The Department acknowledges the Monitoring and Quality Improvement (MQI) Standards are built upon Department rules, policies, procedures and manuals. As we continue to improve and refine our competitive procurement process, there may be instances in which requirements negotiated between the Provider and the Department exceed the MQI Standards. In instances where contractual obligations surpass requirement(s) set forth in the published Standards, the contract requirement will prevail.
Standard 1: Management Accountability

1.01 Initial Background Screening*
1.02 Five-Year Rescreening
1.03 Protective Action Response (PAR)
1.04 Pre-Service/Certification Training
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3.14 Suicide Prevention Plan*
3.15 Suicide Prevention Training*

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

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

**Standard 4: Medical Services**

4.01 Medical Screening*
4.02 Medication Management – Verification of Medications
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4.04 Medication Management – Medication Storage
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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).**
### Standard 1: Management Accountability

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

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

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

— CRITICAL —

Guidelines/Requirements: Background screening is mandatory for employees, volunteers, mentors, and interns with access to youth and confidential youth records to ensure they meet established statutory Level 2 screening requirements. The Department is mindful of its status as a criminal justice agency and its special responsibilities in dealing with the youth population, and has determined it is appropriate to establish stringent screening requirements for all DJJ and provider personnel and volunteers. Therefore, the Department utilizes Level 2 Screening Standards as required in 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 non-continuous basis or at irregular intervals; visiting no more than once a quarter.)

Current employees of the Department or a provider are not required to submit a new background screening request when they are promoted, demoted, or transferred 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. Moving from DJJ to a contracted provider or from a contracted provider to DJJ, 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, and the criminal history report has been reviewed.

   b. An application with an ineligible rating has received an approved exemption from disqualification from the Department, has received an eligible rating, and the criminal history report has been reviewed.

   c. The provider has administered a pre-employment assessment tool to the direct-care position applicant prior to hiring and has determined what is a passing score. (volunteers are not required to take or pass the assessment tool).

   d. The provider has placed a copy of the pre-employment tool and passing score in the applicant/employee record.

   e. The provider has added the employee or volunteer to their Clearinghouse employment roster.

The provider is responsible for ensuring their hiring authority has reviewed the CCC Person Involvement Report, the SVS module, FDLE’s ATMS result, and completed any agency personnel record review prior to hiring or utilizing a volunteer that will have contact with youth, or access to confidential youth records.

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

   a. Once the volunteer screening is completed, the volunteer is considered active as long as the fingerprints are being retained by FDLE/FBI, the 5-year rescreening/resubmission is being completed, and the volunteer is added to the Clearinghouse employee roster within 90-days of completing the screening request.

Review records of all staff hired and volunteers starting since the last annual compliance review to determine a clearance was received prior to the employee being hired and volunteers starting. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA),
psychiatrist, and any education position hired by the program).

An exemption was granted by the Department prior to hiring or utilizing any staff or volunteer currently working in the program who were rated ineligible for employment.

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

Reference:

- 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 Departmental Contracting Powers; Personnel Standards and Screening
- 435.05 F.S. Employment Screening, Requirements for covered employees and employers.
1.02 Five-Year Rescreening

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

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

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

a. Clearinghouse resubmissions must be initiated in the Clearinghouse portal at least ten business days prior to the Retained Prints Expiration Date.

b. Clearinghouse rescreening/resubmission request forms must be submitted to the BSU at least ten business days prior to the Retained Prints Expiration Date.

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

Review the staff and volunteer roster to determine which staff and volunteers required a five-year rescreening/resubmission since the last annual compliance review. All eligible staff and volunteers should be reviewed.
Review records and Clearinghouse records for all applicable staff and volunteers hired since five years from their initial hire date of employment to determine a clearance was submitted at least ten days prior to the staff’s anniversary date of being hired within the agency (not promotional date) or to check retained prints expiration dates. This includes all contracted staff (medical, mental health, designated health authority (DHA), designated mental health clinician authority (DMHCA), psychiatrist, and any education position hired by the program (not staff paid by the school board).

Reference:

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

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

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

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

Review the program’s Department approved PAR Plan.

Review a sampling of PAR reports to determine if:

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

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

**Reference:**

- F.A.C. 63H-1, Staff Training, Basic Curricula (PAR)
- Per Contract Requirement
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 who have not completed essential skills training, as defined by Florida Administrative Code, do not have any direct contact with youth.

Contracted Non-Residential Staff who have not completed pre-service/certification training do not have direct, unsupervised contact with youth.

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

- PAR (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 Department’s Office of Staff Development and Training including 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 all trainings, both pre-service and instructor-led, are documented in the Department’s Learning Management System (SkillPro).

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

For Contracted Non-Residential Staff:
(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.
Reference:

- F.A.C. 63H-1.009, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-2.004(1), Contracted Non-Residential Staff
- Pursuant Contract Requirement
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/Requirements: The following are mandatory training topics which must be completed each year by contracted non-residential staff (unless specific certification is good for more than one year, in which case, training is only necessary as required by certification):

- PAR update (As required by PAR Rule Chapter 63H-1)
- CPR (annually)
- First Aid (annually)
- Professionalism and Ethics
- Suicide Prevention (six hours annually, as required by Rule 63N-1.0091)

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

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

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

It is the expectation of the Department all trainings, both in-service and instructor-led, are documented in the Department’s Learning Management System (SkillPro).

In-service training begins the calendar year after a staff completes his/her pre-service training.
Programs shall develop an annual in-service calendar which must be updated as changes occur.

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

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

Reference:
- F.A.C. 63H-1.009, Staff Training, Basic Curricula
- F.A.C. 63H-2, Staff Training, Direct Care Staff Training
- F.A.C. 63H-1.012, Annual Training Requirement
- F.A.C. 63N-1.0091, Suicide Prevention Plans
1.06 Cleanliness and Sanitation

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

Guidelines/Requirements: Safety and welfare standards of 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 the facility is clean and in good repair. Inspections shall be documented in writing.
- To help ensure the facility is clean and in good repair, a maintenance and housekeeping plan shall be developed and employed.
- For facilities operating 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.)

