



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Boys Town

on 05/06/2014

## CINS/FINS Rating Profile

### Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory

Percent of indicators rated Satisfactory:100.00%  
 Percent of indicators rated Limited:0.00%  
 Percent of indicators rated Failed:0.00%

### Standard 3: Shelter Care

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Youth Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Special Populations	Satisfactory

Percent of indicators rated Satisfactory:100.00%  
 Percent of indicators rated Limited:0.00%  
 Percent of indicators rated Failed:0.00%

### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Psychosocial Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory:100.00%  
 Percent of indicators rated Limited:0.00%  
 Percent of indicators rated Failed:0.00%

### Standard 4: Mental Health/Health Services

4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

Percent of indicators rated Satisfactory:100.00%  
 Percent of indicators rated Limited:0.00%  
 Percent of indicators rated Failed:0.00%

## Overall Rating Summary

Percent of indicators rated Satisfactory:100.00%  
 Percent of indicators rated Limited:0.00%  
 Percent of indicators rated Failed:0.00%

### Rating Definitions

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

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

### Review Team

#### Members

Ashley Davies, Lead Reviewer and Consultant, Forefront LLC

Susan Spinella, VP of Quality Assurance, Youth Crisis Center, Inc.

Tom Popadak, Training Specialist, Diversified Consultants



**Quality Improvement Review**

Boys Town - 05/06/2014

Lead Reviewer: Ashley Davies

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Joseph Hernandez, Clinical Program Supervisor, WaveCREST

**Persons Interviewed**

- |  |                          |                         |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 2 Case Managers          | 1 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor                 | 2 Clinical Staff         | 2 Program Supervisors   |
| <input type="checkbox"/> DHA or designee             | 0 Food Service Personnel | 0 Other                 |
| <input type="checkbox"/> DMHA or designee            | 0 Health Care Staff      |                         |

**Documents Reviewed**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports                        | <input checked="" type="checkbox"/> Fire Prevention Plan             | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records        | <input type="checkbox"/> Visitation Logs                       |
| <input checked="" type="checkbox"/> CCC Reports                       | <input type="checkbox"/> Key Control Log                             | <input checked="" type="checkbox"/> Youth Handbook             |
| <input type="checkbox"/> Confinement Reports                          | <input checked="" type="checkbox"/> Logbooks                         | 4 Health Records   |
| <input type="checkbox"/> Continuity of Operation Plan                 | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 6 MH/SA Records  |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> PAR Reports                                 | 8 Personnel Records  |
| <input type="checkbox"/> Contract Scope of Services                   | <input checked="" type="checkbox"/> Precautionary Observation Logs   | 6 Training Records/CORE  |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules                | 4 Youth Records (Closed)                                       |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                              | 4 Youth Records (Open)   |
| <input checked="" type="checkbox"/> Exposure Control Plan             | <input type="checkbox"/> Supplemental Contracts                      | 0 Other  |
| <input checked="" type="checkbox"/> Fire Drill Log                    | <input checked="" type="checkbox"/> Table of Organization            |  |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input type="checkbox"/> Telephone Logs                              |  |

**Surveys**

- 4 Youth                      7 Direct Care Staff                      0 Other

**Observations During Review**

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

**Comments**

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

Rating Narrative

## **Strengths and Innovative Approaches**

### Rating Narrative

Since the last Quality Improvement review Boys Town of Central Florida has eliminated its Foster Care Program. This came after CBCCFL requested contract dollars go instead to further grow in-home services. There was a bigger need in Seminole County for the homeless population.

The Ounce of Prevention Fund renewed its support of both in-home services and Common Sense Parenting growth in Orange County.

The Wings of Hope "Heart to Heart" Annual Gala was held in Lake Mary and Boys Town was the recipient of \$40,000.

In 2013 Boys Town completed a \$50,000 match campaign to sponsor community youth in residential care.

The Behavioral Health Clinic, just started a little over a year ago, surpassed 100 families served for 2013 and has already served over 50 families from January to March 2014.

Boys Town surpassed their local fundraising goal for 2013, raising over \$680,000.

Boys Town finished 2013 having served 1691 children, the most ever served, for all of their Central Florida programs. There have been 673 children served thru March 2014.

