



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Boys Town

on 12/13/2018

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 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 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
2.08 Sexual Orientation, Gender Identity/Expression	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, Consultant-Forefront LLC

Teresa Andersen, MQI, Department of Juvenile Justice

Kali Fabal, Clinical Director, Lutheran Services Florida Southeast

Aimee Johnson, Office Specialist, Youth and Family Alternatives

Joseph Mabry, Residential Supervisor, Family Resources

Persons Interviewed

- | | | |
|---|--|---|
| <input 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 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 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 | | |
| 1 Case Managers | 0 Maintenance Personnel | 1 Clinical Staff |
| 2 Program Supervisors | 0 Food Service Personnel | 1 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 checked="" type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 3 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 3 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 10 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 6 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 8 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 4 # Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 1 # Other |

Surveys

3 Youth 3 Direct Care Staff

Observations During Review

- | | | |
|--|--|--|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input 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 type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input checked="" type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input checked="" type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | |
| <input 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. Boys Town of Central Florida provides a variety of services including intervention and assessment; 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 October 2017.

- In June 2018, Boys Town was awarded a \$500k matching campaign gift, up to \$167K per year for 3 years by the Demetree Foundation. The funding will allow the agency to provide additional services primarily in residential care.
- New Kinship In-home contract by the CBC Central Florida, effective July 2018, serves to focus on kinship care and maximize youth living in friends and family homes.
- Site occupancy at the time of the QI Review was 91% total site and 87% in the shelter.
- Over 1100 youth served in Central Florida through October 2018.
- 100% CINS/FINS in-home consultant received internal certification; two of the certified staff are bilingual.
- In August 2018, the Central program expanded its behavioral services as a result of opening a Behavioral Health Clinic (located between UCF and Full Sail University) to provide psychological testing and therapy.
- The residential program was expanded with the addition of a 5th new residential home on campus.
- As of August 2018, a new secondary office location was established in Orange County.
- Six and twelve-month follow-ups conducted reflect 87.5% of families report family remaining intact, youth maintaining regular school attendance, and children remain arrest free.
- The shelter was placed on a moratorium (September –November 2018) due to the investigation of an abuse report made on September 24, 2018. A corrective action was required as a result of the investigation and the moratorium was lifted in November 2018. Two of the six action plans were fully completed, three were at 83% completion, and one was still outstanding awaiting external investigations procedure training by the Seminole County Sheriff's office.

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, a Psychiatrist, Program Support Coordinator, Clinical Support Coordinator, Clinical Support Specialist, Shelter Program Director, Compliance Specialist, Shelter Teacher, Administrative Assistant, Health Coordinator Nurse, and two IHFS Supervisors.

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), four of which are on call staff. The IHFS non-residential program staff consists of an IHFS Director, an IHFS Supervisor, three IHFS Diversion Consultants, two IHFS CINS/FINS Consultants, and an Administrative Assistant.

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 3 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, the Florida Network of Youth and Family Services online Katnis training, as well as DJJ Skill Pro. The provider utilizes an internal training system that maintains individual training logs of trainings completed by staff. 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 September 11, 2018 and signed by the Executive Director.

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 ten background screening files were reviewed for seven new staff and three 5-year re-screened staff. All seven new employees were background screened prior to hire date with eligibility documented through the Background Screening Clearinghouse. 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 DJJ 5-year re-screening was completed late for the most recent 5-year anniversary period due for one of the three eligible employees (DOH 1/22/98). The 5-year re-screening was due on and/or up to 12 months prior to 1/22/98; however, the DJJ screening was conducted late on 04/25/2018.

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 9, 2018, prior to the January 31st deadline.

Boys Town uses the Hiring Manager Interview (HMI) pre-assessment tool to determine eligibility rating for employment. The selection process for hiring employees is designed to ensure safety for clients in compliance with Federal and State statutes and regulations. As of September 10, 2018, a rating system was added. An eligible rating for a youth care worker is a minimum of 26 and 24 for an In Home Consultant. All of the new staff were hired prior implementation of the rating system. Nevertheless, 6 of the 7 files reviewed contained evidence of use of the former HMI tool during the interview process.