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

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

Reference:

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

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

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

- A comprehensive safety regimen including fire prevention.
- Smoking shall not be permitted in the facility. Any designated smoking areas shall be outside of the facility and clearly marked.
- A fire alarm and automatic detection system is required. All program staff and youth shall be trained in the operation of the alarm system.
- Fire protection equipment shall be available at strategic locations throughout the facility, and shall be checked quarterly. All program staff and youth shall be trained in the proper operation and use of available equipment.
- Fire drill procedures shall include unannounced fire drills conducted at least monthly. Drills shall be conducted under varied conditions and across all shifts, and all fire drills shall be documented in the Fire Safety Log.
- A Fire Safety Log shall be kept in the facility, and shall contain a record of annual fire safety inspections, a summary of all deficiencies found by fire officials, a record of corrections, and the results of periodic fire safety inspections and equipment checks.
- Regional monitor(s)/reviewer(s) shall review drill logs to ensure drills were conducted as required.
- Regional monitor(s)/reviewer(s) shall review the annual fire safety inspections.
- Regional monitor(s)/reviewer(s) shall review the facilities egress plans.
- Review interview responses to determine if youth have been instructed on what to do in the event of a fire.

Reference:

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

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

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not participate in water activities.

Facilities allowing 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 program shall provide for the prompt notification of a youth’s parent/guardian in cases of serious illness, injury, or death.

Regional monitor(s)/reviewer(s) shall review the water safety plan, check for certified lifeguards, and review log for youth swim tests.

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

Reference:

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

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

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” if the program does not offer food services.

Programs providing food services shall:

- Ensure 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 program staff and youth.
- Not withhold food as a disciplinary measure.
- Regional monitor(s)/reviewer(s) shall review the contract, memorandum of understanding, and/or agreements with any outside agency providing food to the program.
- Review youth interview 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 interview responses to determine if staff and youth are offered the same menu.

Reference:

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

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

**Guidelines/Requirements:** Programs providing transportation shall:

- Provide daily transportation to and from the program, or shall arrange for such transportation.
- Ensure all program vehicles transporting youth shall be kept in safe and sound condition.
- Ensure program staff transporting youth shall have current, valid driver’s licenses.
- Ensure program vehicles shall have current insurance and automobile registration.
- Not deny a youth services or penalize a youth because of the lack of transportation.
- Ensure all vehicles are locked when not in use.
- Ensure youth and staff wear seat belts while the vehicle is in operation.
- Review any agreements with outside agencies providing transportation to ensure they meet the requirements of this indicator (if applicable).
- Review youth and staff interviews to determine if youth are required to wear seatbelts when being transported in a vehicle.

**Reference:**

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

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

Guidelines/Requirements: The program director is responsible for maintaining information regarding the program and reporting to the Department.

Monthly reports shall be submitted to the Department detailing incidents and population data. (Only as required by contract.)

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

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

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

The program 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 program staff.

Each log entry shall provide the following information:

- Date and time of incident
- Name of the youth and program staff involved
- Brief statement of pertinent information
- Name of the person making the entry with the date, time of entry, and signature
Regional monitor(s)/reviewer(s) shall review monthly reports submitted to the Department.

Regional monitor(s)/reviewer(s) shall review logbooks to ensure requirements are met.

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

Yes ☐  No ☐  N/A ☐

Yes ☐  No ☐  N/A ☐

Yes ☐  No ☐  N/A ☐
1.12 Incident Reporting (CCC)

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

— CRITICAL —

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

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

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

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

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

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

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

Reference:
1.13 Abuse-Free Environment

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

— CRITICAL —

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

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

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

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

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

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

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

Reference:

- F.S. 39.201, “Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline.”
1.14 Behavior Management System

The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic and educational expectations. Consequences are fair and directly correlate with the behavior problem. The use of program 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 program log and case record in accordance with Florida Administrative Code.

Guidelines/Requirements: Programs shall also comply with the following:

- Programs shall have a document containing a mission statement, including the Department’s mission to reduce juvenile crime, a 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 teaching values and encouraging sportsmanship.
- All instances of time-out, in-facility suspension, and privilege suspension shall be logged, dated, and signed by program staff implementing the discipline. Supervisory program shall review the log daily.
- The program shall have a behavior management system providing 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 behavior management issues shall be clearly documented in the youth’s record.
▪ 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 seclude from supervision and must therefore be visually observed by a program 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 program staff assistance.
▪ Privilege suspension may include denial of participation in recreational activities and other off-site activities.
▪ Privilege suspension shall not include loss of regular meals, healthcare services, contact with parent/guardian, or legal assistance. Prior to privilege suspension, program 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 interview results related to behavior management.

Reference:
▪ F.A.C. 63D-12.003 (4)(c-d), Probation, Non-Residential Facilities, Service Delivery
▪ Cooperative Agreement – Behavioral Management Issues
1.15 Youth Records (Healthcare and Management)

The program maintains an official case record, labeled “Confidential,” for each youth, which consists of two separate records:
- An individual healthcare record
- An individual management record.

Guidelines/Requirements:

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

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

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

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

References:

- F.A.C. 63M-2.061 Record Documentation, Development and Maintenance
- F.A.C. 63N-1.0041 Individual Healthcare Record
### Standard 2: Assessment and Intervention Services

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

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

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

Guidelines/Requirements: 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
- Program rules governing youth conduct and consequences for major rule violations.

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

- Introduction to program staff and a tour of the facility grounds;
- A review of expectations, rules, and the behavior management system;
- A review of the daily activity schedule governing day-to-day operations;
- A review of emergency medical and mental health services, emergency safety, and the evacuation procedures for the program;
- A list of contraband items and materials, and the consequences for introducing contraband into the facility;
- A review of the performance planning process;
- The average anticipated length of stay to successfully complete the program; and
- The program dress code, which shall prohibit pictures, logos, emblems, and writing depicting illegal activity, profanity, gang logos, or nudity.

Regional monitor(s)/reviewer(s) shall review the youth’s Face Sheet to determine when the youth was added to the program’s census.
Standard 2  
Assessment and Intervention Services

Reference:

- F.A.C. 63D-12.003 (1), Probation, Non-Residential Facilities, Service Delivery
2.02 Medical Alerts, Mental Health Alerts, and Suicide Risk Alerts in JJIS

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

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

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

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

A “Suicide Risk Alert” shall be entered in the Department’s Juvenile Justice Information System (JJIS) and the program’s alert system when a youth is identified during screening, staff observations, or assessment as a potential suicide risk. For youth who have a Suicide Risk Alert in JJIS, discontinuation of Suicide Risk Alert and Suicide Precautions must be based upon an Assessment of Suicide Risk (ASR) as required Rule 63N-1.00921, 63N-1.0093, 63N-1.0097.

