



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Boys Town

on 10/25/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	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
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	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 Needs 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 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
3.08 Video Surveillance System	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%

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

Rating Definitions

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

Satisfactory Compliance	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.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares, Lead Reviewer, Forefront LLC

Karen Boulding, Statewide Training Coordinator, Florida Network of Youth and Family Services

Keith Carr, Peer Reviewer, Forefront LLC/Florida Network of Youth and Family Services

Julie Edison, Manager Residential Services, Hillsborough County Children's Services

Joaquin Martinez Jr., Counseling Services Supervisor, Orange County Youth and Family Services

Persons Interviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input checked="" type="checkbox"/> Program Coordinator | <input checked="" type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input checked="" type="checkbox"/> Clinical Director | <input checked="" type="checkbox"/> Counselor Licensed | <input checked="" type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 3 Case Managers | 0 Maintenance Personnel | 1 Clinical Staff |
| 1 Program Supervisors | 0 Food Service Personnel | 0 Other |
| 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 checked="" type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 7 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 7 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 11 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 7 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

3 Youth 3 Direct Care Staff

Observations During Review

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input checked="" type="checkbox"/> Staff Supervision of Youth |
| <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 checked="" type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input checked="" type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input checked="" type="checkbox"/> Meals |
| <input checked="" type="checkbox"/> Social Skill Modeling by Staff | <input checked="" 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

Boys Town of Central Florida is located in Oviedo, Florida and is an affiliate of Father Flanagan's Boys Home, a national non-profit agency, which has its headquarters in the Village of Boys Town in Omaha, Nebraska. This year, Boys Town as a nationwide organization is celebrating its 100th anniversary with monthly giveaways and a variety of celebratory events and activities. The central Florida program has been in operations since 1986 and is completing its 31st year in the central Florida area. Boys Town of Central Florida provides a variety of services that are funded by the Department of Juvenile Justice, Department of Children and Families, Community Based Care of Central Florida, Seminole County School Board, and Ounce of Prevention. Services include intervention and assessment services; treatment family homes; in-home family services; a national hotline; free online resources; parenting; project Safe Place; and comprehensive behavioral health assessments.

The agency shared a few of its program highlights that occurred during the past year and since its last Quality Improvement review in January 2017.

- Since the beginning of this year, over 1200 youth were served and the youth shelter experienced 95% site occupancy
- Six and twelve-month follow-ups conducted through September 2017 reflect 87.5% of families report family remaining intact, youth maintaining regular school attendance, and children remain arrest free
- The Central program is expanding as a result of opening a Behavioral Health Clinic (space at UCF is pending)
- The residential program was expanded with the addition of a new residential home on campus after the conversion of one of the buildings formerly used for offices
- A new secondary office location was added for the provider in Orange County
- Staff expansion includes the hire of two new Consultants who are both bi-lingual
- Four of the five in-home Consultants received certification in 2017
- The program hosted the Florida Keys Children's Shelter during Hurricane Irma as a result of their evacuation from the Florida Keys. Overall, the provider was not impacted by the hurricane and did not sustain any structural damage.

Standard 1: Management Accountability

Overview

Narrative

Boys Town of Central Florida, Inc. is under the leadership of a management team that consists of an Executive Director, Senior Director of Program Operations, Director of Program Support, a Psychiatrist, Clinical Support Coordinator, Clinical Support Specialist, Shelter Program Director, Compliance Specialist, Shelter Teacher, Administrative Assistant, Health Coordinator Nurse, In-Home Family Services (IHFS) Director, Shelter Program Director, and two IHFS Supervisors. The Sr. Program Director is responsible for the daily financial accounting at the site as well as the annual program budgets and expenditures. The Director of Program Support, IHFS Director, Shelter Program Director, and IHFS Supervisor conduct supervisory meetings as needed with staff members to review programs, staff issues and development, and quality improvement/quality assurance. Based on the organization chart reviewed during the visit, the Intervention and Assessment Center, also known as the youth shelter, is staffed by 21 Youth Care Workers (YCW), seven of which are on call staff. The IHFS non-residential program staff consists of a IHFS Supervisor, three IHFS Diversion Consultants, two IHFS CINS/FINS Consultants, and two Administrative Assistants (1-Diversion and 1-IHFS). Boys Town provides both residential and non-residential services to dependency, status offenders and other youth and families in need of services in Seminole County. At the time of the onsite visit there were 5 fulltime youth care positions vacant. The shelter program is operated around three shifts. Training for the staff is provided through the agency's online training system as well as the Florida Network of Youth and Family Services online Katniss training. Per the Director of Program Support, the provider utilizes an internal training system that maintains individual training logs of trainings completed by staff but does not issue training certificates, agendas or other supporting documentation. 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.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The provider's policy and procedure for Background Screening, IAP 19, was last reviewed on January 18, 2017.

Policy IAP 19 requires all Boys Town staff and volunteers to complete a background screening that includes: employment and personal references; motor vehicle records; credit check, if applicable; education verification, if applicable; social security number verification; criminal history check; and other reports required by contractual regulation. The policy also states that re-screenings can be initiated up to 6 months prior to the five year anniversary of the employee's hiring date. In addition, an Annual Affidavit of Compliance with Good Moral Character will be completed at the end of each calendar year prior to January 31st.

A total of eleven background screening files were reviewed for seven new staff, two 5-year re-screened staff, and two volunteers. All seven new employees were background screened prior to hire date with eligibility documented through the Background Screening Clearinghouse. Similarly, the two program intern volunteers were background screened with eligible results prior to their start dates. Two of the program staff met the criteria for 5-year re-screening. Both staff were re-screened by DJJ prior to their 5-year anniversaries. The program had a signed and notarized Annual Affidavit of Compliance with Level 2 Screening Standards completed and sent to the Background Screening Unit on January 3, 2017, prior to the January 31st deadline.

No exceptions to this indicator were noted as of the QI visit.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has policies and procedures in place to ensure the provision of an abuse free environment. Specifically, FFBH #13275 provides guidelines for Code of Ethics and Professional Conduct, FFBH #2675 – Youth Safety Line, IAP 24 – Child Abuse/Neglect, and grievance policy outlined in Youth Care Policy #9225, IAP 31 - Standards of Conduct for Program Staff, and IAP 22 - Grievance. The policies and procedures were last reviewed August 2015, June 2015, May 2015, and January 2017, respectively.

The procedures outlined in the agency's policies stated above ensure compliance with the required provision of an abuse free environment. Upon hire, program staff receives the above codes of conduct and grievance protocols and are expected to adhere to this code of conduct and ensure youth are not deprived of basic needs. Additionally staff is required to report any known or suspected incidences of abuse or neglect immediately to the Florida Abuse Hotline. Employees are required to report all known or suspected cases of abuse and/or neglect and youth have unimpeded access to self-report. Abuse reports are placed in the youth's file. At intake youth are informed of their rights and responsibilities and receive a resident handbook that informs them about the abuse hotline and grievance rights and procedures. This information, including the abuse hotline number is included on the orientation checklist and in the Resident Handbook.

Inside the shelter, the abuse hotline number was observed posted in both the boy's and girl's dorm areas clearly and is easily accessible by staff and youth. The grievance box is also readily accessible and was observed in the open area of the shelter near the classroom. Additionally the grievance forms are posted on a bulletin board for staff and youth in both the boys and girls dorm areas. Seven (7) grievances were reviewed and were from youth residents. All the grievances were responded to immediately by staff. Most were resolved at either the informal level or supervisory level with the youth. The supervisor also followed up with program staff where required or appropriate to address the issue completely. The grievances are kept in a file for one (1) year.

No exceptions to this indicator were noted as of the QI visit.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

This program has a written policy for reporting incidents, IAP 21 Incident Reporting and Risk Management (last reviewed January 2017).

The procedure outlines the protocol for staff to complete after a reportable incident occurs. Per the procedures, the program notifies the Central Communications Center (CCC) within two (2) hours of the incident or within two hours of learning of the incident. Incident reports are maintained in a binder.

The program maintains a binder that contains a CCC reporting form. This form contains the youth's initials, date and time of incident, incident details, time call was made or emailed to CCC and the outcome of the call (accepted or not accepted by CCC). For this review period, there were eleven (11) applicable incident updates submitted to CCC.

Exception:

The incident report forms reviewed did not display signatures verifying reviews of incidents by the supervisor/director; however, the reports state the supervisor/director was notified.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure, IAP 37 Training Requirements, last revised August 2017. This revised policy incorporates the current requirements of mandatory and elective training.

The written procedures ensure all direct care staff is appropriately trained to meet the needs of youth served. The agency's policy and procedure comply with the minimum 80 hours of training during their first year of employment and 40 hours of job related training annually each full year thereafter. The training topics included in the policies and procedures include trainings to be completed in the first 90 days of hire and additional in service trainings thereafter.