In April 2014 Boys Town received a 3-year Internal Site Certification Award.

The Board of Directors membership has grown from 14 to 16 members.

Boys Town will be going through COA re-accreditation this year.

## Standard 1: Management Accountability

### Overview

#### Narrative

The Boys Town of Central Florida program located in Oviedo, Florida is an affiliated local program of Father Flanagan's Boys Home, which has their corporate office in Omaha, Nebraska. Boys Town of America is a national non-profit agency that provides a broad range of services to youth and families. Boys Town has locations in numerous locations throughout the country. The agency has multiple contracts that it manages that include funding from the Department of Juvenile Justice, Department of Children and Families, Community Based Care of Central Florida, Seminole County School Board, as well as other funders.

Boys Town of Central Florida, Inc. provides both residential and non-residential services to dependency, status offenders and other youth and families in need of services families in Seminole County. Boys Town of Central Florida is managed by an Executive Director, who oversees a program operations and services. The agency's leadership and management teams consist of one (1) Senior Director of Programs, 1 Program Support Coordinator, 1 Psychiatrist, 1 Clinical Support Coordinator, and 1 Non-Residential IHFS Director. The agency also has a Compliance Specialist on staff. The Intervention and Assessment Center, also known as the youth shelter, employs twenty-one (21) staff members, including 1 Program Director, 2 shift supervisors, seventeen (17) youth care workers and 1 Shelter Teacher. The Senior Program Director is also accountable for the daily financial accounting at the site, as well as the annual program budgets and expenditures. The Program Support Coordinator, the Youth Shelter Program Director, and IHFS Supervisor conduct supervisory meetings as needed with staff members to review programs, staff issues and development, quality improvement/quality assurance, and individual youth treatment planning as necessary.

Training for the staff is provided through the Florida Network of Youth and Family Services, through online computer-based trainings. In addition, the agency provides live instructor-led sessions to managers and staff members on various job-specific and professional development offerings. An individual training file is maintained for each staff member.

The agency also utilizes several teams to oversee monthly reports delivered by the National and local level offices. The agency reviews the results of these reports and assigns responsibilities to address program, operations, work performance and general risk management issues accordingly. The agency has national research office and data systems that monitor its services to clients on a monthly basis. Goal achievement is monitored through established teams and strategies to discuss underachievement and areas of performance are generally identified and addressed.

The agency has a strong working partnership with the JAC that is operated by the local Sheriff's office.

### 1.01 Background Screening

Satisfactory

Limited

Failed

#### Rating Narrative

Current policies are in place to ensure that background checks are completed on all staff and volunteers, prior to offer of employment.

Actual background screening documentation was reviewed by this writer for eight staff files - seven who had initial background screenings within the past three years, and one who received his 5-year re-screening last July, approximately one month prior to due date. All background screenings for new hires were completed prior to start date of each employee.

Annual affidavit of Good Moral Character was sent to Network on 1/7/14 - documentation was provided to this writer.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

There is a code of ethics and professional conduct reflected in the Policy # 13275. In addition, this writer reviewed the informed consent and youth rights handout, which is very comprehensive in scope. The handout notes the number for the abuse hotline in the event that a client does not feel safe at any time, or feels his/her rights are being violated.

Boys Town also has established an independent Program Audit Department, which examines, evaluates, and reports on the effectiveness of the systems that are in place to ensure client safety and security.

In walking through the residential shelter, there are postings of telephone numbers for abuse reporting, in both Spanish and English. Grievance forms are readily available to clients, and completed forms are placed in a locked

container for privacy purposes. There were only two completed grievance forms collected during this last program year. Both occurred around the same time, and involved two different clients being difficult with a staff person, and complaining about consequences. Nothing in the clients' description of the grievance was particularly concerning. No abuse or threats to client safety were noted in either case.

### 1.03 Incident Reporting

Satisfactory

Limited

Failed

#### Rating Narrative

There are policies in place for incident reporting and risk management reporting, and the policies outline the exact procedure for reporting an incident, to include those reportable to the CCC and those that are considered internal incidents. Incident Reports were reviewed by this writer going back to April of 2013. Reports to the CCC appear to be both timely and appropriate. Only one appeared to have a gap of 4.5 hours before being reported to CCC; the balance of reports were made well within the two-hour required time frames. Staff are aware of time frames and types of incidents to be reported to CCC and policies are followed appropriately.