No exceptions were noted for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has several policies and procedures in place to ensure an abuse free environment. First, they have their Standards of Conduct for Program Staff, IAP 31, which was last revised on July 21, 2010 and signed by the Executive Director. Additionally, there is IAP 22, Grievances,

which was last revised on August 15, 2018 and signed by the Executive Director.

The procedures outlined in the agency's policies are in compliance with the required provision of an abuse free environment. Staff are to demonstrate and model positive behavior and social skills, and are not to engage in the use of profanity, threats or intimidation while in the presence of youth. Management is to take immediate action to address any excess force, use of profanity, by staff or physical or psychological abuse toward any youth. The agency has an accessible and responsive grievance process that uses an Informal Phase, Supervisor Phase and Program Director Phase to resolve the complaints. Youth are to have access grievance forms and a locked box in the common area, which is only accessible to program leadership staff, to turn in their grievance.

The program has a code of conduct that prohibits the use of physical abuse, profanity threats or intimidation as outlined by the Ethical and Professional Conduct Booklet provided during the review. During a shelter tour, the Florida Abuse Hotline number was observed posted when you first enter the shelter, as well as both dorm areas. All staff are trained on child abuse reporting as indicated in their staff training files. Abuse reports are placed in youth's files. A QI Survey was taken by three 3 youth currently in the shelter. All three (3) youth indicated to know about the Florida Abuse Hotline and its location throughout the shelter. All three (3) youth indicated that staff were respectful and did not use profanity. Youth noted they did not feel threatened or abused and felt safe in the shelter.

The locked grievance box is available to all youth and is located in the open area of the shelter near the classroom. It was noted that grievances are only handled by leadership staff. Blank grievance forms are located on bulletin boards for staff and youth in both dorm areas. The form provides a space for youth to provide feedback or address a complaint. Four (4) grievances were reviewed and were from youth residents. The grievances were responded to immediately by staff. The grievances were signed off by the administrator the following day in three (3) grievances and within 2 days in one (1) incident. All grievances documented the action taken for each by all parties involved.

No exceptions to this indicator were noted.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy for reporting incidents, I & A Protocol 21 Incident Reporting and Risk Management Reporting that was approved by the Executive Director on January 2, 2018.

The procedure has clear guidelines for staff to follow when an incident occurs. The procedure indicates that the staff member involved or observing the incident notify their supervisor immediately. At that time, the supervisor will determine who needs to be notified further, and the reporting staff member will write up the form relevant to the CBC. Incidents reported to the Central Communications Center must be within 2 hours. Program staff will document incidents in the transition log and/or the youth file.

During the review, there were eight (8) incidents reported to the CCC. Incidents are documented on incident reporting forms and a hard copy is kept in the youth's file. The program notified the Department's CCC within two (2) hours of the program learning of the incident in all but 2 incidents. A specified binder at the Assessment Center contains email communications documenting completion of follow-up communication tasks as required by the CCC. Incidents are documented in the program log. The incident report forms reviewed did not show a supervisor signature or notation indicating the review of incidents within one working day; however, the supervisors and the program director were notified for all incidents.

Out of the eight (8) cases reviewed, the program did not notify the Department's CCC within two (2) hours of the program learning of the incident in two (2) cases. For case #201805595, staff was made aware of the incident at 10:30 am, supervisors were notified at 10:40 am, while the CCC phone call was not made until 3:06 pm. For case #201805597, staff was made aware of the incident at 10:30 am, supervisors were notified at 10:40 am, the CCC call was made at 3:40 pm.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy for training requirements, IAP Protocol 37, that was approved by the Executive Direction on September 18, 2018.