The program maintains individual training files for staff in a red binder that includes an all-inclusive training plan and log that lists mandatory and recommended training along with due dates and hours completed. Training files are maintained by the program supervisor. Additional training and in-service hours were also visible on the training log for each file reviewed.

Seven training files were reviewed for four new employees and three current in-service employees. Three of the four new employees had completed the training required within the time frames and had surpassed the amount of training hours required. Only one employee had not met the new employee training requirement which was noted as an exception.

The three current employee files met the training requirement for hours and two surpassed the hours requirement. Two of the current employees met all the course topic requirements also. It was discovered that one of the current employee's certification for CPR and First Aid lapsed at the end of September.

There were no new non-licensed mental health clinical shelter staff since the last review.

The training records reviewed had certificates and training tracking reports included in the training files.

Exception:

The health coordinator nurse did not complete the new employee training requirements for all new staff. Core courses were not completed nor the hours requirements.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy (CINS/FINS protocol 6, IAP 41) initially dated 12/07/07 and was last reviewed, signed and dated by the Executive Director on 01/18/17. The purpose is to maintain a system of monitoring incidents for risk management purposes and develop strategies of how to minimize these incidents.

Boys Town has a Quality Management Council (QMC) made up of staff from all programs that meets monthly to review data from Monthly Risk Management Reports. In addition, the meeting reviews the monthly scorecard (program, financial, audit and development data). "Red Flags" – changes in the number or severity of incidents) identified through other committees, reports, or critical success factors are also reviewed and a plan is created to reduce future incidents/risks. The Director of Program Support is responsible for compiling all the data into a "risk management assessment" for the programs and distributed to the Program Directors for their review. The agency uses the Plan, Do, Check, Act (PDCA) model as one of its tools for identifying and monitoring significant issues.

During the meetings, the committee reviews data from the various committees involved in the risk management process namely: Safety and Health; Staff and Program Requirements; Youth and Family Records Review; and Service Review. The role of the committees is to identify areas of concern or potential risk and implement strategies to reduce/eliminate the risk. Staff participating on the committees are responsible for communicating and implementing strategies discussed at the meetings in their programs.

Peer record reviews are conducted monthly by the Youth and Family Records Review and Service Review committee members. Youth and Family Records Review is comprised of an administrative review of the file while the Service Review conducts a more clinical review. In addition, the IHFS program staff conducts peer reviews of their files on a monthly basis.

The Safety and Health Committee monitors incidents, accidents, and grievances, evaluate, and establish preventive measures to improve the health and safety of staff and the youth served. Members are cross-functional and the committee meets on a monthly basis. Minutes of the meetings are maintained in a binder.

Data from the QMC meetings, Critical Success Factors and the monthly scorecard is aggregated by the Director of Program Support and compiled into a monthly risk management assessment for each program. The report is distributed to Program Directors for review.

Satisfaction surveys are administered by the Central Florida site for the Intervention and Assessment (I&A) Center (shelter) and also for the IHFS (Non-Residential) program. The Home Campus in Nebraska also completes annual client satisfaction surveys for I & A.

Boys Town monitors program outcomes in a variety of ways using a Scorecard, annual development of Program Alignment Plans, and documentation of outcomes through client follow ups. The agency maintains separate records of the goals and outcomes in binders.

The Program Directors receive Florida Network NetMIS data via email. The NetMIS reports are reviewed by the PDs and submitted to the respective Program Managers for review and feedback. Documentation of the email correspondence between the FN, PDs and PMs are maintained in the QMC binder.

The agency's QMC Council met monthly, with the exception of August, during the review period. Meeting minutes and agendas for the meetings are maintained in a binder entitled 2017 QMC. The binder also includes documentation for Score Cards, PDCA, Risk Management Committee reviews, consumer surveys, and NetMIS data.

A review of peer record reviews for the review period was conducted. Peer record reviews were conducted monthly by the Youth and Family Records Review and Service Review committee members. Detailed reports of the case record reviews were included on the agenda for the QMC meeting including significant findings, data analysis, and report summary/recommendations.

Monthly meeting minutes for the period April-August 2017 were provided demonstrating Safety Committee meetings held to discuss trends and patterns in incidents, accidents, safety inspections, and fire drills. The Safety Committee conducts monthly analysis of the data and submits the

necessary documentation to the QMC for discussion.

A copy of the most recent Consumer Satisfaction Surveys completed for the review period was reviewed. Survey results are compiled monthly for the shelter and non-residential clients separately. Evidence of discussion of the results of the surveys at the monthly QMC meetings is documented on the agendas.

The outcomes data for the program are monitored in a variety of ways and were observed to be included on the agency's Scorecard, Program Alignment Plans, and documentation of outcomes through client follow ups. Program outcomes are included on the monthly QMC meeting agenda and are discussed accordingly. The Director of Program Support identifies issues that need to be addressed at these meetings and implements the PDCA process as needed.

NetMIS data is reviewed on a monthly basis by the Program Directors who correspond mainly via email to communicate areas of performance met/deficient. Email documentation was reviewed demonstrating review and communication of the NetMIS data. Discrepancies and deficiencies are communicated verbally to the PDs.

In Home Family Services monthly staff meeting minutes were up-to-date with documentation of QM aggregated data being discussed with detailed action plans of any needed areas of improvements or changes needed from analysis. The Intervention and Assessment program conducts monthly staff meetings but the agenda items were mostly related to shelter issues and not QMC data.

Exception:

There is no evidence that QMC data reviewed and discussed is regularly communicated with direct care staff in the I&A program and documented in shelter staff meeting minutes.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

The provider has a written policy IAP 10 Vehicle Maintenance, Use and Transportation of Youth in place that was last revised in January 2017.

The agency maintains a list of approved drivers and staff are required to sign the Boys Town Driver Agreement. Per the policy, staff are covered under the agency's insurance. The policy/protocol does address single client transport-- "at all times we strive to have a third party (staff, youth, volunteer and intern) in the vehicle as best practice".

A review of the transportation logs for the review period was conducted. It was observed that the logs had been revised slightly to include columns for date and time of supervisor approval for trips and as required for single youth transports. It was also observed that the log was being completed consistently. The agency has two vans that are used to transport youth and staff are not allowed to use their own vehicles. A review of the program's transportation log for the past six months was conducted. The transportation log contains all of the information required to be documented on the log.

No exceptions to this indicator were noted as of the QI visit.

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy (IAP 49) in regards to outreach services and Interagency Agreements. The policy was last revised on January 27, 2017.

Per the policy and procedure, staff involved in community outreach includes the community engagement coordinator, In-Home Director, In-Home Supervisor, Parenting Coordinator and other designated staff participates in community events to inform youth and families about available program services. Staff also conduct presentations to community agencies, low performing schools, other prevention programs, and high crime neighborhoods. All presentations and events are documented in an Outreach log.

A list of outreach activities documented in NetMIS for the review period was reviewed. The list captures a variety of outreach events, fairs, presentations, and meetings that are regularly conducted to both youth and adult audiences.

A total of 31 interagency agreements are maintained by the provider. The agreements include partners such as prevention/intervention programs, medical facilities, educational centers, clinical providers, and recreation facilities.

The program's Director of Program Support actively participates in the Juvenile Justice Board meetings. Evidence of meeting attendance were reviewed showing attendance to the meetings held during the review period.

No exceptions to this indicator were noted as of the QI visit.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Boys Town of Central Florida is contracted with the Florida Network of Youth and Families to provide both shelter and non-residential CINS/FINS services for youth and their families in Seminole County and the surrounding counties. The CINS/FINS program consists of the Intervention and Assessment Center (I&A Shelter) and the In Home Family Services (IHFS) non-residential program.

The I&A program provides centralized intake and screening twenty-four hours per day, seven days per week, and every day of the year. The shelter program provides critical temporary shelter care services to youth meeting the criteria for CINS/FINS, DV and Probation Respite, Staff Secure as well as Domestic Minor Sex Trafficking (DMST). Trained staff are available to determine the immediate needs of the family and youth. Each youth at the program receives an initial eligibility screening, CINS/FINS Intake Assessment, additional assessments to identify the needs of the youth and family, and a service plan. The I&A Supervisors (Bachelor's level) are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services. The youth's progress is documented by the YCW on Daily Skills logs that are maintained in the youth's file.

Similarly, IHFS Consultants hold Bachelor's degrees and are responsible for intake and assessments of community based referrals and deliver services through the agency's non-residential component. Non-residential services are provided at the agency's offices, in the client's homes with families, local schools, and other community based organizations. All direct care staff are supervised by and have access to Licensed Clinicians. The agency has 2 licensed mental health counselors (LMHC) and a Psychiatrist on staff.