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

There is a daily process of informing all staff of environmental stressors (e.g., heat indexes) automatically rendering some programming unsafe, and there are alternative activities planned.
When reviewing alerts, the regional monitor(s)/reviewer(s) shall review the youth’s record for possible alerts and ensure they are identified in the program’s alert system.

Regional monitor(s)/reviewer(s) shall review the program’s alert system. Determine how alerts are shared with program staff.

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

**Reference:**

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

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Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐

Yes ☐ No ☐ N/A ☐
2.03 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/Requirements: 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/guardians, 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 Department staff will not be used to determine compliance with this indicator.

Regional monitor(s)/reviewer(s) shall review PACT completion list from the Department’s Juvenile Justice Information System (JJIS) to ensure the PACT was completed in a timely manner.

Reference:

- Day Treatment Standard Contract (III, A, 2, Needs Assessment)
2.04 Transition 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 Youth Empowered Success (YES) Plan must address recommendations from the residential program during transition.

— CRITICAL —

Guidelines/Requirements: This indicator shall be rated “Non-Applicable” for Paxen Day Treatment 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 program, the juvenile probation officer (JPO)/case manager (CM) shall conduct monthly service contacts with youth, parent/guardian, and program staff, 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 monthly communication with youth and parent/guardian while the youth is in the residential program.

At a minimum, the JPO/CM 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/CM 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.
Planning for youths’ transition to the community shall begin at the commitment conference, when the appropriate post-residential services are identified. Planning for youths’ successful transition involves the ongoing efforts of the youth, parent/guardian, treatment team, and JPO/CM. 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 the JPO/CM shall make post-residential service referrals, if applicable.

Reference:

- 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
2.05 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.

Guidelines/Requirements: All youth shall have a Positive Achievement Change Tool (PACT) assessment completed prior to the development of the initial Youth Empowered Success (YES) Plan.

Review a sample of records to ensure the initial YES Plan was developed within fourteen (14) calendar days of the youth’s admission to the program and was signed by all parties, including the youth, parent/guardian, program staff, and the program director.

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

The youth, parent/guardian, juvenile probation officer (JPO)/case manager (CM) input regarding needs and goals shall be the driving force in the development of the case plan including action steps and target dates and clearly document the development process in the case notes. Regional monitor(s)/reviewer(s) shall review the case notes to ensure negotiation of the plan with the appropriate parties.

Review the YES Plan to ensure treatment and intervention recommendations identified at the exit conference and/or in the discharge summary are included.

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

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

The youth and parent/guardian shall be informed of the importance of complying with the sanctions and goals of the plan.
Review youth interviews for youth participation in development and acknowledgement of the plan.

**Reference:**

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

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

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

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

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

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

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

Reference:

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

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

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

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

Reference:

- F.A.C. 63D-10.003 (6), Probation, Intervention, Community Supervision Services
2.08 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 change goals and save a new YES Plan in the Department’s Juvenile Justice Information System (JJIS) prior to ninety-day supervisory reviews.

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

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

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

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

Reference:

- F.A.C. 63D-10.003 (8) Probation, Intervention, Community Supervision Services
- Community PACT Statewide Business Rules
2.09 Ninety-Day Supervisory Reviews

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

Guidelines/Requirements: The juvenile probation officer (JPO) supervisor/program director shall ensure the JPO/case manager (CM) updates the risk and needs assessment and Youth Empowered Success (YES) Plan prior to the supervisory review. Ensure JPO/CM updates youth requirements and change goals in the Department’s Juvenile Justice Information System (JJIS) prior to supervisory review.

The JPO supervisor/program director shall ensure the youth is receiving appropriate supervision and interventions. Staff should review supervisors’ notes and take appropriate action, if necessary.

Reference:

- F.A.C. 63D-8.001 (13), Probation, General, Definitions
- F.A.C. 63D-10.003 (8), Probation, Intervention, Community Supervision Services
2.10 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 Reassessment is completed every 180 days.

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

The JPO/CM will complete a new PACT Full Assessment upon admission, as well as the PACT Reassessment every 180-days and will utilize the YES Plan to document youth needs and progress. A PACT Final Assessment will be done at 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.

Regional monitor(s)/reviewer(s) shall review youth records to ensure PACT reassessments were completed as required.

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

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

Reference:

- Day Treatment Standard Contract (III, A, 2, Needs Assessment)
2.11 Progress Reports

Progress reports are completed detailing the youth’s progress with the youth requirements and PACT goals outlined in the YES Plan.

Guidelines/Requirements: Program staff complete a progress report every ninety days, unless otherwise stipulated in contract. The youth is given an opportunity to review the report and provide comments. The progress report is signed and dated by the youth and staff who prepared it. The progress report is reviewed and signed by the program director or designee. If the youth is on probation, conditional release (CR), or post-commitment probation (PCP), the original progress report shall be sent to the juvenile probation officer (JPO). If the youth is commitment minimum-risk non-residential youth, the original progress report shall be sent to the court with copies to the JPO, state attorney (SA), youth’s attorney, youth, and parent/guardian.

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

Reference:

- F.A.C. 63D-12.005, Probation, Non-Residential Facilities, Progress Reports
2.12 Education Transition Plan

Staff and youth complete an Education Transition Plan prior to release including provisions for continuation of education and/or employment.

**Guidelines/Requirements:** This indicator shall be rated “Non-Applicable” for Paxen Day Treatment programs.

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

Education Transition Plan requirements are:

- For each youth in Department prevention, residential, or Day Treatment programs, an individual transition plan based on the youth’s post-release goals shall be developed, beginning upon a youth’s entry into the Department program. Key personnel relating to entry transition activities for youth in juvenile justice programs include: the youth; the youth’s parent/guardian, or care-taker; instructional personnel in the juvenile justice education program, Department staff for youth in residential programs; personnel from the post-release district; a certified school counselor from the program school district or program staff who are responsible for providing guidance services; a registrar or a designee of the program district who has access to the district’s Management Information System; and reentry personnel.
- The Education Transition Plan must address, at a minimum:
  - Services and interventions based on the youth’s assessed educational needs and post-release education plans.
  - Services to be provided during the program stay and services to be implemented upon release, including, but not limited to, continuing education in secondary school, Career and Professional Education (CAPE) programs, postsecondary education, or career opportunities.
  - The recommended educational placement for the youth post-release from a juvenile justice program must be based on individual needs and performance in the juvenile justice programs.
Specific monitoring responsibilities by individuals who are responsible for the reintegration and coordination of the provision of support services.