The written procedure indicates that staff receives training in the necessary and essential skills required to provide services and perform specific job functions. First year full time employees are required to have 80 hours of pre-service training related to their jobs. After the first year of employment, assessment center staff are required to have 40 hours of training annually, 24 of which must be job related training. The policies and procedures also indicate which trainings are to be completed within the first 120 days of employment

The program maintains individual training files for each staff, which includes annual employee training hours tracking form and related documents such as certifications. Training files are maintained by the Program Supervisor. Additional trainings and in-service hours are also

documented on the training logs.

Six (6) training files were reviewed for 3 new employees and 3 current in-service employees. Two (2) of the three (3) new employees had completed all the training required within the appropriate time frame, and had surpassed the required amount of training hours. One employee was missing a training but had completed the training refresher course. It was indicated that the employee was a re-hire; however, the refresher course was taken after the 120 day training requirement.

Two of the three (3) current employees files surpassed the annual 40 hour training requirement, while one (1) met the hour requirements. It was discovered that one of the current employee's Nonviolent Crisis Intervention (NCI) Refresher was last taken October 26, 2016. The training is to be taken every 2 years and was overdue as of the QI visit. It was noted that this employee was an on-call staff member.

There were no non-licensed mental health clinical shelter staff during the times of the review.

No exceptions were noted for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy (CINS/FINS protocol 6, IAP 41) for Analyzing and Reporting Data that was last reviewed, signed and dated by the Executive Director on 01/02/18. The purpose is to maintain a system of monitoring incidents for risk management purposed 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 is responsible for communicating and implementing strategies discussed at the meetings in their programs.

Peer record reviews are conducted for the residential and non-residential CINS/FINS programs separately on a quarterly basis by the Youth and Family Records Review committee and also the Service Review committee; 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 to these quarterly reviews, the IHFS non-residential program staff conducts peer reviews of their files on a monthly basis. A random selection of 35% of I&A files are selected for review but a lesser percentage for the IHFS program since additional files are reviewed on a monthly basis by the program staff.

The agency's Safety and Health Committee reviews and monitors incidents, accidents, and grievances and evaluates as well as 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 bi-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 Director of IHFS Program disseminates the Florida Network Netmis data via email to program directors monthly. 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 and PDs are maintained in the QMC binder.

There was evidence including meeting agendas and minutes of the agency's QMC Council monthly meetings held during the past 6 months; July's and November's meetings were held in the following months due to scheduling conflicts. Meeting minutes and agendas for the meetings are maintained in the QMC binder. 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 quarterly by the Youth and Family Records Review and Service Review committee members for the following dates for the I&A program: 8/8/18 and 11/14/18; and 6/13/18 and

9/12/18 for the IHFS program. 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.

Bi-monthly meeting minutes for the period July-December 2018 were provided demonstrating 3 Safety Committee meetings were 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. Data regarding grievances, licensing, abuse reporting, safety holds, youth safety/ethics calls made, staff injuries, and incidents are submitted to the PD for compilation on a Risk Management Review report monthly.

Consumer Satisfaction Surveys are completed a variety of ways: directly by CINS/FINS youth; coordinated by the Compliance Specialist once per month with active youth in the residential programs; and by the Home Campus in Nebraska. Hard copies of the CINS/FINS surveys were available for review onsite; however, the surveys are not being entered into Netmis. Survey results are compiled monthly for the shelter and non-residential clients separately. A review of the monthly surveys conducted during the past six months by the Compliance Specialist was also reviewed. The results of the surveys are compiled each month documenting youth responses. Areas of concerns are identified and followed up with the program managers. 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. A copy of the Program Alignment Plan being developed for 2019 was reviewed that addresses specific areas across all programs identified in the plan for improvement.

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

No exceptions were noted for this indicator.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy IAP Protocol 10, Vehicle Maintenance, Use and Transportation of Youth, that was last revised on August 13, 2018 and signed by the Executive Director.

The procedures are in compliance with use and transportation of youth. Per the policy and procedure, all Intervention and Assessment Center staff must complete an Adult Driving Review prior to transporting any youth and/or family member. The agency has a list of authorized personnel to transport youth. During youth transport, the agency strives to have a third party as best practice. If single youth transport occurs, the client's history, evaluation, and recent behavior is considered. The program director or supervisor must approve the single youth transport and document as such on the client transportation log.