Incidents involving medication were reported and handled in an appropriate and effective manner. An example would be checking with pharmacy when a dosage was dispensed by error, in order to determine potential adverse effects. Also parent/guardians are notified as appropriate, particularly when medical issues were involved. No adverse effects were associated with any medication incidents reported during this program year.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

#### Rating Narrative

Training requirements are outlined in Policy/Procedures Manual - Protocol 5. Types of training are outlined and include all CINS/FINS required topics, as well as minimum hour requirements for staff training.

Six actual staff files were reviewed by this writer, and included two first-year employees and four ongoing employees. These six were randomly selected.

Chronological listings of training and certificates were contained in each training file for each employee. Current certificates of CPR/First Aid training were present in files of direct care staff. CPI de-escalation training was also documented for direct care staff. Several direct care staff who are involved in food preparation have documentation in their training files that they have completed the Florida food handlers' course.

Topics and number of hours met or exceeded the minimum FL Network/DJJ requirements. The topics offered are extremely diverse and relevant to work with this client population. All required training topics for FL Network/DJJ were taken by the staff whose files were reviewed by this writer.

### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a recent policy that addresses the requirements of the Analyzing and Reporting Indicator. The name of the policy is called the CINS and Intervention and Assessment Center Protocol. Boys Town is a large non-profit agency that provides services for children and families nationwide. Boys Town assists in reuniting children with their families, locating foster homes, and providing a broad range of services for children and families with few or no other alternatives. The Boys Town organization has sophisticated data collection, management and reporting. The agency also produces numerous data management reports on a national level to assess its programs for quality improvement purposes. In addition, the Boys Town national office has a Marketing and Research Department to develop the company's national programs.

The local office utilizes professional research reports and findings to assist them in developing locally driven initiatives. At the local service level there are several processes which assess program operation, performance and risk manager issues, and trends. The agency has five (5)

committees: Youth and Family Records, Service Review, Health and Safety, Staff and Program Requirements, and Quality Management Councils. The YFR, SR and QMC meet on a monthly basis. The remaining 2 committees meet bi-monthly. Each committee has a chairperson that reports on red flag issues related program, operations and risk management issues monthly. The agency records the all meeting events on monthly meeting minutes. Example of meeting minutes were provided onsite. For example the Youth Records committee would review for error rate related to accuracy and completion for files. Any results below a determined benchmark would require an action plan. The agency provides a plan to the program director. The Program is then required to execute the planned intervention to be addressed.

The agency generates several formal monthly and quarterly reports. The internal reports generated include the Program Assessment Tool (PAT), Corporate Performance Management Report and monthly Risk Management reports. The agency also utilizes a Score Card system. The Score Card addresses several areas including Serving More Youth and Families, Improving Program Quality and Improving Economics and Site Promotions. The PAT addresses several agency performance areas including Model Implementation, Youth Behavior, Family Engagement, Staff Engagement, Consumerism, Safety Permanency and Well Being, Family Behavior, and Youth Behavior. These areas are reviewed for the agencies multiple programs and also include CINS/FINS or In Home Family Services and Treatment Family Homes- Intervention and Assessment Center.



## Standard 2: Intervention and Case Management

### Overview

#### Rating Narrative

The agency is contracted to provide residential and nonresidential CINS/FINS services to youth and families residing in mainly in Seminole County and surrounding counties. The non-residential program consists of an In Home Family Services (IHFS) Director and two (2) IHFS CINS/FINS Consultants.

These non-residential services are delivered through the agency's non-residential component and are provided twenty-four hours a day, seven days a week. The program participants receive program orientation materials upon their initial entry to the program. Program information provided to youth and parent/guardians includes confidentiality notices, release of information, service options and other orientation materials.

The non-residential component of the program has access to Licensed Clinicians. All counselors have a minimum of a Bachelors' or Masters' level degree. Non-residential services are provided at the agency's office, in the client's homes with families, local schools, and other community based organizations.