As needed, Boys Town coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee meets 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 gather 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 recommendations by the committee are included in a revised service plan that is provided to 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.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure that addresses all of the key elements of the QI indicator. The policy entitled Screening Eligibility and Intake assessment was last reviewed on 6/29/2015. Boys Town has a written policy labeled Program Services Provided that was last updated on 8/17/2015. Boys Town has a written policy labeled Admission to a Boys Town Program (Youth Care Policy #13500) that was last reviewed on 2/9/2015 and signed by the President and National Executive Director.

Boys Town's procedures require that an initial screening is conducted by a CINS/FINS consultant or designated employee to determine eligibility for receiving services. The initial screening must be conducted within (7) working days of written referral and any exceptions must be documented. Boys Town requires that the initial screening conducted by the intervention and assessment service employees and the CINS/FINS consultant or designated employee must be the same date as the referral date.

A total of five (5) case files were reviewed. Four (4) files were closed and one (1) was open. All files reviewed except for one (1) demonstrated that the eligibility and screening was completed within seven (7) calendar days. All files reviewed demonstrated that the parent and youth received available service options in writing. All files demonstrated that the parent and youth received the rights and responsibilities of the youth and parents in writing. All files demonstrated that the parent and youth received the parent and guardian brochure. All files demonstrated that the parent and youth received information on possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication). All files demonstrated that the parents and youth received grievance procedures in writing.

Exception:

One (1) of the five (5) case files that were reviewed did not have documentation to show that the screening was completed within (7) calendar days of the referral.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure (Screening Eligibility and Intake Assessment) that addresses all of the key elements of the QI indicator. The policy was last updated on June 29, 2015.

Boys Town requires that all recipients have a Needs Assessment completed. Boys Town requires that the Needs Assessment is initiated in the initial face-to-face visit/session with the service recipient. Boys Town requires that the Needs Assessment is completed within (2-3) visits/sessions. Boys Town requires that if a service recipient is being readmitted after a minimum of six months away from the program, he or she will receive an updated assessment. Boys Town requires that a needs assessment is completed by a Bachelor's Degree or Master's degree-level employee and signed by a supervisor. Boys Town requires a suicide risk component of the assessment to be completed as a result of At-Risk Screening. Boys Town requires that the suicide risk is reviewed by a licensed clinical supervisor or written by a licensed clinical employee.

A total of five (5) case files were reviewed. Four (4) files were closed and one (1) was open. All files reviewed demonstrated that the needs assessments were initiated within the required time frames. All files reviewed demonstrated that the Needs Assessment was completed within the first 3 contacts after the initial intake. All files reviewed demonstrated that the needs assessments were conducted by a Bachelor's or Master's level staff member. All files reviewed demonstrated that Needs Assessments were reviewed and signed by a supervisor upon completion. Two (2) out of the five (5) files reviewed showed a need to identify youth with an elevated risk of suicide as a result of the needs assessment. The other three (3) out of five (5) were not applicable for elevated suicide risk of suicide. None of the two (2) files that showed an elevated risk of suicide were under the direct care of a licensed mental health professional or referred for an assessment of suicide risk.

Exception:

Of the two (2) Non-residential files that demonstrated a need for elevated risk, neither showed a referral for assessment of suicide risk or supervision by a licensed mental health professional. During site visit, the program was able to provide a new addition to suicide risk assessments that include signatures of the licensed clinician indicating that licensed clinician has reviewed all suicide risk assessments and CINS/FINS Intake Assessment.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure (FFBH Policy CINS/FINS I-10 IAP Protocol 38) that addresses all of the key elements of the QI indicator. The policy was last updated on January 19th, 2017 and was signed by the Executive Director.

Boys Town's procedures requires that a service plan be developed within seven (7) business days of the needs assessment to identify the services that will be needed to assist youth in reaching their identified needs. Boys Town requires that the service plan address the needs of the youth and family as identified by the assessment and contain the following:

- Realistic time frames for completion
- Measurable objectives that address the identified problems or needs
- Responsibilities of the youth and family to complete goals
- Specific needs of the youth and family
- Responsibilities of the program to assist the youth and family in goal completion
- Services and treatment to be provided include:
 - Identified needs and goals
 - Type of service or treatment
 - Frequency of service or treatment
 - Location of services
 - Person(s) responsible
 - Target dates for completion
 - Actual completion date (s)
 - Signature of youth, parent/guardian, counselor, and supervisor
 - Date the plan was initiated

Boys Town's procedures requires that a review of the service plan occur every thirty (30) days for the first three (3) months, and every six (6) months thereafter for progress in achieving goals, and for making any necessary revisions to the service plan if indicated. Boys Town requires that the service plan and/or changes are documented in the case record and case notes. Boys Town requires that a service plan revision not be necessary if the family is not in agreement with the service plan, the youth and/or family are not in agreement with the service plan, the youth and/or family will not participate in treatment listed on the service plan, or the program needs to revise treatment services on the service plan.

A total of five (5) case files were reviewed. Five (5) out of five (5) files reviewed demonstrated that the service plans were developed within seven (7) working days of the needs assessment. Five (5) out of five (5) files reviewed demonstrated that individualized and prioritized needs and goals were identified by the needs assessment. Five (5) out of five (5) files reviewed demonstrated that the service type, frequency, and location were completed. Five (5) out of five (5) files reviewed demonstrated person (s) responsible was identified. Five (5) out of Five (5) files reviewed demonstrated target dates for completions.

Boys Town demonstrated organizational excellence in their practice of reviewing service plans every (30) days. Five (5) out of five (5) files reviewed demonstrated actual completion dates. Two (2) out of five (5) files reviewed demonstrated a signature of the youth. The files that did not have a signature of the youth were documented as to why the signatures were not present. Five (5) out of five (5) files reviewed demonstrated signature of parent/guardian, signature of counselor, and signature of supervisor. Five (5) out of five (5) files reviewed demonstrated date the plan was initiated and were reviewed for progress/ revised by counselor and parent every (30) days for the first three months and every six (6) months after.

No exceptions to this indicator were noted as of the QI visit.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has written policy that address all of the key elements of CQI indicators. Boys Town has a written policy that is labeled Mental Health Services/ Referrals (IHFS Policy I-14) that was last reviewed on January 19th, 2017 and signed by the Executive Officer. Boys Town has a written policy that is labeled CINS/FINS and Intervention and Assessment Center Protocol, Substance Abuse Education and Referral for Treatment (CINS/FINS Protocol 1 IAP 6) that was last reviewed on January 19th, 2017 and signed by the Executive Officer. Boys Town has a policy labeled Intervention and Assessment Center Protocol, Discharge and Aftercare Plan (IAP 40) that was last reviewed on January 19th and signed by the Executive Director. Boys Town has a policy labeled Referrals to Community-Based Services (Youth Care Policy #13525) that was last reviewed on June 8th, 2015 signed by President and National Executive Director. Boys Town has a policy labeled Case Staffing Committee that was last reviewed on June 8, 2015.

Boys Town requires that mental health services needed for youth and/or family be provided by Boys Town Central Florida Clinical Support Specialist or through a referral to a community based provider. Boys Town requires that youth that are at risk for substance abuse be provided with substance abuse education materials and referrals for substance abuse treatment facilities within the community. Boys Town requires that a referral for a comprehensive substance abuse assessment be made within five (5) working days of the determination of need and if an assessment is not completed within (30) days of referral reasons will be documented in case file. Boys Town requires that youth that are assessed as requiring further treatment due to physical intoxication, dependence and difficulty with withdrawal will be assessed by a supervisor, program director, and/or the clinical services support director or specialist for their needs and further referral to a hospital setting and/or the addictions receiving facility for the youth's safety and the safety of other youth. Boys Town requires that the legal guardian and the case manager will be informed and involved in the decision.

Boys Town requires that when the referrals are appropriate, the staff refer youth to the following: AA, the Addictions Receiving Facility, The Grove, UBC, or South Seminole Hospital. Boys Town requires that discharge and aftercare planning start during the intake process. Boys Town requires that recommendations are completed based on the bio-psychosocial and clinical support staff. Boys Town requires that service recipients, direct-care worker, or supervisor identify and assist the family in choosing a community based service during service delivery, at time of discharge/case closure, or post services. Boys Town requires that community-based service recommendations shall be documented in the progress/case notes, service plan, discharge/case closure summary, and aftercare plan as appropriate.

A total of five (5) case files were reviewed. Five (5) out of five (5) files reviewed demonstrated that a counselor/case manager was assigned. Five (5) out of five (5) files reviewed demonstrated established referral needs and coordinated referrals to services based upon the on-going assessment of the youths/family problems and needs. Five (5) out of five (5) files reviewed demonstrated service plan coordinate were implemented. Five (5) out of five (5) files reviewed demonstrated monitoring of youth/family's progress in services. Five (5) out of five (5) files reviewed demonstrated provided support for families.