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;
- An appointment with the CareerSource 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 the youth's case manager and parent/guardian are aware of the plan, documents, and post-release discharge plans.

Reference:

- F.A.C. 63B-1.006 (7), Career Related Programs, Cooperative Agreement
- F.S.1003.52 (10) and (14) (i), Educational Services in DJJ Programs
- F.A.C 6A-6.05281(5)
2.13 Termination/Release

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

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

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

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

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

Prior to requesting termination, the JPO/CM shall check with local law enforcement to determine if there are outstanding warrants or charges for the youth which 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/CM shall also check the Florida Crime Information Center/National Crime Information Center (FCIC/NCIC) system to determine if there are outstanding warrants.

The JPO/CM 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/CM 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/CM shall update the Department’s Juvenile Justice Information System (JJIS).

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

Reference:

- F.A.C. 63D-12.006, Probation, Non-Residential Facilities, Release
- F.A.C. 63D-10.005, Residential Case Management and Transitional Planning
- F.A.C. 63D-10.005 (4), Residential Case Management and Transitional Planning
- F.A.C. 63D-10.006, Intervention, Termination of Supervision
2.14 Career Education

Staff shall develop and implement a career education competency development program.

**Guidelines/Requirements:** The program must define career education 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 career education programming may be one of three types:

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

Career Education programming shall include communication, interpersonal, and decision-making skills. Youth with employability as one of their goals shall have the following 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 CareerSource Center
4. appropriate documents essential to obtaining employment
5. documentation the youth’s parent/guardian and juvenile probation officer (JPO), if continuing on supervision, are aware of the career education plan for the youth.
Reference:

- F.A.C. 985.622 (2) - (3), Multiagency Plan for Career and Professional Education (CAPE)
- F.A.C. 63B-1.002 (5), Career Related Programs, Definitions
- F.A.C. 63B-1.003, Career Related Programs, Career and Vocational Programming
2.15 Educational Access

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

Guidelines/Requirements: Department education programs operate on a year-round basis. Youth are required to participate in educational and career-related programs for 250 days of instruction, or distributed over twelve months; a minimum of 25 hours of instruction weekly. Day Treatment Programs may use twenty of these days for teacher training and/or planning.

Given the limited school day, the skills developed in the career training and education programs need to be supported by the academic courses to the maximum extent possible.

Youth enrolled in educational programs will have the opportunity to earn course credit for completion of the education and training experience.

Review the program’s daily schedule and logbook to ensure education classes are taking place, as scheduled, with minimal interference of educational instruction.

Conduct an interview with the lead teacher/principal to determine what the educational instruction schedule is for the program.

Reference:

- F.A.C. 63B-1.003 (3) Career Related Programs, Career and Vocational Programming
- F.A.C. 63B-1.006 Career Related Programs, Cooperative Agreement
- Rule 6A-6.05281, Educational Programs for Students in Department of Juvenile Justice Detention, Residential, Prevention, or Day Treatment Programs, Florida Administrative Code
- F.S. 1003.01 (11) Education Code
### Standard 3: Mental Health and Substance Abuse Services

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

**When referencing duties of a JPO/IPOS in the indicators, those duties also apply to contracted provider case management staff (case managers and case manager supervisors).
3.01 Designated Mental Health Clinician Authority or Clinical Coordinator

Each program director is responsible for the administrative oversight and management of mental health and substance abuse services in the program. Programs with an operating capacity of 100 or more youth, or those providing specialized treatment services, must have a single licensed mental health professional designated as the designated mental health clinician authority (DMHCA) who is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the program.

Programs with an operating capacity of fewer than 100 youth or those not providing specialized treatment services, may have either a DMHCA or a clinical coordinator.

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

At a minimum, the DMHCA must be on-site weekly for a sufficient time to ensure appropriate coordination and implementation of mental health and substance abuse services is taking place.

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

Regional monitor(s)/reviewer(s) shall review sign in logs to verify the DMHCA or Clinical Coordinator is on-site weekly, at a minimum.
Conduct an informal interview with the DMHCA to verify the role in the coordination and implementation of mental health and substance abuse services at the program to include how often the DMHCA is on-site and verify if the program provides any specialized services.

A 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. Clinical coordinator is responsible for coordinating and verifying implementation of necessary and appropriate mental health and substance abuse services in the facility or program.

**Reference:**

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

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

— CRITICAL —

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

Licensed Mental Health Professionals

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

Licensed Qualified Professional (for Substance Abuse Services)

- A physician or physician assistant licensed under Chapter 458 or 459, a psychologist licensed under Chapter 490, or a licensed clinical social worker, licensed marriage and family therapist, or licensed mental health counselor under Chapter 491, Florida Statutes who is exempt from Chapter 397 licensure pursuant to Section 397.405 See Rule 65D-30.003(15) F.A.C., condition (c) and (d).
Regional monitor(s)/reviewer(s) shall request copies of licensure, education or training, as required.

**Reference:**

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

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

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

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

Non-Licensed Mental Health Clinical Staff Person

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

**Non-Licensed Substance Abuse Clinical Staff Person**

- A non-licensed substance abuse clinical staff person may provide substance abuse services in a Department facility or program only as an employee of a service provider licensed under Chapter 397, F.S. or in a facility licensed under Chapter 397, F.S. A non-licensed substance abuse clinical staff person must work under the direct supervision of a “qualified professional” as defined in Section 397.311, F.S.

- A non-licensed substance abuse clinical staff person is an employee of a service provider licensed under Chapter 397 or in a program licensed under Chapter 397, Florida Statutes, who holds, at a minimum, a bachelor’s-level degree from an accredited university or college with a major in psychology, social work, counseling, or related human services field. Related human services field is one in which major course work includes the study of human behavior and development, counseling and interviewing techniques, and individual, group, or family therapy.