The non-residential program also offers Case Staffing Committee meetings as needed to address nonproductive outcomes for the youth and their family. The youth along with their family, a representative from the local school board, Department of Juvenile Justice attorney and other social services agencies are gathered together to address the services that are being provided by the program or entities that are not doing their part or taking part in the services. The result of the meeting is that another service plan is developed to meet the needs of the youth and family members. The Case Staffing Committee can also recommend a CINS Petition to be filed in court to order participation with treatment services. File reviews and general supervision in non-residential case files is well-documented and interactive.

### 2.01 Screening and Intake

Satisfactory

Limited

Failed

#### Rating Narrative

All of the residential and non residential files reviewed were screened for eligibility within appropriate time frames. It is listed as a program standard on the on-call policy form that all families participating in non residential services are provided an on-call family consultant 24 hours a day, 7 days a week.

Youth and parents/guardians were all informed of their rights and responsibilities, grievance procedures, and available service options within all residential and non residential files reviewed. This was evidenced in the residential files by the intervention and assessment placement agreement and checklist for orientation. This was also evidenced in the non residential files by consent for services form and the families' and children's rights and responsibilities form.

### 2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

#### Rating Narrative

All of the residential files reviewed had psychosocial assessments initiated within 72 hours of admission. Addendum pages were not necessary in any of the residential files reviewed as all psychosocial assessments were originals, and had been completed within the first 30 days of a youths stay in shelter. All of the non residential files reviewed had psychosocial assessments completed within the program standard of 2 to 3 face to face contacts.

Each residential and non residential file reviewed had a psychosocial assessment that was completed by a Master's or Bachelor's level staff and review/signed by a licensed Supervisor.

There were no youth identified with an elevated risk of suicide as a result of the psychosocial assessments completed for all residential and non residential files reviewed.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed

#### Rating Narrative

All service plan signatures were present in the 4 residential files and 4 non residential files reviewed.

All reviewed service plans contained treatment goals that were individualized to each youth in addition to being quantifiable. Residential and non residential service plans also consistently incorporated identified concerns during needs assessment development.

All of the residential files reviewed had case/service plans that were reviewed for progress/amended within required timeframes. The review for progress/ revisions of case/service plans by counselor and parent every thirty days for the first three months and every 6 months thereafter were present in all 4 residential files reviewed.

### 2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

#### Rating Narrative

All residential and non residential files reviewed addressed need for referrals, when applicable, coordination of referrals made, when applicable, and coordination of service plan implementations and evidence of family support. This was evidenced by the case/service plans in residential and non residential files reviewed; and progress notes located in non residential files.

None of the four residential or four non residential files reviewed were court ordered.

180 day follow up was not completed in any of the residential or non residential files reviewed as none of the reviewed files have been closed for 6 months.

Both closed residential files reviewed contained a 30 day follow up from discharge, which is above the current standard that has been established by Florida Network.

### 2.05 Counseling Services

Satisfactory

Limited

Failed

#### Rating Narrative

All residential and non residential files reviewed received counseling services in accordance with case/service plans located within each file. This was evidenced in the case note reports located in the non residential files and the case/service plans located in the residential files. The case notes reports located in the non residential files showed strong evidence of counseling services being provided for youth in the home, school and community.

It is listed as a program standard on the on-call policy form located in all non residential files reviewed that all families participating in non residential services are provided an on-call family consultant 24 hours a day, 7 days a week.

Signatures from supervisors in residential and non residential files show evidence that clinical reviews of files are ongoing and staff performance is regularly being monitored.

The aftercare recommendations that were reviewed in all residential files showed a strong emphasis on an integrated continuum of care that exists within Boys Town. Residential files contained multiple referrals to the Boys Town Central Florida Behavioral Health Clinic for outpatient

emotional/behavioral health services in addition to Boys Town CINS/FINS non residential services for in home counseling/case management.

## 2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

### Rating Narrative

Two of the Six non residential files reviewed had cases where it became necessary for the case staffing committee to become involved.

The parent/guardian and case staffing committee were given written/verbal notice within appropriate timeframes. This was evidenced by documentation of verbal contacts located in the case note reports and copies of written correspondence located in case staffing section. Copies of written documentation include, but are not limited to: documented phone contacts, emails, and certified letters informing parent/guardian of upcoming case staffing.

