posted.
• All discipline problems shall be clearly documented in the youth’s file.
• Time-out should only be used to interrupt a specific behavior of an individual or to allow the youth to regain composure by temporarily moving the individual to a separate area for a cooling-off period.
• Youth in time-out shall not be secluded from supervision and must therefore be visually observed by a facility staff member at all times.
• The use of time-out shall not exceed one hour.
• Locked time-out rooms are prohibited.
• Youth in time-out shall not be denied regular meals, healthcare, accommodation of religious needs, or facility staff assistance.
• Privilege suspension may include denial of participation in recreational activities and other activities outside the facility.
• Privilege suspension shall not include loss of regular meals, healthcare services, contact with parent/guardian, or legal assistance. Prior to privilege suspension, facility staff shall explain to the youth the reason for the restriction, and shall give the youth an opportunity to explain the behavior leading to the suspension.

Review youth survey results related to behavior management.

References:

• F.A.C. 63D-12.003 (4) (c-d), Probation, Non-Residential Facilities, Service Delivery
3.08 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 PACT goals and save a new YES Plan in the Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews. When updates are made to the YES Plan that reasonably require the input of the youth and parent/guardian, this discussion is clearly documented in the case notes. Use of the “case notations” or a similar form that the youth and/or parent/guardian initials to indicate that the YES Plan was reviewed does not signify compliance. The case notes clearly document any communication regarding the YES Plan.

Guidelines: At each ninety day update, the JPO shall update youth requirements and PACT goals in 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.

After changes are made in the youth requirements module (and PACT goals area, if applicable), a new YES Plan must be generated in JJIS. This ensures progress made by the youth during each ninety-day window is clearly documented by the YES Plan in JJIS.

The JPOS shall ensure that the youth is receiving appropriate supervision and interventions.

References:

- F.A.C. 63D-10.003 (8) (B-D), Probation, Intervention, Community Supervision Services
- Community PACT Statewide Business Rules
3.09 Education Transition

Staff and youth complete an education transition plan prior to release that includes provisions for continuation of education and/or employment.

Guidelines: This indicator shall be rated “non-applicable” for Paxen Day Treatment programs.

The purpose of the transition plan is to prepare the student to successfully function as a member of the community post release. The youth is involved in developing the transition plan to ensure understanding and “buy in.”

For youth who have employability as a transition goal the education transition plan must also include:

- Provisions for continuation of education and/or employment;
- A sample completed employment application;
- A résumé summarizing education, work experience, and/or career training;
- A valid Florida identification card (Undocumented aliens are unable to obtain a Florida identification card; for these youth, this expectation shall be removed);
- An appointment with the One Stop Center within the vicinity where the youth will be seeking employment;
- Appropriate documents essential to obtaining employment upon leaving the program, if appropriate; and
- Evidence that the youth's case manager and parent/guardian are aware of the plan, documents, and post-release discharge plans.

References:

- F.A.C. 63B-1.006 (7), Career Related Programs, Cooperative Agreement
- F.S.1003.52 (13) (i), Educational Services in DJJ Programs
3.10 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.

For youth on probation, conditional release, or post-commitment probation, the program works with the Juvenile Probation Officer (JPO) to facilitate the release of the youth upon completion of the program.

For youth on minimum-risk commitment or conditional release, staff completes the Pre-Release Notification and Acknowledgement (PRN) (DJJ/BCS Form 19) and follows the required procedure.

Guidelines: For youth on probation, or PCP, the facility and JPO shall work together to facilitate the release of the youth upon completion of the program. The JPO 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 that the youth has exhibited, through routine payments, the intention to follow through with his or her obligation. For youth on commitment or CR, the facility and JPO shall work together on PRN.

Pursuant to the contract, the provider may send these documents directly to the court or through the assigned Juvenile Probation Officer (JPO). In some cases, the JPO may choose to transfer the youth to community supervision instead of requesting termination, however, the provider’s responsibility to communicate successful completion of the program remains the same.