Five (5) out of five (5) files reviewed demonstrated no need for monitoring out-of-home- placement. Five (5) out of five (5) files reviewed demonstrated no need for case staffing to be addressed. Five (5) out of five (5) files reviewed demonstrated no need to accompany youth and family to court hearing and related appointments. Five (5) out of five (5) files reviewed demonstrated referrals to the youth and family for additional services when appropriate. Five (5) out of five (5) files reviewed demonstrated case monitoring. Three (3) applicable files demonstrated a follow up 30 days after exit. Three (3) out of five (5) files demonstrated a follow up 60 days after exit. Of the two (2) files that did not have a review after 60 days, none of them were applicable because one is still an open case and the other has not reached the 60 day mark yet.

No exceptions to this indicator were noted as of the QI visit.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure (IAP Protocol 4) that addresses all of the key elements of the QI indicator. The policy was last updated on January 19th, 2017 and was signed by the Executive Officer.

Boys Town requires that Crisis Intervention Counseling and other mental health needs are assessed from the first contact with the youth and their caregivers. Boys Town requires that the assessment be conducted any time statements alluding to or indicate thoughts of self-harm, or death are made at any point during the course of services. Boys Town requires that risk will be assessed through use of CINS Intake form, Admission Risk and Safety Screening, Suicide Probability Scale, or Child Suicide Risk Assessment as determined by youth's responses, age and level of maturity. Boys Town requires that the assessment tools stated are used any time lethality statements are made and will be administered by the supervisor, program director, or clinical service support specialist. Boys Town requires that a youth that is determined to have a risk of self harm or harm to others during the screening, at intake, during assessments, sessions or at any other pint in the continuum of services will be subject to the following:

- An at risk screening and assessment will be conducted and a behavioral agreement against self-harm will be completed by the youth by the assessing supervisor, program director, or clinical service support specialist.
- The youth's treatment needs will be addressed with further assessment for possible hospitalization, education, and skill building.
- Law enforcement will be called to assist in the transportation of a youth who meets Baker Act criteria and is in need of hospitalization.
- Further education needs can be addressed during family meetings, group counseling and provided reading material.

Boys Town requires that Boys Town Staff will actively engage family members, legal guardians, and/or other significant others to participate and have a significant role in the service planning process and service provision of the youth. Boys Town states that family involved includes but is not limited to:

- Participation in the mediation and reunification meeting
- Common sense parenting classes
- Family conferences
- Family participation in service and treatment planning
- Family participation in case staffing
- Family participation in discharge planning
- Family outreach
- Family counseling
- Referrals to outside community agencies.

A total of five (5) case files were reviewed. Five (5) out of five (5) files reviewed demonstrated the youth's presenting problem addressed in the needs assessment, initial case/service plan, and case/service plan reviews. Five (5) out of five (5) files reviewed demonstrated case notes maintained for all counseling services provided and documented youth's progress. Five (5) out of five (5) files reviewed demonstrated ongoing internal process to ensure clinical reviews of case records and staff performance. Boys Town demonstrated excellent records displaying their clinical review process with detailed recommendations and updates from the consultant and supervisor. Five (5) out of five (5) files reviewed demonstrated individual/family counseling were provided when applicable.

No exceptions to this indicator were noted as of the QI visit.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure that addresses all of the key elements of the QI indicator. The policy was last updated on June 18, 2015.

Boys Town requires that the Case Staffing Committee review cases to help establish a workable solution to meeting program objectives. Boys Town requires that the case staffing committee meeting be scheduled at a time and place that is convenient for the service recipient. Boys Town states that a parent and/or legal guardian or any CINS/FINS case manager may request a case staffing committee convened to provide further guidance and support to a service recipient in formulating a solution to a service plan. Boys Town requires that the service recipient and the case staffing committee shall be contacted within five (5) working days of the scheduled meeting to confirm the meeting schedule. Within seven (7) days (excluding weekends and holidays) after the receipt of a written request by a parent or legal guardian for a case staffing committee, a meeting of the case staffing committee will be convened. Boys Town requires that at the end of the meeting, a copy of the case staffing committee's recommendations for or against a petition being filed is provided to the parent and/or legal guardian. Boys Town requires that if a parent or legal guardian is not present, a written report be sent to the parent and/or legal guardian within seven (7) days. Boys Town states that a case staffing may be requested for the following reasons:

- Cases in which the service recipient has not demonstrated substantial progress in achieving goals identified in the service plan.
- The selected services and/or treatment have not addressed the problems and needs of the service recipient.
- The service recipient will not participate in identified services.

One (1) applicable non-residential file was reviewed for Case Staffing as the program reported that the organization does not regularly conduct Case Staffing. Boys Town was able to demonstrate documentation of monthly attempts to conduct Case Staffing. The file reviewed demonstrated that a consultant initiated the case staffing through a referral from a school social worker. The file demonstrated that the family was notified within (5) working days prior to staffing and that the committee was notified within (5) working days prior to staffing. The file also demonstrated that case staffing included a local school district representative, DJJ representative, mental health representative, state attorney's office, and law enforcement representative. The youth and family service plan was revised as a result of the case staffing and a written report was provided to the family within (7) days of the case staffing meeting outlining committee recommendations. The file did not show work with circuit court or review of summary prior to court hearing as these were not applicable.

No exceptions to this indicator were noted as of the QI visit.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure (IAP Protocol 27) that addresses all of the key elements of the QI indicator. The policy was last updated on January 19th, 2017 and was signed by the Executive Director.

Boys Town requires that a system of records is maintained on each youth admitted to the intervention and assessment center. Boys Town requires that all youth records are marked and kept confidential. Boys Town requires that access to third parties is limited to only lawful access and disclosure. Boys Town requires that youth records must be kept current from the point of intake through termination. Boys Town requires that youth records will be stored in a locked file cabinet labeled confidential as well as the files stamped confidential. Boys Town requires that records should include documentation as required by contractual or regulatory guidelines and may include the following:

- Admission information
- Full name of the youth
- Name, address and phone number of the person or agency holding of custody of the youth
- Immunization records, if applicable
- Youth and family medical history
- Contact authorization for person youth may and may not have contact with including visitation privileges
- Nature of youths problem or reason for referral services
- Placement agreement
- Psychological evaluation if one is available
- Social history
- Health screening and/or physical examination
- Medical/dental coverage information

- Medication logs
- Suicide probability scale
- Other assessments and evaluations
- Documentations of intake meeting
- Initial treatment/service plan
- Progress reports (monthly communication reports) if applicable
- Reports from doctors, dentist, psychiatrist, therapist, and other medical professionals as appropriate
- Documents of guardianship or legal custody and any court orders related to the service provided
- As appropriate copies of birth certificate and social security card
- Written orders for medication or special treatment procedures
- Clothing inventory
- Youth departure form/discharge summary
- Financial information used to establish fees (if applicable)
- Youth rights
- Other documentation as required by contractual or regulatory guidelines.

Five (5) case files were reviewed. Five (5) out of five (5) files reviewed were marked "confidential". Five (5) out of five (5) files reviewed were locked in a file cabinet that is marked "confidential". Five (5) out of five (5) files reviewed demonstrated that the files were neat and in orderly manner. Boys Town was able to demonstrate a marked, opaque container marked "confidential" used when files need to be transported.

No exceptions to this indicator were noted as of the QI visit.

Standard 3: Shelter Care

Overview

Rating Narrative

The Boys Town shelter is licensed by DCF for eighteen beds and is located on a large, attractive campus in Oviedo, FL. The program has adequate space for indoor and outdoor activities and is equipped with 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 "boy's lounge" and a girl's "dream room" for activities, social interaction, and relaxation. The dormitories, kitchen, restrooms, classroom and common areas were observed to be clean during the visit. Each bedroom is furnished with two or three beds with pillows and bed covering, dressers, and closets for youth belongings.

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 Youth information Handbook during the orientation process. Youth rights, emergency procedures, rules and expectations, behavior management system, 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 during the intake and 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 shelter is designated by the Florida Network to provide Staff Secure, Domestic Violence Respite, Probation Respite and Domestic Minor Sex Trafficking (DMST) services.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses the key elements of the QI indicator. The policy was last reviewed on January 19, 2017.

The provider's practices request that the shelter environment be safe, clean, neat and well maintained. The program's goals also provide the youth the ability to participate in structured activities focusing on health, social, emotional, intellectual, and physical development. Youth are provided the opportunity to participate in a variety of faith based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith based activities. Daily programming includes opportunities for youth to complete homework and access age appropriate program approved books for reading. The daily programming schedule is posted and accessible to both staff and youth.