**Mental Health Clinical Staff and Substance Abuse Clinical Staff Training**

- Non-licensed mental health clinicians holding a bachelor's degree with less than two years of experience must have fifty-two hours of pre-service training to include sixteen hours training in their duties and responsibilities. Training must include, at a minimum, the following: basic counseling skills, basic group therapy skills, treatment model and program philosophy, therapeutic milieu, behavior management, client rights, crisis intervention, early intervention and de-escalation, documentation requirements, normal and abnormal adolescent development, and typical behavior problems.

- A non-licensed mental health clinical staff person who conducts Assessments of Suicide Risk (ASR) must have received twenty hours training and supervised experience in assessing suicide risk, mental health crisis intervention, and emergency mental health services. The training must have included administration of, at a minimum, five ASRs or crisis assessments conducted on
site in the physical presence of a licensed mental health professional and documented on form MHSA 022.

- A non-licensed substance abuse clinical staff person providing substance abuse services in a Department facility or program must have received training in accordance with Rule 65D-30 F.A.C.

**Direct Supervision**

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

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

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

- Each non-licensed substance abuse clinical staff person must work under the direct supervision of a "qualified professional" as defined in Section 397.311, F.S. which means a physician or physician assistant licensed under Chapter 458 or 459, psychologist licensed under Chapter 490, clinical social worker, mental health counselor, or marriage and family therapist licensed under Chapter 491, or an advanced registered nurse practitioner having a specialty in psychiatry licensed under part I of Chapter 464, or a person who is certified through a department-recognized certification process for substance abuse treatment services and who holds at a minimum a bachelor's-level degree. The non-licensed substance
abuse clinical staff person must receive at least one hour a week of on-site face-to-face direct supervision by the "qualified professional."

- Documentation of direct supervision must be recorded on form MHSA 019 or a form which includes all the information in form MHSA 019.

- If any non-licensed mental health clinical staff 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), full-time, part-time or intermittently, the licensed professional must provide at least one hour of direct supervision to the non-licensed person during that week.

- The licensed mental health professional providing direct supervision is responsible for reviewing and signing Comprehensive Mental Health Evaluations, Updated Comprehensive Mental Health Evaluations, Initial Mental Health Treatment Plans and Individualized Mental Health Treatment Plans prepared by the non-licensed Mental Health Clinical Staff Person within ten calendar days of administration of the instrument.

- The licensed mental health professional providing direct supervision is responsible for reviewing each ASR and Follow-Up ASR, crisis assessment and follow-up crisis assessment conducted by the non-licensed mental health clinical staff person within twenty-four hours of the referral for assessment. The ASR, Follow-Up ASR, crisis assessment or follow-up crisis assessment conducted by the non-licensed mental health clinical staff must be signed by the licensed mental health professional the next scheduled time he/she is on-site.

- The qualified professional providing direct supervision to substance abuse clinical staff is responsible for reviewing and signing comprehensive substance abuse evaluations, updated comprehensive substance abuse evaluations, initial substance abuse treatment plans and individualized substance abuse treatment plans prepared by the non-licensed substance abuse clinical staff person within ten calendar days.
Regional monitor(s)/reviewer(s) shall review weekly supervision notes to ensure services are being provided and are appropriate. Regional monitor(s)/reviewer(s) shall also make sure supervision is documented on required forms and it meets all of the requirements.

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

Reference:

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

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

— CRITICAL —

Guidelines/Requirements: Mental health and substance abuse screening is accomplished through administration of the Positive Achievement Change Tool (PACT) assessment and Massachusetts Youth Screening Instrument, Second Edition (MAYSI-2) and a review of each youth’s referral information. Suicide risk screening is accomplished through the PACT-Suicide Category and MAYSI-2 – Suicide Ideation Subscale.

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

- Mental health and substance abuse screening;
- Comprehensive mental health and substance abuse evaluation;
- Individualized mental health and substance abuse treatment planning, treatment plan review, and discharge planning;
- Mental Health/Substance Abuse individual, group, and family therapy;
- Behavioral therapy;
- Psychosocial skills training;
- Psychiatric services;
- Suicide prevention services;
- 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 sub-
stance abuse treatment plan, an initial treatment plan is acceptable. The individualized mental health treatment plan shall include the signatures of the youth, the mental health clinical staff person who 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 who 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 mental health and/or substance abuse 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 licensed under Chapter 397, F.S., or an employee in a facility licensed under Chapter 397, working under the direct supervision of a qualified professional as defined in Section 397.311.

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 youth identified by screening or through staff observations as in need of further evaluation or immediate attention.
- Staff training in mental health and substance abuse issues and administration of the PACT and MAYSI-2.

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

**Review of Available Information**

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

**PACT (Positive Achievement Change Tool)**

The PACT must be administered upon each youth's admission to a day treatment program as set forth in Rule 63D, F.A.C.

- 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 conducted within twenty-four hours, or immediately if the youth is in crisis.
Massachusetts Youth Screening Instrument - Second Edition (MAYSI-2)

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

- MAYSI-2 is administered on the day of admission in a confidential manner;
- MAYSI-2 is administered and scored on JJIS by a staff member who has completed the DJJ training specific to its administration.
- If MAYSI-2 indicates assessment is required, a referral must be made for further evaluation or immediate attention.
- If staff believes a youth has a mental health or substance abuse problem or is a suicide risk, the staff should make a referral for further evaluation, regardless of MAYSI-2 findings.
- If staff determines referral for further evaluation is needed, but MAYSI-2 does not indicate referral is necessary, staff person enters into JJIS the information, observations, events, or concerns leading to the determination a referral was needed.
- When the MAYSI-2 or other admission information indicates the need for an assessment, crisis intervention, or emergency services, the program director or designee must be notified and referral made.
- The program director shall ensure 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.
- When the PACT, MAYSI-2, or other intake/admission information indicates the need for referral for Comprehensive Mental Health Evaluation or Comprehensive Substance Abuse Evaluation, the program director or designee must be notified and referral made to the program’s mental health provider or substance abuse provider, as set forth in Rule 63N-1.0036, F.A.C.
- Suicide Risk Screening is accomplished through the PACT (Suicide Category) and MAYSI-2 (Suicide Ideation Subscale), review of available information and staff observations of the youth’s behavior at admission.
If screening indicates the need for an Assessment of Suicide Risk (ASR):