Prior to requesting termination, the JPO shall check with local law enforcement to determine if there are outstanding warrants or charges for the youth that have not been filed. At a minimum, this includes the sheriff and police department of the youth’s county and city of residence. The JPO shall also check the Florida Crime Information Center/National Crime Infor-
ation Center (FCIC/NCIC) system to determine if there are outstanding warrants.

The JPO shall notify the court fifteen working days prior to the loss of jurisdiction of a case by submitting a Progress Report. Upon loss of jurisdiction, the JPO shall close the case.

Within five working days of receipt of the court’s termination order or the date of loss of jurisdiction, the JPO shall update JJIS.

The JPO shall notify the youth and parent/guardian in writing that the youth is no longer under supervision.

**References:**

- 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-10.005 (4), Residential Case Management and Transitional Planning
- F.A.C. 63D-10.006, Intervention, Termination of Supervision
Standard 4: Medical, Mental Health, and Substance Abuse Services

- 4.01 Medication Management - Delivery of Medications
- 4.02 Designated Mental Health Authority or Clinical Coordinator
- 4.03 Licensed Mental Health and Substance Abuse Clinical Staff*
- 4.04 Non-Licensed Mental Health and Substance Abuse Clinical Staff
- 4.05 Mental Health and Substance Abuse Admission Screening
- 4.06 Mental Health and Substance Abuse Assessment/Evaluation
- 4.07 Mental Health and Substance Abuse Treatment
- 4.08 Treatment and Discharge Planning
- 4.09 Suicide Prevention Plan*
- 4.10 Suicide Prevention Services*
- 4.11 Suicide Precaution Observation Logs*
- 4.12 Suicide Prevention Training*
- 4.13 Mental Health Crisis Intervention Services*
- 4.14 Crisis Assessments*
- 4.15 Emergency Mental Health and Substance Abuse Services*
- 4.16 Baker and Marchman Acts*

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

**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 Medication Management – Delivery of Medications

The program shall have a process in place to assist youth with self-administration of oral medications.

Guidelines: Non-health care staff shall be trained to assist youth with the self-administration of medication.

There shall be a written policy in place that clearly articulates staff training and the procedure for medication delivery.

Only direct care staff that have completed training on medication delivery shall be assigned the task of Assisting with Youth Self-Administration of Medications.

The Five Rights of Medication Administration shall be maintained.

The designated staff member assisting youth with medication delivery shall not be required to conduct or supervise any program activities during this time.

The staff shall have control of medication containers.

There shall be a structured process for youth to approach the non-healthcare staff person individually.

The non-healthcare staff shall confirm the allergy status of the youth and any current or perceived side effects or adverse reactions to the medication.

A Medication Distribution Log shall be utilized for documentation of medication delivery.

Both the youth and the staff member shall initial that the dosage was given.

The reviewer will need to review additional files if the original file selection does not include any youth currently taking medications.

Review youth surveys to determine if youth are taking medication at the program and who gives them their medication.
Review staff surveys to determine if staff administer medication to youth.

References:

- DJJ Health Services Manual, Chapter 11; and Chapter 18
4.02 Designated Mental Health 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.

Each day treatment program must designate either a Designated Mental Health Authority or a Clinical Coordinator to be responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program.

Guidelines: The Clinical Coordinator may be a licensed mental health professional or a non-licensed mental health clinician with training in mental health and substance abuse services coordination.

DMHA is a licensed mental health professional which means a licensed psychiatrist under Chapter 458 or 459, 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.

At a minimum, the DMHA must be on site weekly.

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

Reviewer shall review sign in logs to verify that the DMHA or Clinical Coordinator is on site weekly, at a minimum.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 2, Section IV, A and B
4.03 Licensed Mental Health and Substance Abuse Clinical Staff

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

— CRITICAL —

Guidelines: Staffing shall be in accordance with contract.

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 license is available for review.

Licensed Qualified Professional

- 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).