The program also ensures that Health and Fire Safety Inspections are current, furnishings are in good repair, the program is free of insect infestation, grounds are well maintained, bathrooms and showers are clean and functional, individual youth beds are provided with fitted sheets on mattresses, pillow cases, and blankets. Youth's valuables are locked in a safe in the staff office if requested. Lighting is adequate in all areas of the building. Youth are engaged in meaningful, structured activities (e.g. education, recreation, counseling and group services, life and social skills training) seven days a week during awake hours. The youth schedule provides the opportunity to participate in a variety of faith-based activities. Idle time is minimal with at least one hour of physical activity provided daily.

An inspection of the shelter environment was conducted during the tour of the facility. In general, the facility was clean and well maintained. The facility was observed to be free from any observable physical property damage and there was no graffiti on the walls or perceived hazards. The youth bathrooms and shower areas were observed to be generally clean during the tour although there was some soap residue on the shower liners. There were no signs of any insect infestation; the facility is treated for pest control three times per year.

The agency's Group Care and Food Inspections were conducted by the State of Florida Department County Health Department on 10/4/2017 and resulted in satisfactory inspections. Similarly, a satisfactory annual fire inspection was conducted by the Fire Department on 9/28/17. The shelter is licensed by DCF as an 18 bed facility. The current license expires 12/17/2017.

Each youth is provided an individual bed. Most of the beds in the girls and boys halls did not have flat sheets. All had fitted sheets, comforters and pillows.

Youth are provided dressers to store their personal belongings. Each room is equipped with overhead lighting and the rooms are well lit.

The agency keeps cleaning supplies in a locked closet; there is a weekly inventory and a list of authorized chemical users. MSDS records were available for all cleaning supplies.

The agency has posted client recreation activities, menus (which were signed by registered Dietician), grievance forms, and a grievance box. The agency also has the abuse hotline number posted for clients. Youth are engaged in structured activities and the daily schedule includes physical activity and recreation time during the weekdays and the opportunity to participate in faith based activities. Free time is included for youth to do homework and/or chores. The schedule is visibly posted and accessible to youth.

The agency has a policy and procedures that include a comprehensive safety and emergency disaster preparedness plan updated on February

10, 2017. The emergency response plan includes all forms of emergencies, special considerations for residential program, hurricane preparedness/emergency kit inventory/bomb threat and checklist. Fire drills are conducted on each shift monthly.

Exceptions:

The following chemicals were located in an unlocked cabinet in the laundry room: glass cleaner, liquid detergent, disinfection wipes, and liquid feminine hygiene products.

MSDS logs are for the most part updated weekly with two 10 day gaps in August and September 2017.

One long drawer in the boy's room could not be opened. Another long drawer in the boy's room was hard to open. Dresser drawers in the boy's room had writing on it.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the QI indicator. The policy was last reviewed on January 19, 2017.

The provider's practice is to provide youth with the opportunity to learn about the program and expectations through the orientation process. This is to be done upon intake, or within 24 hours of admission. A review of expectations, program rules and the behavior management strategies are explained during the youth orientation process which includes the following: each youth is given a list of contraband items, each youth shall be informed of disciplinary actions, explain program's dress code, access to medical and mental health services, procedures for visitation, mail and telephone, grievance procedure, disaster preparedness instructions, physical layout of the facility, sleeping room assignment and introductions and suicide prevention- alerting staff of feeling or awareness of others having suicidal thoughts.

A total of 4 shelter files were reviewed for program orientation process. All files demonstrated youth received comprehensive handbooks within twenty-four hours of admission. All intake forms were signed by designated parties. The census board was up-to-date.

No exceptions to this indicator were noted as of the QI visit.

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 the QI indicator. The policy was last reviewed on January 19, 2017.

The provider's practice is to protect youth through the classification system ensuring the most appropriate sleeping assignment. There is an initial classification of the youth for purposes of room or living area assignment with consideration given to potential safety and security concerns. This includes but is not limited to: Review of available information about the youth' history, status and exposure to trauma, initial collateral contacts, initial interactions with and observations of the youth, separation of younger youth from older youth, separation of violent youth from non-violent youth, identification of youth susceptible to victimization, presence of medical, mental or physical disabilities, suicide risk, and sexual aggression and predatory behavior. An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical abuse or security risk factors.

A total four shelter files were reviewed for youth room assignments. All files provided youth information pertaining to their age, gender, history and trauma. One out of four files indicated youth being a suicide risk, and three out of four files indicated youth having a history of violence. In addition, one out of four files demonstrated a youth with sexually aggressive behavior. The applicable suicide alert youth answered yes to the safety questions and the youth signed a behavioral agreement and was placed on constant sight and sound supervision. Three out of four files provided initial interactions and observations with youth and staff. All youth were provided appropriate room assignments and alerts were documented in the chart.

Exception:

One out of four files did not contain behavioral and speech observations on the CINS/FINS screening.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the QI indicator. The policy was last reviewed on August 25, 2017.

The provider's practice is to document daily functions, activities and serious incidents pertaining to the program. The log book should ensure the following: Log book entries that could impact the security and safety of the youth and/or program are highlighted. All entries are brief and legibly written in ink and include: date and time of the incident, event or activity, names of youth and staff involved, a brief statement providing pertinent information, and the name and signature of the person making the entry. All recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout is prohibited.

The program director or designee reviews the facility logbooks every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow up are required and sign/date the entry. The oncoming supervisor reviews the logbook for the previous two shifts to become aware of any unusual occurrences, problems, and makes an entry signed and dated into the logbook indicating the dates reviewed to document the review. Direct care staff in the unit reviews the logbook for the previous two shifts in order to be aware of any unusual occurrences, problems, etc. They make an entry in the logbook and sign/date that they have reviewed it and the dates reviewed.

Log books were reviewed for the past six months. Entries pertaining to security and safety were documented and highlighted in the appropriate color. Visitation and home visits are noted but not highlighted.

Errors made throughout the log book are crossed out, initiated and dated.

The log books contained regular review from the Residential Supervisor, along with notes pertaining to review. The log books also indicate staff reading previous shifts and signing/initialing names on a regular basis.

Supervision, ratios and alerts are noted at the beginning of every shift.

Exceptions:

Staff do document reviewing the log book; however, this was not done consistently, and there was some empty spaces noted in the log. For the most part, empty spaces are crossed out with a few left blank.

Some of the signatures or initials at the end of the log entries are difficult to read. Every entry should contain a legible signature of the person making the entry.

Some of the earlier log books are not bound and two had pages ripped out. All permanent logs should be bound with sequential pages.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the QI indicator. The policy was last updated on January 19, 2017.

The provider's practice is to ensure the program has a behavior management system in place not only following program rules, but also encouraging youth to make positive choices, and increase personal and social responsibility. The program has a detailed written description of the behavioral management strategies that include: a wide variety of positive incentives used by the program; appropriate interventions are used by the program in order to teach youth new behaviors and youth understand the natural consequences for their actions; behavioral interventions are applied immediately with certainty, and reflect the severity of the behavior; consequences for violation of program rules are applied logically

and consistently; the program uses a variety of rewards/incentives to encourage participation and completion of the program; and all staff is trained in the theory and practice of facilitating successful interventions. There is a protocol for providing feedback and evaluation of staff regarding their use of positive and negative consequences, and supervisors are trained to monitor the use of behavioral interventions by their staff to include the use of point-based and level-based interventions.

The program has a detailed Behavior Management System focusing on encouraging positive behavior from youth through a point economy system that encourages appropriate behaviors and supports and assists youth on becoming successful. Youth receive points for demonstrating positive behaviors, which in turn, are used to redeem for special activities and incentives. The system also contains consequences for negative behavior and there is a make-up system offering the youth an opportunity to be able to earn back privileges. The Behavior Management System also provides opportunity for youth to receive assistance in meeting needs and learning new coping skills.

No exceptions to this indicator were noted as of the QI visit.

3.06 Staffing and Youth Supervision

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the elements of the QI indicator. The policy was last reviewed on January 19, 2017.

The provider's practice is to ensure sufficient staffing is provided according to the following: Program maintains minimum staffing ratios as required by Florida Administrative Code and contract: 1 staff to 6 youth during wake hours and community activities, 1 staff to 12 youth during the sleep period. There is at least one staff on duty of the same gender as the youth. If a program accepts both males and females, there should always be both a male and female staff present, including the overnight or sleep period. Overnight shifts must always provide a minimum of two staff present. The staff schedule is provided to staff or posted in a place visible to staff. There is a holdover or overtime rotation roster which includes the home telephone numbers of staff who may be accessed when additional coverage is needed.

Staff observe youth at least every 15 minutes while they are sleeping in their bedroom, either during the sleep period or at other times, such as during illness or room restriction. (This does not supersede requirements for constant supervision of youth at risk of suicide or short room-check times when authorized by treatment staff or management. Times are documented in real time).