The case staffing committee members in both non residential files reviewed included school district officials (School Social Workers, School Counselors, Administrators, etc.), DJJ and CINS/FINS providers (Boys Town). Additional case staffing committee members identified were representatives from the Seminole County Sheriffs Department. There were revisions/updates made to the service plans of both non residential files reviewed after the completion of all case staffing's held.

## 2.07 Youth Records

Satisfactory

Limited

Failed

### Rating Narrative

All residential and non residential youth records reviewed were marked "confidential" and housed in locked filing cabinets that are also marked confidential, which are accessible only to program staff. The residential files are housed in a locked filing cabinet marked "confidential", which is located in a locked file room that is only accessible to program staff. All closed residential files are housed in a locked room that is located in the boy's wing of the Boys Town residential shelter. This room is also accessible only to program staff.

All open and closed non residential files are located within the Boys Town Campus Administration Building. Open non residential files are housed in a locked filing cabinet marked "confidential", located within Boys Town Administration building office space. Closed non residential files are located in the Administration buildings F.A.C.P. room. The Administration buildings F.A.C.P. room is a locked room that is only accessible to program staff.

## Standard 3: Shelter Care

### Overview

#### Rating Narrative

The Boys Town shelter is located on a large, attractive campus in Oviedo, FL which is located Northeast of Orlando in Seminole County in Central Florida. The shelter facility is licensed by DCF for 18 beds through 12/2014. The shelter has two separate wings for males and females. These areas are separated by a large dining area, conference room, kitchen and classroom. There is also a "boys lounge" and a girls "dream room" for activities, social interaction and relaxation. Each youth admitted to the Boys town shelter receives a comprehensive new client orientation upon admission to the facility. Youth and parents also are provided a copy of the Boys Town Intake and Assessment Handbook during the orientation process. Youth rights, emergency procedures and grievance process are reviewed with each youth at intake. During the intake/assessment and new client orientation process youth are evaluated by the staff member doing the intake and are assigned to a room and bed based on various criteria, behaviors and/or characteristics. The agency uses the nationally recognized "Boys Town Model" behavior management system consistent with all Boys Town programs across the Country. The Agency is not contracted to provide Staff Secure Shelter services. The Agency does provide Domestic Violence Respite (DVR) shelter services.

### 3.01 Shelter Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

The Boys Town shelter is located on a large, attractive campus in Oviedo, FL which is located Northeast of Orlando in Seminole County in Central Florida. The shelter facility is licensed by DCF for 18 beds through 12/2014. The shelter has two separate wings for males and females. These areas are separated by a large dining area, conference room, kitchen and classroom. There is also a "boys lounge" and a girls "dream room" for activities, social interaction and relaxation.

The facility was newly constructed in 2009 and is well maintained and attractively designed and decorated. All health, safety and fire inspections are current and rated satisfactory. Two issues were noted on the most recent Group Care inspection report (front door mat/window screens) and both have addressed and corrected by the agency.

During our tour of the facility we found all fire safety equipment properly tagged and dated. All furnishings were in good repair and the grounds and landscaping are well maintained. Bedding, linens, towels and laundry equipment were all found to be sufficient for the number and type of youth housed at the facility.

During our tour on the first day of this CQI review we found the youth actively engaged in educational activities. Youth also demonstrated excellent social skills as they each individually greeted us upon our arrival. Daily schedules are posted in the facility that offer time for education, recreation, meals, social skill development, treatment services and faith based activities (voluntary).

One exception was noted during this CQI site visit. There was graffiti found in a few locations on the boys side of the shelter. Room 4 in particular had several instances of graffiti (666 and sawastika symbol) and there were also some vulgar words found written on the wall in the hallway across from the conference room. However, during the first day of our CQI site visit a work order was submitted to have the graffiti removed by facility maintenance personnel and it was gone by the second day.

### 3.02 Program Orientation

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

Each youth admitted to the Boys town shelter receives a comprehensive new client orientation upon admission to the facility. The staff conducting the orientation process completes a "Checklist For Orientation" form that covers 12 different areas related to program operations, services and schedules.

Youth and parents also are provided a copy of the Boys Town Intake and Assessment Handbook during the orientation process. Youth rights, emergency procedures and grievance process are reviewed with each youth at intake.