Reviewer shall request copies of licensure, education or training as required.
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References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 2, Section III, A and B
- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.04 Non-Licensed Mental Health and Substance Abuse Clinical Staff

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

Guidelines: 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 person must have the following:

  1. Hold a master’s 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 degree from an accredited university or college in the field of counseling, social work, psychology, or related human services field and have two years experience working with (e.g., assessing, counseling, treating) youths with serious emotional disturbance or substance abuse problems; or
  
  3. Hold a bachelor’s 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 in the areas described in the Manual prior to working with youths. The fifty-two hours of pre-service training must include a minimum of sixteen hours of documented training in their duties and responsibilities. When pre-service training has been successfully completed, the non-licensed person may begin work-
Standard 4. Medical, Mental Health, and Substance Abuse Services

Non-Licensed Substance Abuse Clinical Staff Person

- A person who is an employee of a service provider licensed under Chapter 397 or in a facility licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a bachelor’s 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. A substance abuse clinical staff person providing substance abuse services in a DJJ facility or program must have received training in accordance with Rule 65D-30 F.A.C.

Mental Health and Substance Abuse Clinical Staff Training

- Non-licensed mental health clinicians holding a bachelor's degree with less than two years 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 skills, 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 clinician who conducts Assessments of Suicide Risk 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 assessments of suicide risk 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 person providing substance abuse services in a DJJ facility or program must have received training in accordance with Rule 65D-30 F.A.C.
Supervision

- Each non-licensed mental health clinical staff person must work under the direct supervision of a licensed mental health professional, and must receive a minimum of one hour per week of on-site face-to-face direct supervision by the licensed mental health professional.

- Each non-substance abuse clinical staff person must work under the direct supervision of a "qualified professional" as defined in Section 397.311(26), 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 DCF-recognized certification process for substance abuse treatment services. The non-licensed substance abuse clinical staff person must receive at least one hour per 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 elements of form MHSA 019. Documentation must include a summary of directions, instructions, and recommendations made by the licensed mental health professional or "qualified professional" as defined in Section 397.311(26), and indicate that the licensed supervisor has reviewed a representative sample of the non-licensed clinical staff person's treatment or summary notes.

If a part-time non-licensed mental health clinical staff person or non-licensed substance abuse clinical staff person is on-site to provide mental health or substance abuse services at any time during the week (Sunday – Saturday), the licensed professional must provide at least one hour of direct supervision to the non-licensed person during that week.

Reviewer shall review weekly supervision notes to ensure services are being provided and are appropriate. Reviewer shall also make sure supervision is documented on required forms and it meets all of the requirement.

Reviewer shall review training files for pertinent information (i.e., education/training).
References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 2, Section III, C and D

- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.05 Mental Health and Substance Abuse Admission Screening

The mental health and substance needs of youth are identified through a comprehensive screening process that ensures referrals are made when youth have identified mental health and/or substance abuse needs or are identified as a possible suicide risk.

Guidelines: 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 referral packet information, reports and records for existing documentation of mental health or substance abuse problems, and referral of youths identified by screening as in need of further evaluation or immediate attention.
- Staff training in mental health and substance abuse issues and administration of the PACT and/or 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 receiving facility.

PACT (Positive Achievement Change Tool)

Either the PACT or MAYSI-2 must be administered upon each youth's admission to a day treatment program.

- When PACT results or other information obtained at admission indicate the need for further mental health and/or substance abuse evaluation, the PACT Mental Health and Substance Abuse Screening Report and Referral Form must be utilized to document referral for comprehensive mental health evaluation and/or comprehensive substance abuse evaluation.
- When PACT results or other information obtained at admission indicate possible suicide risk, the youth must be referred for an Assessment of Suicide Risk to be con-
ducted within twenty-four hours, or immediately if the youth is in crisis.