The program contains written policy ensuring appropriate staffing is obtained for safety and security of the youth. There are multiple overlapping shifts that is scheduled to ensure adequate coverage is provided throughout the 24 hour shift. There is always one staff of each gender on shift and the residential supervisors share a rotation on-call schedule to cover the shifts in the event there is a call out. There were a minimum of three staff working during waking hours and a minimum of two during overnight shift. The holdover rotation roster and schedule are both located in the staff office in multiple places. Documentation indicated bed checks were being conducted on a routine basis of fifteen minutes or less. It was noted that some of the bed check times were written over for correction, not always using best practice by drawing a line through the error and initialing the error.

Exception:

Reviewer noted a small sample of bed checks conducted outside the 15 minute time frame on 8/1/17, 8/6/17, and 8/7/17. The Program Director is aware and stated the concerns were addressed with the staff.

3.07 Special Populations

Satisfactory
 Limited
 Failed

Rating Narrative

A written policy, initially dated 11/19/07 and last revised on 01/12/17 was reviewed, signed and dated by the Executive Director on 01/12/17. The policy and procedures include information on the program's protocols for serving Staff Secure, Domestic Violence, Probation Respite, and Domestic Minor Sex Trafficking youth.

Boys Town only accepts youth court ordered into the Staff Secure program by the court. Procedures are in place to ensure youth admitted to the program receive in-depth orientation on admission; comprehensive assessment and service planning; enhanced supervision; encouragement of parental involvement; and aftercare planning. A Youth Care Worker is assigned to staff secure youth on each shift and document all activities and movement in the program logbook.

Domestic Violence Respite referrals are screened by the local JAC/Detention Center for youth with a pending DV charge who do not meet the criteria for secure detention. Youth length of stay in the DV Respite placement cannot exceed 21 days but they can transfer to a CINS/FINS program after that time. Program staff is required to complete data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release. Documentation in the youth's file includes the treatment plan, case goals for aggression management, family coping skills, or other interventions designed to reduce propensity for violence in the home, and transition to CINS/FINS or Probation Respite placement, if applicable. Youth with DCF involvement are eligible for DV respite services.

Boys Town serves Probation Respite youth who are referred from DJJ Probation with Adjudication Withheld. Youth with DCF involvement are eligible but the PD will make the ultimate decision if a youth is eligible and determine appropriateness for placement after the above criteria is met with consideration to seriousness of past charges/history, behavior history, current population, bed availability, etc. Program staff is required to complete data entry into NetMIS and JJIS with 24 hours of admission and 72 hours of release. The Florida Network must be contacted for approval before admission takes place. The PD will ensure that the length of stay is determined at the time of admission and it is anticipated that the length of stay will be fourteen (14) to thirty (30) days. Evidence of case management and counseling or referral for counseling will be in the youth's file. Services provided to these youth should be consistent with all other CINS/FINS program requirements.

Domestic Minor Sex Trafficking (DMST) services are designed to serve domestic minor sex trafficking youth approved by the Florida Network who may exhibit behaviors which require additional supervision for the safety of the youth or the program. All requests may be approved for a maximum of seven (7) days. Approval for support beyond seven (7) days may be obtained on a case-by-case basis. Staff assigned to youth under this provision are to enhance the regular services available through direct engagement with the youth in positive activities designed to encourage the youth to remain in shelter.

Three Domestic Violence Respite files were reviewed. The files do have a pending DV charge and have been screened by the JAC and don't meet criteria for secure detention. The length of stays did not exceed 21 days and case plans reflected goals that were appropriate: aggression management, coping skills, etc. None of the three files were transitioned from DV Respite to CINS/FINS. All other services provided to DV youth are consistent with the general CINS/FINS program service requirement.

Three Probation Respite files were reviewed. One of the three files contained a referral from DJJ Probation which was classified as "probation with adjudication withheld status". None of the files reviewed exceeded the requirement for length of stay and length of stay was determined at time of admission. The files contained initial service plans with goals specific to anger management and other appropriate services considering the youth's needs. All other services provided to DV youth are consistent with the general CINS/FINS program service requirement.

There were no Staff Secure clients or DMST clients served during this period but the agency does have appropriate policies and procedures in place regarding these special populations.

Exceptions:

The Probation Respite policy/protocol does not include the Florida Network's QI requirement for staff to submit probation respite referrals through the Probation Respite Referralator via the member's page on the Florida Network website at time of admission.

Two of the three probation respite youth served did not have documentation of the referral from DJJ Probation.

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Policy for the Video Surveillance Indicator dated April 1, 2017 states a system is in place and operational 24 hours a day, 7 days a week.

The program provided a policy for indicator 3.08. Certain components of the policy were not reflected in the Florida Network Standards. The following were missing components: system can record date, time, and location; maintain resolution that enables facial recognition, back-up capabilities and ability to operate during a power outage, the time frame in which Supervisor review is conducted at a minimum of once every 14 days, then noted in the logbook.

Currently, there is no video surveillance process in place due to issues with the surveillance system that must be resolved. It was stated at the monitoring entrance meeting that there will be a training scheduled between Installation and IT in the next 30 days to resolve the issues.

Staff were trained and signed video monitoring agreements. Between the dates of 8/7/17 and 8/17/17, a supervisory review of the video surveillance log was conducted routinely (8/7, 8/9, 8/10, 8/11, 8/12, 8/13, 8/14, 8/15 and 8/17). After 8/17/17, the cameras were no longer operating.

The minimum requirements the surveillance system must demonstrate are outlined as follows:

The system must capture and retain video photographic images which must be stored for a minimum of 30 days, system can record date, time, and location; maintain resolution that enables facial recognition, back-up capabilities consist of camera's ability to operate during a power outage, the locations of the cameras placed in interior (e.g. intake office, counseling office, cafeteria, day room) and exterior (e.g. entrance/exit, recreation area, parking lot) general locations of the shelter where youth and staff congregate and where visitors enter and exit.

Cameras are never placed in bathrooms or sleeping quarters. Video surveillance system is accessible to designate personnel (a list is maintained which also includes off-site capability per personnel).

Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities and include a review of a random sample of overnight shifts.

All cameras are visible to persons in the area (no covert cameras) and a written notice is conspicuously posted on the premises for the purpose of security.

The system must include the process of third party review of video recordings after a request from program quality improvement visits and when an investigation is pursued after an allegation of an incident.

No practice was observed as Boys Town does not have a fully operational surveillance system in place during the QI visit. Monthly minutes ranging from the QMC Council Agenda meeting from September 2017 and emails dated from October through September 2017 address the latest developments on the complete installation of the video surveillance system.

Exceptions:

The Video Surveillance System was installed in July 2017. Staff were trained and signed video monitoring agreements. Video surveillance log indicates the surveillance log reviews started on 7/2/17 but were not operating until 8/7. After 8/17, the cameras were no longer operating. However, due to continued technical difficulties, the system is off line and not operating at this time. There will be a training scheduled between Installation and IT in the next 30 days to resolve the issue.

The following exceptions noted at the last monitoring site review on 1/11/17 are still lacking based on the requirements of the indicator:

Provider's policy does not state the system can record date, time and location; maintain resolution that enables facial recognition.

The policy does not indicate back-up capabilities and ability to operate during a power outage.

Additionally, the policy does not include a time frame in which supervisory review is conducted which should be at a minimum of once every 14 days then noted in the logbook.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The Boys Town of Central Florida has screening systems and processes to detect general health and mental health risks presented by prospective youth. This process requires that each youth 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, child ecological and bio-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 the SPS Suicide Risk Assessment instrument that is conducted on youth that indicate a positive on the CINS Intake form. Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history (including gang or criminal involvement), potential for aggression, and apparent medical, emotional or mental health issues. Alerts are documented on the alert board that is mounted in the shelter administrative office and in the youth's file. Based on the intake assessment, the youth is assigned a room which can change after further assessment. Room assignment is documented on page 2 of the CINS/FINS Intake Assessment form. Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission.

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 initially screen for potential risks prior to placing all youth on sight and sound supervision status. The agency's direct care staff members also have access to two (2) licensed clinicians and a contracted psychiatrist on an as needed basis.

At the time of the QI review the provider had a licensed registered nurse (RN) who was hired on January 17, 2017 to provide services on-site. The agency has a list of the duties assigned to the registered nurse including: oversight of the general practice of distributing medication to residents in the shelter; oversight of medication inventory and storage practices; training of all staff authorized to distribute medication; and completion of health screenings and medical follow ups on an as needed basis.