Each of the four residential files (2 open/2 closed) reviewed during this CQI site visit contained a Orientation Checklist form signed by the staff and both the youth and the parent. All of the forms are completed at intake and before the 24 time limit described in the CQI indicator.

### 3.03 Youth Room Assignment

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

During the intake/assessment and new client orientation process youth are evaluated by the staff member doing the intake and are assigned to a room and bed based on various criteria, behaviors and/or characteristics. Gender, age, physical size, maturity level, history of physical or sexual aggression are among some of the many factors considered during the room assignment process.

Youth on close watch or with risk associated behavioral histories may be placed in room 2 which is closest to the overnight staff staff observation. Youth who may be at risk of sexual exploitation or those who may have a sexuality issues may be placed on a "Sexual Safety Plan" to avoid situations where sexual aggression may occur. Overnight room checks occur every 5 minutes and are documented in real time a a separate room check form.

Of the four residential client case files (2 open/2 closed) reviewed all consistently contained the room/bed assignment located in three separate sections of the file.

### 3.04 Log Books

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

The program maintains two daily log books, one for the males and one for the females.

A detailed review of both of the log books for the past 4 months indicated that staff document all program activities in the log book on a consistent basis. The log books contained extensive and detailed information

Entries are made in ink, are clearly legible and are signed by the staff making the entry. Errors are corrected in a manner consistent with the requirements of this CQI indicator. Regular on-going and weekly supervisory review of both log books is documented in red ink.

The log book uses a color coding system to highlight critical client care information:

- Yellow: New Intakes/Admissions

- Blue: Safety/Security issues



The system uses a point card to continuously monitor and immediately reinforce positive and negative behaviors. There are a series of rewards and consequences to motivate appropriate behaviors and gain cooperation with program rules. During our site visit several youth demonstrated the skill of "introducing yourself" (a positive social skill) upon our arrival at the shelter.

### 3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

The program has a weekly staff schedule that is developed by one of the shift supervisors and posted on the bulletin board in the staff office. During this site visit we were informed that the Shelter Manager will be assuming this responsibility at the end of May.

Separate interviews with the Shelter Manager and the Shift Supervisor revealed the following:

The schedule meets the ratio of 1 staff for every 6 youth as the shelter has 18 beds and at least three staff per shift.

There are three shifts: 7 am - 3 pm, 2:30 pm - 10:30 pm and 9:30 am - 7:30 am.

There is a male and female on every shift as required by CQI standards.

A review of staff schedules for the period of January - April of 2014 indicated that the recent staff schedules confirmed that the program is in compliance with all of the requirements of this CQI indicator.

### 3.07 Special Populations

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policies are reviewed and signed on an annual basis by the Executive Director. The last review occurred on 3/27/14.

NOTE: The Agency is not contracted to provide Staff Secure Shelter services.

The Agency does provide Domestic Violence Respite (DVR) shelter services. Between November 2013 and April 2014 a total of 8 youth received DVR services at the Boys Town shelter.

Three files were selected for review during this CQI site visit. Of the three files reviewed all met the criteria for placement (DV arrest) and each youth stayed a period of 7-10 days and did not exceed the 14 day time frame under the DVR program funding requirements.

One of the youth was properly transferred into a CINS/FINS shelter placement after the DVR placement was concluded.

One exception was noted during this CQI site visit. Two of the three preliminary service plans for these youth were not signed by the youth or their parent/guardian.



**Quality Improvement Review**

Boys Town - 05/06/2014

Lead Reviewer: Ashley Davies

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## Standard 4: Mental Health/Health Services

### Overview

#### Rating Narrative

Boys Town of Central Florida has screening systems and processes to detect general health and mental health risks presented by prospective residents. This process requires that each resident that meets CINS/FINS eligibility requirements be screened by staff members for the severity of potential health and mental health issues. Designated trained Youth Care Worker residential and non-residential staff members utilize agency screening forms that include the general screening forms, CINS Intake form and psycho-social assessment. The CINS intake form includes a mental health and health screening section that is required to be completed by staff members. The agency also utilizes a Suicide Risk Assessment instrument that is conducted on youth that indicate a positive on the CINS Intake form. All Boys Town direct care staff members employed at the Intervention and Assessment Center are trained on the suicide risk screening process and utilize the CINS Intake form to screen for potential risks prior to placing all youth on sight and sound supervision status. Further, the agency's staff members have access to two (2) licensed clinicians and a contracted psychiatrist on an as needed basis.