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

If the MAYSI-2 is utilized, the following procedures must be followed:

- MAYSI-2 is administered on the day of admission in a confidential manner;
- MAYSI-2 is administered 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 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 that led to the determination that 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 that an Assessment of Suicide Risk is conducted within twenty-four hours (or immediately if the youth is in crisis) when the MAYSI-2 category "Suicide Ideation" indicates further assessment is needed, or other information obtained at intake/admission suggests potential suicide risk.

**References:**

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 5, Section II, C and Chapter 7, Section III (4)
- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.06 Mental Health and Substance Abuse Assessment/Evaluation

The day treatment program director or designee must develop procedures whereby youth who demonstrate behaviors or symptoms indicative of mental disorder or substance abuse during the screening process or upon a youth's admission to the program are referred for a comprehensive mental health evaluation or comprehensive substance abuse evaluation or updated evaluation.

Guidelines: The program ensures that 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 the last twelve months, 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 63D-(5)(c) and under the Mental Health and Substance Abuse Services Manual, the day treatment program’s mental health/substance abuse provider may administer a Comprehensive Mental Health and Substance Abuse Services Evaluation instead of a SAMH-2/SAMH-3 as a “comparable instrument” to accomplish the Comprehensive Assessment.

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 admission. If a non-licensed mental health clinical staff person or non-licensed substance abuse clinical staff person professional completes the evaluation, it must be reviewed and signed by a licensed mental health professional or “qualified professional” within ten calendar days after the evaluation is conducted.
Reviewer shall review evaluations to ensure it contains all of the required elements listed on the QI work papers.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 5, Section III, A and B

- F.A.C. 63D-12, Probation, Non-Residential Facilities
Standard 4. Medical, Mental Health, and Substance Abuse Services

4.07 Mental Health and Substance Abuse Treatment

Mental health and substance abuse treatment planning in departmental facilities focuses on providing mental health and/or substance abuse interventions to reduce or alleviate the youth's symptoms of mental disorder 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:

Multidisciplinary Treatment Teams

- The youth is assigned to the program's treatment team.
- Treatment team is comprised of representatives from administration, education, vocational training, medical staff, mental health staff, substance abuse staff, youth, and youth's parent/guardian (when possible).

Mental Health and Substance Abuse Treatment Services

- Youths determined in need of mental health treatment must receive individual, group, or family counseling by a licensed mental health professional or a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional in accordance with the youth's initial or individualized mental health treatment plan.
- Youths determined in need of substance abuse treatment must receive individual, group, 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 licensed under Chapter 397, who works under the direct supervision of a qualified professional as defined in Section 397.311(26) F.S., in accordance with the youth's initial or individualized
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- 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 will have signed Substance Abuse Consent and Release forms (MHSA 012 and MHSA 013) or a court order for substance abuse evaluation and treatment.
- 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 elements of 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 focused groups and fifteen or fewer youth with substance abuse diagnoses for substance abuse treatment groups.

Reviewer shall review treatment notes to ensure treatment is proceeding as needed and that all forms are signed accordingly. (this may be documented on a different form as long as all required elements are included)

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

**References:**

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 6, Sections II, A (2) and C, III, IV, and VIII
- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.08 Treatment and Discharge Planning

Youth determined to have a serious mental disorder or substance abuse impairment, and are receiving mental health 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.

All youth who receive mental health and/or substance abuse treatment while in a day treatment program will have a discharge summary completed that documents the focus and course of the youth's treatment and recommendations for mental health and/or substance abuse services upon youth's release from the facility.