During the tour of the facility, medications were observed to be stored in a locked room in their own separate containers in a specific drawer in the Pyxis MedStation 4000. All medications including injectables are stored in separate containers in 1 of 5 possible drawers in the MedStation. Topical and/or injectable medications are stored separately from oral medication. The program has a list of staff who are authorized to distribute medication including super users. Medication records for each youth are maintained in the youth's file.

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy on Healthcare Admission Screening. The agency's health screening policy is called the Intervention and Assessment Tool – Physical Health Screening. A review of the agency's current policy was conducted on site and the current policy was found to have met general requirements for the agency's staff to conduct healthcare screenings on 100% of all residential clients admitted to their programs. The Boys Town of Central Florida policy specifically lists examples of major medical conditions to include diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries which occurred during the previous two (2) weeks, acute allergies, chronic bronchitis or other chronic disorders. Further, the screening form asks about the past, recent or current use of medications, existing medical conditions, allergies, recent injuries or illnesses, presence of pain or other physical distress, observations for evidence of illness, injury, physical distress, difficulty moving, etc. and observation for presence of scars, tattoos, or other skin markings. The agency's health screening form addresses all elements of the indicator. The agency's Physical Health Screening was most recently revised on January 19, 2017.

The agency procedure for the health screening process is initiated during the healthcare screening process. The physical health screening form is required to be used on each youth for the presence of any potential acute health and medical conditions. The physical health screening form is one of the primary tools utilized by the program to screen for the current status of acute health conditions. The agency procedures require the Registered Nurse (RN) (if on duty) or other trained staff to conduct the health screening. The procedures require the RN to review the screening if they are not the staff person that completed the original screening. All residents admitted to the program with any chronic medical condition are required to be placed on the agency's medical alert system. If applicable, the RN or designated staff may provide referrals for any necessary medical treatment follow up.

A review of a combination of four (4) open and two (2) closed residential client files was conducted to determine the agency's adherence to the requirements of this indicator. All 6 residential client files contained documentation of the physical health screening form that was completed by direct care residential screening staff. A review of each of the 6 health screening documents revealed that the agency is capturing all major past or present medical and mental health issues present in each eligible CINS/FINS residential client. The agency screening process also captures the observation of scars, marks or tattoos. The agency has an active medical or injury referral process and follow-up medical care on an as needed basis when applicable. A review of the form did not clearly identify that the form was consistently reviewed by the Registered Nurse.

No exceptions are noted for this indicator for the quality improvement program review.

4.02 Suicide Prevention

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy and procedure for the Suicide Prevention screening, assessment and supervision practice for the Boys Town of Central Florida Youth Shelter. Specifically, the agency's policy requires that all CINS/FINS clients admitted to the residential program be screened for suicide risks as part of the initial intake and screening process. The agency's suicide screening policy is called the Intervention and Assessment Protocol Tool – At Risk Screening and Assessment. A review of the agency's current policy was conducted on site and the current policy was found to have met general requirements for the agency's staff to conduct suicide prevention screenings on 100% of all residential clients admitted to their program. The agency's policy and procedure was most recently revised on January 31, 2017 and was signed and approved by the Executive Director.

The procedures for the agency are in place to ensure that all clients admitted to the program are screened and evaluated for past and present existence of suicidal behaviors. The at-risk screening and assessment process also includes measures that inform and make staff aware of the presence of the resident's suicide risks. At the point of intake, clinical or designated trained staff is required to complete a CINS/FINS Intake and Assessment form on all clients. If there is a positive response to any of the first 6 risk questions, it is considered a red flag. This then requires the appropriate agency staff to administer a Suicide Probability Scale (SPS) or Child Suicide Risk Assessment (CSRA) and implement a behavioral agreement against self-harm as required. The assessment form is then scored accordingly. The agency then completes an Admission Risk Safety Screen.

The agency must complete the At-risk assessment no later than 24 hours after the screening unless the screening occurs between 5PM on Friday and 9AM on Monday. This is always a required safety measure unless there's no access to staff to conduct an assessment within 24 hours but the suicide assessment must be done within 72 hours. Agency procedures require that residents awaiting an assessment by a licensed clinician or a Master's level staff person working under the direct supervision of a licensed clinician be placed on constant sight and sound or supervision, a higher level monitoring, that is documented in the program logbook. Any resident engaging in suicidal or homicidal gestures or any form of self-harm act is to be placed on a one- on-one supervision and law-enforcement is required to be called and Baker Act procedures followed, if deemed appropriate.

The master level professional and/or licensed mental health professional completes the At Risk Assessment and signs the form. The resident then stays on close watch observation counts in the residential shelter under observation 24 hours a day for every 30 minutes or less for the duration of the elevated supervision period. Youth placed on site and sound will be reevaluated every 72 hours and it will be documented on the suicide assessment. A resident placed on site and sound elevated supervision cannot be stepped down or taken off this level of supervision unless approved by the licensed clinical professional.

A random sampling of six files was selected to determine the agency's adherence to the suicide prevention indicator. Of the six files, three were open and active client cases and three were closed client cases. All six cases evidenced that suicide risk screening occurred during initial intake and screening process. All six residential client files had evidence of the completed CINS/FINS Intake form. Each form reviewed had a documented positive risk for at least one of the first six at-risk suicide screening questions as reported by each client respectively. Each CINS/FINS Intake form had evidence that the initial screening results were reviewed and signed by the designated staff member completing the intake and also a supervisor. All six client files had evidence that the youth was immediately placed on site and sound supervision and a series of observations were documented to monitor the youth status. All 6 client files had evidence of completed forms that included a suicide probability scale (SPS). The majority of client files included documentation of the Master's level staff as well as the clinician reviewing the work completed in the assessment.

Five of six client files had evidence of a documented close watch observation form that was signed and marked every 30 minutes or less as required. The supervision level in 5 client files reviewed was documented and unchanged or not reduced until a licensed professional was consulted and the completion of an assessment by the clinician was conducted. The program suicide risk assessment process has been approved by the Florida Network and none of the procedures have changed since the last on site program review conducted earlier this year.

Exceptions:

A review of a random sample of residents placed on elevated supervision status due to current or past history of suicide risks was conducted. One out of the six (6) resident files reviewed did not have evidence of an At-Risk Assessment form to verify the status of a completed assessment that produced evidence regarding the risk status of the child not being changed until a licensed profession or a non-licensed profession under the supervision of a licensed professional.

A review of the agency's monitoring and documentation practice of youth behavior and suicide risk status at 30 minute or less intervals was not consistent in a 1 hour period for one youth on close watch supervision status. This youth only had evidence of 1 review in 60 minute period instead of the required 2, 30 minute check. There were two (2) clients with observation checks that were not highlighted in the logbook as required by agency documentation protocols.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The Boys Town of Central Florida agency has a medication policy. The policy falls under intervention and Assessment Center Protocol - IAP Protocol 13. The title subject for this policy includes medication storage, access and inventories, medication administration log, and provision. The policy was recently reviewed and updated on January 19, 2017. The policy includes a comprehensive description of the purpose and procedures. The policy also addresses program measures related to medications such as operation of the Pyxis MedStation 4000 Cabinet. The policy also included language to address the Registered Nurse (RN). The policy was last reviewed by the agency's Executive Director on the aforementioned date. The reviewer of this indicator reports that this policy meets the general requirements of this indicator.

The procedures for the medication policy include medication storage; access; counts; provision; disposal; and the Pyxis MedStation 4000. The agency's procedure section has a full description of the requirements of each of the aforementioned topics. Each topic lists a bulleted series of items and steps that require the staff member to follow as written when performing the specific area of medication practice. The agency requires all residents admitted to the facility with medications to have their medications verified upon admission. All staff are to use an approved method of verification. The facility must store all medication in the Pyxis MedStation 4000 automated cabinet. The agency requires that the Registered Nurse distribute all medication while on site. The RN is also required to deliver all training to all staff members. All non-licensed staff must document distribution activities using the agency's medication distribution log form and other associated medication tracking forms.

The agency has a total of fifteen (15) staff members that are approved to distribute medication to residents prescribed medication during their shelter stay. Of these staff members that are approved to distribute medications four (4) of them are Super Users. The agency uses the Pyxis MedStation 4000 automated medication cart to store all medications. The agency hired a Registered Nurse on January 17, 2017. The agency has a list of the duties assigned to the registered nurse. The RN's primary duty is to oversee the general practice of distributing medication to residents in the shelter. Other RN duties involved oversight of the medication distribution, inventory and storage practices. The RN is the primary trainer that delivers training to all staff authorized to distribute medication. The RN also reviews and conducts health screenings to ensure accurate and complete health information related to residents with past or existing acute conditions that are acceptable to be admitted to the shelter. The program's RN also conducts medical follow ups on an as needed basis to confirm the status of any health and wellness issues discovered during the health screening process to parents and guardians. The RN is also involved in the process of conducting remedial and corrective action training for all staff that have committed a medication error. The RN is also utilized as an on-going reference and/or medical resource for non-licensed staff assisting in the delivery of medication when the RN is not on site.