- The program director or designee documents discussion with the designated mental health clinician authority or licensed mental health professional, including recommendations for immediate interventions and level of supervision;
- A suicide risk alert is entered in the Department’s Juvenile Justice Information System (Jjis) and the youth is placed on suicide precautions and maintained on at least constant supervision until an Assessment of Suicide Risk is completed; and
- The Assessment of Suicide Risk (Form MHSA 004) is completed immediately, or within twenty-four hours of the referral.
  - If the parent/guardian is responsible for obtaining an off-site ASR for the youth, the following action must be taken upon the youth’s return to the day treatment program:
  - The parent/guardian must either provide a copy of the off-site assessment documentation to the day treatment program, or sign consent for release of the assessment documentation to the program.
  - When the parent/guardian provides an off-site ASR, the off-site assessment must be reviewed by mental health clinical staff to determine if there are any recommendations regarding increased supervision or service delivery for the youth while he/she is in the program.
  - When the parent/guardian provides written consent for release of the off-site ASR, the program must obtain a copy of the off-site assessment as soon as possible, and provide it to mental health clinical staff for review.
  - If the parent/guardian has not obtained an off-site ASR for the youth, the youth must be placed on Suicide Precautions and referred to the program’s mental health provider for administration of an ASR, in accordance with Rule 63N-1.0093, F.A.C.
Screening may be performed by non-licensed staff during the admission process. Assessments must be administered by a licensed mental health professional or non-licensed mental health clinical staff person working under the direct supervision of a Licensed Mental Health Professional as set forth in Rule 63N-1, F.A.C. All medical, mental health, and substance abuse information is documented in the youth’s Individual Health Care Record.

**Reference:**

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

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

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

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

New or Updated Comprehensive Mental Health/Substance Abuse Evaluations

- New or updated comprehensive mental health and/or substance abuse evaluations must be completed within thirty calendar days of referral. If a non-licensed mental health clinical staff person or non-licensed substance abuse clinical staff person completes the evaluation, it must be reviewed and signed by a licensed mental health professional or “licensed qualified professional” respectively within ten calendar days after the evaluation is conducted.

- The updated Comprehensive Mental Health Evaluation and/or updated Comprehensive Substance Abuse Evaluation must provide any new or additional information applicable to each area, based upon current information provided by the youth, parent/guardian, and the youth’s records.
Regional monitor(s)/reviewer(s) shall review evaluations to ensure it contains all of the required elements listed on the annual compliance review work papers.

**Reference:**

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

Mental health and substance abuse treatment planning in departmental facilities/programs focuses on providing mental health and/or substance abuse interventions and treatment to reduce or alleviate the youth's symptoms of mental disorder and/or substance abuse impairment and enable youth to function adequately in the juvenile justice setting.

The treatment team is responsible for assessing the youth's rehabilitative treatment needs and assisting in developing, reviewing, and updating the youth's individualized and initial mental health/substance abuse treatment plans.

Guidelines/Requirements:

Multidisciplinary Treatment Teams

- The youth is assigned to a treatment team upon arrival to the program.
- Treatment team is comprised of direct care, mental health and substance abuse counseling components, and may also include administration, medical, educational, and career service/vocational staff.

Mental Health and Substance Abuse Treatment Services

- Youth determined in need of mental health treatment must receive individual, group, 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.

- Youth determined to be 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, F.S., in accordance with the youth's initial or individualized substance abuse treatment plan.
▪ All youth receiving mental health treatment will have a properly executed Authority for Evaluation and Treatment form (AET) (HS 002).

▪ All youth receiving substance abuse treatment will have signed Substance Abuse Consent and Release forms (MHSA 012 and MHSA 013) or a court order for substance abuse evaluation and treatment. If the youth does not sign a Consent for Release of Substance abuse treatment records (MHSA 013), then no substance abuse treatment records shall be released except as required by law.

▪ Mental health treatment notes or substance abuse treatment notes will be documented on the form MHSA 018, or a form which contains all of the information in form MHSA 018.

**Mental Health and Substance Abuse Group Therapy**

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

Regional monitor(s)/reviewer(s) shall review treatment notes to ensure treatment is proceeding as needed and all forms are signed accordingly. (This may be documented on a different form as long as all required elements are included.)

Regional monitor(s)/reviewer(s) shall review group documentation to ensure group treatment is held as scheduled and with the appropriate number of youth.

**Reference:**

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

▪ F.A.C. 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services

▪ Per Contract Requirement
3.07 Treatment and Discharge Planning

Youth determined to have a serious mental disorder and/or substance abuse impairment, and are receiving mental health and/or substance abuse treatment in a program, must have an initial or individualized mental health or substance abuse treatment plan. When mental health or substance abuse treatment is initiated, an initial or individualized mental health/substance abuse treatment plan is completed. When both mental health and substance abuse treatment is initiated, an integrated mental health and substance abuse treatment plan is completed.

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

Guidelines/Requirements:

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 form MHSA 015, or a treatment plan form which includes all of the information in form MHSA 015.
- Initial treatment plan is developed within seven days of the onset of treatment, 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 who participated in development of the plan, youth, and parent/guardian (as allowed).
- Psychiatric services, when relevant, including medication and frequency of monitoring by psychiatrist, must be included.
Individualized Mental Health/Substance Abuse 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 information in form MHSA 016.
- Individualized treatment plan is signed by the mental health clinical staff person or substance abuse clinical staff person completing the plan. If the mental health clinician is unlicensed, a licensed mental health professional for the mental health treatment plan or qualified professional as defined in Section 397.311 for the substance abuse treatment plan, must review and sign the plan within ten days of completion. The plan is also signed by treatment team members who participated in development of the plan, youth, and parent/guardian (as allowed).
- Psychiatric services, including psychotropic medication and frequency of monitoring by psychiatrist, must be included for youth receiving psychotropic medication.
- Individualized treatment plan reviews must be completed on form MHSA 017 or a form which contains all of the information in MHSA 017, at a minimum, every thirty days following the development of the individualized treatment plan.

Discharge Plans

- All youth who received mental health and/or substance abuse treatment while in the program will have a discharge plan documented on form MHSA 011, the Mental Health/Substance Abuse Treatment Discharge Summary.
- Notification of suicide risk must be made to youth's parent/guardian and juvenile probation officer (JPO) for youth being discharged from program 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 youth, youth's JPO, and to the parent/guardian (as allowed).

Regional monitor(s)/reviewer(s) shall review plans to ensure plan was reviewed with the youth, if still enrolled in the program.