Guidelines:

Initial Treatment Plans and Initial Treatment Note

- Initial treatment plan is developed when treatment is provided on an expedited basis.
- Initial treatment plan is on the sample form MHSA 015, or a treatment plan that includes all elements of the sample form.
- Initial treatment plan is developed within seven days of the onset of treatment, or for youth prescribed psychotropic medication, within seven days of the initial psychiatric diagnostic interview.
- 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 person's licensed clinical supervisor, within ten days of completion. Plan is also signed by treatment team members, youth, and parent/guardian (as allowed).
- Psychiatric services, including medication and frequency of monitoring by psychiatrist, must be included.
Individualized Treatment Plans

- Individualized treatment plan is developed for youth within thirty days of admission, or if treatment begins subsequent to admission, within thirty days of the initiation of treatment.
- Individualized plan is developed on form MHSA 016, or a form which contains all of the elements of form MHSA 016.
- Individualized treatment plan is signed by mental health or substance abuse clinical staff person completing the plan, and if unlicensed, by a licensed mental health professional for the mental health treatment plan or qualified professional as defined in Section 397.311 (26) for the substance abuse treatment plan, within ten days of completion. Plan is also signed by treatment team members, youth, and parent/guardian (as allowed).
- Psychiatric services, including psychotropic medication and frequency of monitoring by psychiatrist, must be included for youths receiving psychotropic medication.
- Individualized treatment plan reviews must be completed on form MHSA 017 or a form which contains all of the elements of 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 JPO for youth being discharged from program on suicide risk alert/suicide precautions.
- 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 during exit conference.
- A copy of the Mental Health/Substance Abuse Treatment Discharge Summary will be provided to the
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youth, youth's JPO, and to the parent/guardian (as allowed).

Reviewer shall review plans to ensure plan was reviewed with the youth, if still enrolled in the program.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 6, Sections II, A(2), B, C and VII and Chapter 7, Sections III - VII

- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.09 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 the DJJ Mental Health and Substance Abuse Services Manual.

— CRITICAL —

Guidelines: Day treatment program has a written plan that details suicide prevention procedures. The plan includes the following:

- Identification and assessment of youth at risk of suicide
- Staff training
- Suicide precautions
- Levels of supervision
- Referral
- Communication
- Notification
- Documentation
- Immediate staff response
- Review process

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 7, Section IX
4.10 Suicide Prevention Services

Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings as having suicide risk factors or identified through assessment as a potential suicide risk.

Any youth exhibiting suicide risk behaviors must be placed on Suicide Precautions (Precautionary Observation or Secure Observation), and a minimum of constant supervision.

All youths identified as having suicide risk factors by screening, information obtained regarding the youth, or staff observations, must be placed on Suicide Precautions and receive an assessment of suicide risk.

— CRITICAL —

Guidelines: All youth on suicide precautions are placed on Precautionary Observation or Secure Observation, and one-to-one supervision or constant supervision.

A JJIS suicide alert will be initiated for all youth placed on suicide precautions.

Precautionary Observation allows the "at risk" youth to participate in select activities with other youths in designated safe housing/observation areas in the facility.

Precautionary Observation must not limit a youth's activity to an individual cell or room.

The youth must remain on Precautionary Observation until he/she has received an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk which indicates that Precautionary Observation can be discontinued.

Youth whose behavior requires a level of observation and control beyond Precautionary Observation may be placed in a Secure Observation Room.

Documentation of Health Status Checklist, youth search and
inspection of Secure Observation Room are present for all youth on Secure Observation.

Youth on Secure Observation receive an Assessment of Suicide Risk or Follow-Up Assessment of Suicide Risk prior to discontinuation of Secure Observation.

**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, physical plant, 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 Manual.
- If ASR indicates discontinuation of suicide precautions, the youth will not be transitioned to a lower level of su-
pervision 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 placed on precautionary observation prior to Assessment of Suicide Risk whose Assessment of Suicide Risk determines that the youth is not a potential suicide risk and suicide precautions may be discontinued, may be transitioned directly to standard supervision.
- Youth whose Assessment of Suicide Risk indicates potential suicide risk must be maintained on suicide precautions and either one-to-one or constant supervision until Follow-Up Assessment of Suicide Risk indicates suicide precautions may be discontinued. Follow-Up Assessment of Suicide Risk must be recorded on form MHSA 005.
- When the youth's Follow-Up Assessment of Suicide Risk (MHSA 005) indicates suicide precautions may be discontinued, the youth must be stepped down to close supervision prior to transition to normal routine and standard supervision.
- Youth on Secure Observation are to receive an ASR within eight hours of placement in the room.