All medication is stored in its own separate cubicle in a specific drawer in the Pyxis MedStation 4000. All medication including injectables is stored in separate cubicles in 1 of 5 possible drawers in MedStation. All medication requiring refrigeration is stored in a secure medication only refrigerator. The refrigerator is locked with a key and also includes a thermometer. At the time of this review, the thermometer reading was 29°F.

All medication is counted on a daily basis. All controlled medication is counted three times a day by two persons and the count is documented on a separate shift count log. All non-controlled prescription medication is counted once a day on the night shift. All over the counter medication is also counted one time per day on the night shift. A medication distribution log is the primary documentation form used to document counts and to document when residents receive medication and who they receive medication from. The agency does not accept youth that require medication that must be distributed through the use of a needle or syringe. The only needle form of medication accepted in the shelter is an EpiPen. The agency has had at least one youth that required the use of an EpiPen within the last six (6) months.

The agency reviews first aid kits to ensure that they are up-to-date and are replenished as needed. The agency has a total of four (4) fully stocked first aid kits. The agency also has a total of three (3) biohazard waste disposal bins. The agency has a supervisor and a registered nurse that review medication management practice activity maintained in the Pyxis MedStation's Knowledge Portal system. These staff member produce a discrepancy and general activity report on a regular basis.

The agency uses all generally accepted practice methods for verification of medication including verifying with the parent or guardian, and with the local pharmacy. The agency also uses reference sources that are printed with the medication and uses online drug reference websites.

The agency has a low supply notice process. The agency notifies all parents and guardians when a resident supply of medication reaches a supply level of seven remaining doses.

Discrepancies are cleared on a daily basis. A review of discrepancies and interview of supervisors reported that discrepancies are cleared on a daily basis and not on a shift to shift basis. Discrepancies are cleared by residential supervisors and the registered nurse.

The agency has a disposal process. At the time of this quality improvement review, there were no medications that required disposal. Disposal process requires the agency to count the meds, identify the number, the type of medication, and owner of the medication. DCF supervisor must document transporting disposed of medication to a local disposal source that includes the sheriff's office as the primary disposal source.

An interview and observation of practice with the supervisor was conducted on site. The agency conducted an inventory of medication, an unloading of medications, and a review of the medication entry and discharge process. The reviewer of this indicator found no issue with the agency's operation of general task related to the successful operation of the Pyxis MedStation 4000.

As of the date of this review, the agency has reported no medication errors that were required to be reported to the DJJ CCC within the last six months. The agency provided evidence related to the review, remediation and corrective action taken, and documentation of all said activities in the personnel files of individuals that were involved in medication error. There was one bottle of eye wash that expired in 2012 in one of the first aid kits. This bottle was replaced on day 2 prior the end of the onsite program review.

Exception:

A review of discrepancies and interview of supervisors reported that discrepancies are cleared on a daily basis and not on a shift to shift basis.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy and procedure for the Medical/Mental Health Alert Process for the Boys Town of Central Florida Youth Shelter. The agency's policy requires that all CINS/FINS staff be aware and alerted as to the current status of the youth's medical and/or mental health condition. The agency policy includes measures to ensure the provision of emergency medical and dental care. The agency's medical and mental health alert policy is called the Intervention and Assessment Protocol Tool – Medic Alert Process and Mental Health and Medical Follow Up. The policy addresses a youth condition, physical activity restrictions, allergies, common side effects of prescribed medications, foods and medication contraindication, and other pertinent treatment information is communicated to all staff through a designated alert system. A review of the agency's current policy was conducted on site and the current policy was found to have met general requirements of this performance indicator. The agency's Medical/Mental Health Alert Process was most recently revised on January 19, 2017 and was signed and approved by the Executive Director.

The agency has a procedure that requires that all residents admitted to the program receive a physical health screening. During this screening process, any chronic medical condition, health problem, special diet, allergies, common side effects, or concern regarding the mental health or substance abuse identified during the screening will be documented and the residence file, transition log, and youth general alert board. Procedures require that the youth general alert board include two methods of color identification to determine alerts for the youth. DCF youth are required to be written in blue on the general board and CINS/FINS youth are required to be written in black on the general alert board. The journal alert board and system accounts for 11 primary chronic medical conditions. Staff are required to respond to emergency health related situations that include recognizing signs and symptoms of potential emergency situation; the ability to minister First Aid and CPR; obtaining 911 caller assistance; and procedures for transferring you to the appropriate medical, mental health or substance abuse facilities or providers.

Program Directors or designees are to be advised of the need for follow-up services accordingly. The youth's parents and guardian and primary care physician will be accessed and are required to be contacted. Follow-up services and referrals will be documented in the youth's file and the national database. Telephone numbers for emergency assistance must be available. First aid equipment and other emergency equipment must be available at all times. Administration and management must be notified immediately regarding any serious medical or mental health condition needing immediate attention. Procedures also require that direct care staff facilitate emergency medical/dental care to youth in the shelter. This includes transporting you to offsite emergency facilities if needed. Parents and/or legal guardians are required to be notified if their youth requires offsite medical and/or dental care. All applicable medical or dental emergencies will be called in to the DJJ CCC. Any medical visit to a doctor's office or emergency must be logged in the episodic/emergency care log. Follow up for any medical or dental emergency care, including discharge or medical clearance report, must be located in the youth's file.

The review of the agency's medical/mental health process was conducted to determine the adherence to the requirements of this indicator. The agency had a total of three cases of medical and/or mental health alert incidents in the past six months. The agency does track and document youth that have a medical, mental health or dental condition. All cases reviewed on site are properly placed on the program's general alert system. All client files include the necessary minimum precaution concerning type of medications, the current medical and/or mental health condition of the youth, and/or known allergies.

Staff provided sufficient information via interviews and observation of the use of the program's medical and mental health alert system. A review of client files indicates the proper alerts were documented on the exterior of the client file, alert board, program logbook, and any related medical and/or injury incident report documented on file. In general, the current medical and mental health alert system that's in place does ensure information concerning the youth's condition including allergies, medications, and any current or existing conditions is communicated to all staff as required.

No exceptions are noted for this indicator for the quality improvement program review.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy for Episodic/Emergency Care. The agency has a detailed policy and procedure for the provision of Episodic/Emergency Care for the Boys Town of Central Florida Youth Shelter. The agency's policy requires that all CINS/FINS clients admitted to the residential program be provided emergency medical and dental care. The agency's Episodic/Emergency Care policy, called the Intervention and Assessment Protocol Tool – First Aid and Episodic /Emergency Care policy, was reviewed on site and the current policy was found to meet general requirements for the agency's staff to conduct suicide prevention screenings on 100% of all residential clients admitted to their program. The agency's Physical Health Screening was most recently revised on January 19, 2017 and was signed and approved by the Executive Director.

The agency has a procedure for first aid and episodic emergency care that requires all direct care staff to receive training and certification to

administer first aid and CPR. The agency also has procedures to ensure that there are first aid kits, knives for life, and accessible wire cutters in the facility in case of emergency. First aid kits are required to be checked on a monthly basis by the RN.

Staff is required to notify supervisors and/or the registered nurse in the event of an emergency. The agency has a full list of measures that must be followed in the event of emergency including notifying the supervisor and program director, contacting 911, contacting parents, and/or transporting the resident for any necessary offsite medical services. Staff is required to document all activities related to emergencies in the transition log and inform staff doing daily meetings across all work shift.

The agency also is required to maintain and document youth with chronic illnesses at intake. The agency is also required to document medical appointments as needed. The agency must also document first aid and emergency care incidents. All applicable incidents are to be called into the DJ J CCC within two hours of gaining knowledge of the incident. The agency must also document and place these incidents in the DJJ CCC incident binder. The agency is also required to conduct practice drills on emergencies. Emergency drills should occur at least quarterly and for each shift.

The reviewer evaluated a total of six (6) actual episodic emergencies that occurred in the last six (6) months. A total of 3 of the cases reviewed required documentation of offsite emergency medical or dental care. Evidence of offsite records and documentation was found for all three of these cases. There was evidence of incident reports that were sent to the DJJ CCC as required. All 6 cases had evidence that parents and/or guardians were notified as required. The agency maintains a daily log with episodic emergency events documented in a binder.

All staff are trained during orientation on emergency medical procedures. All staff reviewed during the training performance indicator had evidence of CPR and First Aid. Agency had evidence of emergency equipment that includes a knife for life and wire cutters that are located on site in the youth shelter. The agency has first aid kits and supplies. These kits are monitored and replenished by the registered nurse on a monthly basis.

No exceptions are noted for this indicator during the quality improvement program review.