Reference:

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

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

▪ Per Contract Requirements
3.08 Mental Health Crisis Intervention Services

Every program must respond to youth in crisis in the least restrictive means possible to protect the safety of the youth and others while maintaining control and safety of the facility. The program must be able to differentiate a youth who has an acute emotional problem or serious psychological distress which would require mental health crisis interventions from one who requires emergency services. A youth in crisis does not pose an imminent threat of harm to himself/herself or others which would require suicide precautions or emergency treatment.

— CRITICAL —

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

Each program shall have a written crisis intervention plan which details crisis intervention procedures including the following.

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

Program may develop an integrated mental health crisis intervention and emergency mental health and substance abuse services plan which contain and meet all of the elements as required.

Reference:

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

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

— CRITICAL —

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

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

A crisis assessment is documented on form MHSA 023 or a form which contains all of the information in form MHSA 023. A crisis assessment must be conducted by a licensed mental health professional, or by a non-licensed mental health clinical staff person working under the direct supervision of a licensed mental health professional. A crisis assessment shall be conducted immediately, and if completed by a non-licensed mental health clinical staff, then it must be reviewed by a licensed mental health professional within 24 hours.
A mental health alert is entered into the Department’s Juvenile Justice Information System (JJIS) for youth requiring a crisis assessment.

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

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

Reference:

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

▪ Per Contract Requirements
3.10 Emergency Mental Health and Substance Abuse Services

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

— CRITICAL —

Guidelines/Requirements: The program's emergency care plan must include the following:

- Immediate staff response;
- Notifications;
- Communication;
- Supervision;
- Authorization to Transport for Emergency Mental Health or Substance Abuse Services;
- Transport for Emergency Mental Health Evaluation and Treatment under Ch. 394 FS (Baker Act);
- Transport for Emergency Substance Abuse Assessment and Treatment under Ch. 397 (Marchman Act);
- Documentation;
- Training (including mock drills) (Must be included in the plan, documentation of completion of drills should be rated in 3.15); and
- Review Process.

Program may develop an integrated mental health crisis intervention and emergency mental health and substance abuse services plan which contain and meet all of the elements identified in Rule 63N-1, F.A.C.

Reference:

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

Individuals who are believed to be an imminent danger to themselves or others because of mental illness or substance abuse impairment require emergency mental health or substance abuse services.

— CRITICAL —

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

Youth returning to the program from a Baker or Marchman Act (off-site assessment of suicide risk or off-site crisis assessment) are placed on at least constant supervision upon re-admission. (Mental health alert and constant supervision for youth transported due to mental health crisis or suicide risk alert, suicide precautions and constant supervision for youth who were transported due to suicide risk.)

A mental health referral is completed indicating a Mental Status Examination (MSE) must be conducted in accordance with Rule 63N-1, F.A.C.

A MSE 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.

For youth who have a Suicide Risk Alert in the Department's Juvenile Justice Information System (JJIS), discontinuation of suicide risk alert and suicide precautions must be based upon an Assessment of Suicide Risk as set forth in Rule 63N-1 (See Rule 63N-1.006, 63N-1.0093, 63N-1.0094, 63N-1.00951 and 63N-1.00952 provisions.)

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

Youth's supervision level is not lowered until appropriate assessment is conducted and mental health staff confers with licensed mental health professional and program director/designee.
If a Baker Act or Marchman Act occurred, review the policy to ensure the program followed the proper procedures.

**Reference:**

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

Suicide Precautions are the methods utilized for supervising, observing, monitoring, and housing youth identified through screenings, available information, or staff observations as having suicide risk factors.

Any youth exhibiting suicide risk behaviors must be placed on suicide precautions (precautionary observation), and a minimum of constant supervision.

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

— CRITICAL —

Guidelines/Requirements: All youth on suicide precautions are placed on precautionary observation (at a minimum of constant supervision) or secure observation (one-to-one supervision).

A suicide alert in the Department’s Juvenile Justice Information System (JJIS) will be initiated for all youth placed on suicide precautions.

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

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

The youth must remain on PO until he/she has received an Assessment of Suicide Risk (ASR) or Follow-Up ASR which indicates PO can be discontinued.

Youth whose behavior requires a level of observation and control beyond PO 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 ASR or Follow-Up ASR 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 Rule 63N-1, F.A.C.
- If ASR indicates discontinuation of suicide precautions, the youth will not be transitioned to a lower level of supervision until the non-licensed mental health clinical staff person confers with both a licensed mental health professional and the program director/designee.
- Licensed mental health professional must confer with program director/designee prior to revising supervision level.
- Documentation of the actual date/time clinician conferred with program director/designee and licensed mental health professional must be recorded on the ASR in the date/time sections.
▪ Youth placed on precautionary observation prior to an ASR whose ASR determines the youth is not a potential suicide risk and suicide precautions may be discontinued, may be transitioned directly to standard supervision.
▪ Youth whose ASR indicates potential suicide risk must be maintained on suicide precautions and either one-to-one or constant supervision until Follow-Up ASR indicates suicide precautions may be discontinued. Follow-Up ASR must be recorded on form MHSA 005.
▪ When the youth’s Follow-Up ASR (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 secure observation room.
▪ Procedures must be in place to verbally notify the juvenile probation officer (JPO) and the parent/guardian of the youth’s potential suicide risk, as indicated by an ASR.
▪ The parent/guardian must be notified of a youth’s potential suicide risk, as indicated by an ASR. The parent/guardian and JPO notification is to be documented on the ASR (form MHSA 004). Written notification is acceptable when verbal notification cannot be accomplished.

Off-Site Assessment of Suicide Risk:

▪ If the parent/guardian is responsible for obtaining an off-site ASR for the youth, the following action must be taken upon the youth’s return to the day treatment program:
▪ The parent/guardian must either provide a copy of the off-site assessment documentation to the day treatment program, or sign consent for release of the assessment documentation to the program.
▪ When the parent/guardian provides an off-site ASR, the off-site assessment must be reviewed by mental health clinical staff to determine if there are any recommendations regarding increased supervision or service delivery for the youth while he/she is in the program.
▪ When the parent/guardian provides written consent for release of the off-site ASR, the program must obtain a copy of the off-site assessment as soon as possible, and provide it to mental health clinical staff for review.
If the parent/guardian has not obtained an off-site ASR for the youth, the youth must be placed on suicide precautions and referred to the facility’s mental health provider for administration of an ASR in accordance with Rule 63N-1.0093, F.A.C.