Reviewer shall review ASRs.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 7, Sections II, E, IV, and VI
- F.A.C. 63D-12, Probation, Non-Residential Facilities
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4.11 **Suicide Precaution Observation Logs**

Youth placed on suicide precautions must be maintained on one-to-one or constant supervision. The staff member assigned to observe the youth must provide the appropriate level of supervision and record observations of the youth's behavior at intervals no greater than thirty minutes.

--- CRITICAL ---

**Guidelines:** Suicide Precaution Observation Log (MHSA 006) must be maintained for the duration that a youth is on suicide precautions.

Suicide Precaution Observation Logs document staff observations of youth's behavior in real time, at thirty minute intervals.

When "warning signs" are observed, notification of program director/designee and mental health clinical staff is documented on Suicide Precaution Observation Log.

Suicide Precaution Observation Logs are reviewed and signed by each shift supervisor.

Suicide Precaution Observation Logs are reviewed and signed by mental health clinical staff.

Reviewer shall review observation logs to ensure they are completed in their entirety.

Review shall review suicide precaution observation forms to ensure they were reviewed by appropriate staff.

**References:**

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 7, Section II, C and Section VIII, B
4.12 Suicide Prevention Training

All staff who work with youth must be trained to recognize verbal and behavioral cues that indicate suicide risk.

— CRITICAL —

Guidelines: 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 “Improving Mental Health & Substance Abuse Services” CORE course does not meet the requirement for this indicator. This course should only count as one of the six required hours.

Mock suicide drills are to be held, at a minimum, semi-annually.

Reviewer shall check drill logs for the appropriate number of drills during required frequency. (real situations may be counted as drills if paperwork and process handled appropriately)

Reviewer shall consult with team member reviewing training regarding staff training.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 7, Sections II and VIII (B)
4.13 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 that has an acute emotional problem or serious psychological distress from one that 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: 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 identified in the Manual.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 8, Sections I and II
- F.A.C. 63D-12, Probation, Non-Residential Facilities
4.14 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 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 that a youth's acute psychological distress is extreme/severe and does not respond to ordinary intervention, the superintendent 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.

— CRITICAL —

Guidelines: 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 mental health alert is entered into JJIS for youth requiring a crisis assessment.
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- Youth determined through assessment to pose a safety and security risk must remain on alert until follow-up mental status examination, by, or under the supervision of, a licensed mental health professional.

Review the program’s policy, crisis assessment tool, and staff training files to ensure the program is adequately prepared to conduct crisis assessments.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 8, Section III, IV and V
4.15 Emergency Mental Health and Substance Abuse Services

Youth determined to be an imminent danger to themselves or others due to mental health and substance abuse emergencies that occur in facility require emergency care provided in accordance with the facility's emergency care plan.

— CRITICAL —

Guidelines: 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; 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 identified in the Manual.

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 8, Section II and Chapter 9, Sections I and II
4.16 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: This indicator shall be rated “non-applicable” if the program has not had any Baker or Marchman Acts during the review period.

Youth returning to the program from a Baker or Marchman Act are placed on suicide precautions upon re-admission.

A mental health referral is completed indicating that an ASR must be conducted in accordance with Manual requirements.

ASR is completed by, or under the direct supervision of, a licensed mental health professional; and the youth is maintained on a minimum of constant supervision until properly transitioned to a lower level of supervision.

Youth's supervision level is not lowered until mental health staff confers with licensed supervisor and program director/designee.

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

References:

- DJJ Mental Health and Substance Abuse Services Manual (Revised August 2006 with March 2007 and April 2007 Updates): Chapter 7, Section IV (F) and Chapter 9, Section III, IV and V

- F.A.C. 63D-12, Probation, Non-Residential Facilities