At the time of this review, the agency's Clinical Support Coordinator or other designated clinical staff are primarily responsible for reviewing and consulting on assessments completed to determine if these youth are required to stay on elevated supervision status or have this level of supervision reduced. The agency utilizes an effective general alert system that informs direct care staff of the youth's health, behavior or mental health status. The agency also documents any residents that have received onsite or offsite first aid or medical care.

### 4.01 Healthcare Admission Screening

Satisfactory                       Limited                       Failed

#### Rating Narrative

The agency has a policy in place that addresses the requirements of this indicator. The current policy is called Physical Health Screening. The policy was last reviewed in March 2014. The agency completes the CINS/FINS Intake Assessment, an Initial Health Screen, and a body chart to address all healthcare admission screening requirements.

There were four youth files reviewed. All four files documented healthcare admission screening was completed using the CINS/FINS Intake Assessment form, the Initial Health Screening form, and a body chart. All three of these forms covered all elements required by the indicator. None of the youth required any follow-up medical appointments; however, the agency has a process in place to contact the youth's guardian if needed. All information was documented in the youth's file and in the shelter logbook.

### 4.02 Suicide Prevention

Satisfactory                       Limited                       Failed

#### Rating Narrative

The agency has a policy that addresses the requirements of this indicator. The current policy is called At Risk Screening and Assessment and effectively describes the process of evaluating youth with risk of suicidal behaviors with the least restrictive means possible. This policy was last updated in March 2014. The agency has additional related policies that include the Risk and Self-Harm Screening and the Qualified Risk Screener. The plan addresses all elements of the indicator and complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The agency's Clinical Support Coordinator is a Licensed Mental Health Counselor (LMHC). The agency also has a contracted Psychologist. At the time of this on site review, all credentials of licensed staff persons were reviewed onsite and were found to be in effect.

The agency's suicide prevention process requires that all youth be screened for suicidal risk by using the six (6) suicide risk questions on the CINS/FINS Intake form. If the youth answers "yes" to any of the 6 questions, the staff place the youth on sight and sound and then contact the parent/guardian and Residential Supervisor. Next the Supervisor, Program Director, or clinical support staff will administer the Suicide Probability Scale (SPS) or Child Suicide Risk Assessment (CSRA), depending on the youth's age. A CSRA is used if the youth is thirteen years old or younger or if the youth shows some type of developmental delay or impairment precluding the use of the SPS. The youth can be placed on elevated supervision by meeting a minimum SPS T score of 70 or above or a CSRA score of 8 or above. Youth are then placed on the appropriate level of supervision until a Suicide Assessment is completed by a qualified professional. The agency uses four different levels of supervision: High risk, which is one-to-one supervision; moderate risk, which is constant sight and sound supervision; low risk, which is elevated supervision (five minute watch); and no risk, which is normal supervision (fifteen minute watch).

There were four files available for review of youth who had been placed on suicide precautions. All four files documented the youth were placed on at intake. Three out of the four files documented the youth was seen and assessed by a staff member working under the supervision of a licensed professional, within twenty-four hours or seventy-two hours if it was a weekend. The three files documented consultation with the LMHC. The fourth file documented the youth was assessed until six days later. All four files documented thirty minute observations of the youth in the logbook. Entries in the logbook did not consistently document what the youth was doing but just that the youth was monitored and the name of the staff with the youth. All four files documented the youth was assessed by a staff member, who consulted with the LMHC, prior to removing the youth from constant sight and sound supervision. If you are on constant sight and sound supervision during the overnight hours, the youth sleep in the room next to the staff work station so that staff have constant supervision of the youth.

Any youth on elevated supervision levels are documented during the transition meetings between each shift and document a staff member responsible for watching that youth each shift. A review of transition meetings revealed this is a consistent practice. In addition, all youth on elevated supervision levels and any changes in the supervision levels are documented in the logbook and highlighted in pink. Staff also document an entry in the logbook every thirty minutes noting the youth on watch, the staff member assigned to the youth, and what they are currently doing. This is also highlighted in pink. A review of logbooks revealed this is also a consistent practice.