Regional monitor(s)/reviewer(s) shall review ASRs.

Reference:

- F.A.C. 63D-12, Probation, Non-Residential Facilities
- DJJ Rule 63N-1, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements
3.13 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/Requirements: Suicide Precaution Observation Log (MHSA 006) must be maintained for the duration a youth is on suicide precautions.

Suicide Precaution Observation Logs document staff observations of youth's behavior in real time, at intervals not to exceed thirty minutes.

When "warning signs" are observed immediate notification to the program director/designee and mental health clinical staff must be made and 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 daily.

Regional monitor(s)/reviewer(s) shall review observation logs to ensure they are completed accurately (in real time and within the required timeframes) in their entirety.

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

Reference:

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

The program follows a suicide prevention plan to safely assess and protect youth with elevated risk of suicide in the least restrictive means possible in accordance with Rule 63N-1, Florida Administrative Code.

— CRITICAL —

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

- Identification and assessment of youth at risk of suicide
- Staff training (Each facility or program must provide at least six hours of training annually on suicide prevention and implementation of suicide precautions, which includes quarterly mock suicide drills for all staff who come in contact with youth on each shift.) (Must be included in the plan, documentation of completion of drills should be rated in indicator 3.15)
- Suicide precautions (i.e., precautionary observation or secure observation)
- Levels of supervision
- Referral
- Communication
- Notification
- Documentation
- Immediate staff response
- Review process

Reference:

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

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

— CRITICAL —

Guidelines/Requirements: All staff who work with youth are to receive a minimum of six hours of annual training on suicide prevention and implementation of suicide precautions. The Department’s Suicide Prevention Course in the Department’s Learning Management System (SkillPro) does not meet the full requirement for this indicator. This course should only count as two of the six required hours.

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

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

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

Review staff interview results.

Reference:

- DJJ Rule 63N-1.0091, Mental Health, Substance Abuse and Developmental Disability Services Delivery, Office of Health Services
- Per Contract Requirements
Standard 4: Medical Services

4.01 Medical Screening* 4-2
4.02 Medication Management – Verification of Medications 4-3
4.03 Medication Management – Delivery of Medications 4-4
4.04 Medication Management – Medication Storage 4-6
4.05 Episodic/Emergency Services 4-8

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

**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 Medical Screening

Youth are screened for health-related conditions at the time of admission to determine if the youth has any conditions requiring medical attention. The screening includes a review of the most recent Health Discharge Summary (Form HS 012) or Medication Receipt/Transfer Disposition (Form HS 053), 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/Requirements: At the time of admission, staff shall interview the youth utilizing the established screening process to determine if the youth has a condition requiring 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.)

Day treatment may utilize their own screening form; however, it must have areas to identify chronic health conditions and currently prescribed medications and the process to follow if identified.

Reference:

- Contract Language – Admission Healthcare Screening
- Facility Operating Procedures – Medical Screening upon Admission
- Per Contract Requirement
- Health Services Manual (HSM) Chapter 18 (October 2006)
4.02 Medication Management – Verification of Medications

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

Guidelines/Requirements: There shall be a written policy in place clearly articulating 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.

The program must exhaust all attempts to verify the medication as a currently prescribed medication the youth is currently taking at the first available opportunity.

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

After verification has been completed, the trained assigned staff shall initiate the Medication Distribution Log capturing the process of assisting in delivery of medications by non-licensed staff.

The regional monitor(s)/reviewer(s) will need to review additional records if the original record selection does not include any youth currently taking medications.

Reference:

- Contract Language – Medication Management – Medication Verification
- Facility Operating Procedure – Medication Verification
- Chapter 464 C.F.R: F.A.C. 64B9-14- training of non-licensed staff
- HSM Chapter 18 (October 2006)
4.03 Medication Management – Delivery of Medications

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

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

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

Only direct care staff who 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 maintain control of medication containers.

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

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.

The Medication Distribution Log shall be reviewed weekly by assigned supervisory staff for accuracy and documentation.

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

The regional monitor(s)/reviewer(s) will need to review additional records if the original record selection does not include any youth currently taking medications.
Review youth interviews to determine if youth are taking medication at the program and who gives them their medication.

Review staff interviews to determine if staff administer medication to youth.

Reference:

- Contract Language - Medication Management - Medication Distribution, Medication Delivery
- Facility Operating Procedures - Medication Management - Medication Distribution, Medication Delivery
- Per Contract Requirements
- Chapter 464 C.F.R: F.A.C. 64B9-14- training of non-licensed staff
- HSM Chapter 18 (October 2006)
4.04 Medication Management – Medication Storage

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

Guidelines/Requirements: There shall be a written policy in place clearly articulating 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.

Separate storage of different medication forms (i.e. topical, oral tablets, ear & eye drops and liquids) as according to pharmacy regulation.

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 EpiPen auto-injector) 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.
Regional monitor(s)/reviewer(s) shall observe medication storage to include observation of medication lockbox, a separate refrigerator for refrigerated medication, controlled substances, etc.

**Reference:**

- Contract Language – Medication Management - Storage
- Facility Operating Procedures – Medication Management
- Per Contract Requirements
- HSM Chapter 18 (October 2006)
4.05 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/Requirements: There shall be a written policy in place clearly articulating how the program would facilitate response to an urgent or emergency medical situation.

All emergency equipment, such as first aid kits, Automated External Defibrillator (AED), and suicide response kit, including knife-for-life, wire cutters, and other required tools in accordance with 63N-1.0096, F.A.C., shall be located in designated areas. The kits are to be monitored monthly and replenished, as needed.

If the program has an AED, it is placed in a secured area easily staff accessible and procedures are established to ensure 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 and/or emergency first aid demonstration shall be conducted once a quarter, on each shift. Suicide mock drills shall be conducted quarterly with all staff who work with youth, on every shift.

Procedures for off-site emergency care shall be in place and demonstrated. This shall include documentation of the emergency episode, notification of appropriate provider staff and 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, as required.

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

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

**Reference:**

- Contract Language – Episodic/Emergency Services
- Facility Operating Procedures – Episodic/Emergency Services
- Per Contract Requirements
- HSM Chapter 18 (October 2006)