#### 4.03 Medications

Satisfactory

Limited

Failed

##### Rating Narrative

The agency has a policy in place that addresses the requirements of this indicator. The current policy is called Medication Storage, Access, Inventories, Medication Administration Log and Provision. The policy was last reviewed in March 2014. The policy covers Medication Storage, Access, Counts, Provision, and Disposal. The agency's current medication policy does not reference the agency's process of medication verification.

Observations revealed medication was stored in a double locked cabinet that was inaccessible to the youth. Medication is stored in the Youth Care Worker office and each youth on medication has an assigned cubby inside the locked cabinet. The agency has a list of staff delineated in writing that are authorized to have access to youth medication, are able to administer controlled substances, and are approved to administer first aid, CPR and asthma related inhalers. Oral medications are stored separately from topical medications. Controlled medications are locked in a cabinet behind two (2) locks. There were no injectable medications on site, or identified as needed for any youth during the time of this on site program review. The shelter has a system in place for refrigeration of medication if needed; however, there was no medication that required refrigeration during the time of review.

Schedule I (general prescribed) medications are counted once per day and when given. Schedule II (controlled/narcotics) are counted three (3) times per day by two (2) staff members. Sharps are maintained in a locked box and inventoried daily. Over the counter medications that are accessed regularly are inventoried by maintaining a perpetual inventory, daily, and also weekly.

There were four youth files reviewed for the medication administration process. All Prescription Medication Logs (PMLs) reviewed documented the youth's name, allergies, medication side effects, staff initials, youth initials, and full printed name and signature of each staff member who initials a dose. A cover sheet was located for each youth that documented the youth's date of birth and a picture of the youth. There were also additional print-outs located for each prescribed medication, with additional side effects and precautions. There was no documentation of the youth's full printed name and signature on the PMLs. There was also no documentation of verification of medication in any of the four files reviewed. Staff reported this is completed during intake by calling and speaking with the pharmacist; however, is not consistently documented in the logbook.

The Program Support Coordinator completes a monthly review of all medication in the shelter. A count of all the medication is completed to ensure it is accurate and a review of all the PMLs is completed to ensure all medication was given as prescribed and all PMLs contain all the required information. Any corrective action is documented on the medication review forms and staff are required to initial each corrective action when completed.

The shelter has had one incident involving a medication error reported to the CCC in the last six months. The incident involved a youth receiving a medication that was discontinued the day prior. There was documentation of follow-up/corrective action taken regarding the incident. Staff received counseling and the pharmacist was notified to ensure there would be no adverse side effects from the youth receiving the medication.

#### 4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place that addresses the requirements of this indicator. The current policy is called Medic Alert Process and Mental Health and Medical Follow-Up. The policy was last reviewed in March 2014. The shelter has an alert board located in the Youth Care Worker office that documents the youth's name, room number, date of birth, current watch status, county, allergies, medical/mental health conditions, medications, substance abuse, self harm, baker act, runaway, aggression, and date of arrival. This board was observed during the review and was accurate and up-to-date with all youth currently in the shelter. Any alerts the youth may have are also documented in the logbook at intake and highlighted in yellow. A review of the logbooks revealed this is a consistent practice. Staff also discuss youth alerts during transition meetings between each shift. A review of these transition meetings revealed this is also a consistent practice. A review of five youth files revealed all alerts were appropriately documented on intake forms and also on the alert form located in the front of the youth's file. All alerts documented in the open shelter files coincided with alerts documented on the alert board in the Youth Care Worker office.

**4.05 Episodic/Emergency Care**

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place that addresses the requirements of this indicator. The current policy is called First Aid and Episodic/Emergency Care. The policy was last reviewed in March 2014. The shelter has a Medical and Dental Episodic Care Log in place. The log documented twenty instances of emergency care since January 2014. Only one of the twenty instances required off-site care at the emergency room and that was for a youth complaining of chest pain. There was documentation the parent was notified. This incident was not accepted by the Central Communications Center (CCC). The remaining instances of emergency care were general first aid incidents. In all instances first aid was given by staff and the parent was notified. All instances were documented in the logbook. Follow-up medical care was provided if needed. Quarterly emergency drills were conducted on all three shifts.