Client Transportation logs of the two company vehicles were reviewed. It was observed that the logs contain the date and time of transport, driver's name, number of passengers, the starting and ending mileage, purpose of travel, location, and columns for signature and time of supervisor approval. The logs appeared to be filled out on a consistent basis for both vehicles with minimal missing information.

It was noted that six (6) single youth transports were missing supervisor's approval signatures and time of approval. There were an additional six (7) single youth transports that were missing time of approval by a supervisor making it difficult to ascertain whether or not the approval was given prior to single youth transport.

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy, IAP Protocol 49, which discusses Interagency Agreements and Outreach Services. The policy was last revised on

January 18, 2017 and was approved by the Executive Director.

Per the policy and procedure, CINS/FINS and Intervention and Assessment Center staff, the Community Engagement Coordinator, In-Home Director, In-Home Supervisor, Common Sense Parenting Coordinator and other designated staff all participate in community outreach and education activities that help inform community members about available services. Presentations about Boys Town services are conducted to the community agencies, low performing schools, other prevention programs and neighborhoods of high juvenile crime. All presentations and events are to be entered into the National Database (NDB).

The agency keeps the Juvenile Justice Advisory Board minutes and any additional materials in a binder that was provided for the review. There were two meetings during the last six months. There was a meeting scheduled for 12/13/2018 but it was cancelled due to the current QI review. There was evidence of meeting attendance and additional meeting materials as documented in their Committee JJAB binder.

The provider has a total of 30 inter-agency agreements as a part of community outreach. The agreements include prevention/early intervention programs, medical, educational, clinical, and recreation resources. A list of Outreach events reported in NETMIS was provided during the review. The list consists of presentations, meetings, outreach events, and fund raisers that were attended and/or presented by the agency. The events were attended by youth and adults.

No exceptions to this indicator were noted during the QI visit.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Boys Town 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, Family/Youth Respite Aftercare Services (FYRAC), 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 professionals (LMHC and LCSW) 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 two written policies and procedures that address all requirements of the QI indicator. Policy IAP 47 addresses the screening eligibility and intake assessment. This was last revised by the national executive director on October 1, 2009. Policy IAP 2 focuses on program orientation and was last reviewed on January 2, 2018 and approved by the executive director. Boys Town also has a written policy labeled Admission to a Boys Town Program (Youth Care Policy #13500) that also addresses appropriate guidelines to establish with admission/intake practices.

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 seven working days of written referral and any exceptions must be documented. Boys Town's procedures require a detailed orientation to the program between staff and youth once the youth has been admitted. The initial process starts within the first 24 hours of intake. Orientation to the program include: identification of key staff and their roles, emergency building evacuation procedures, tour of facility, room assignment, rules on contraband, youth privacy policy, daily program activities/schedule, review of expectations, rules and behavior management strategies, dress code, grievance procedure (including how to contact FL abuse hotline and Boys Town Safety and Ethics Hotline), program services, procedure to access mental health and medical care, visitation schedule, telephone procedure, rights and responsibilities for youth and guardians, and review of program rules, privileges and consequences for violation.

A total of three residential files and four non-residential files were reviewed; five were closed and two were open. All files reviewed demonstrated that the eligibility and screening was completed within seven 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.

No exception found for this indicator.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure that addresses all requirements of the QI indicator. The policy IAP Protocol 50 was last reviewed on January 2, 2018 and approved by the executive director. Boys Town has a written policy labeled Admission to a Boys Town Program (Youth Care Policy #13500).

Boys Town requires that all clients have a Needs Assessment completed. Clients entering the residential program (Intervention and Assessment Center) must have a Needs Assessment initiated within the first 72 hours of admission. Clients receiving non-residential services (In-Home Family Service program) must have a completed Needs Assessment within two to three face-to-face contacts following the initial intake. 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 seven case files were reviewed. Five files were closed and two were 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 or within the first 72 hours of admission. All files reviewed demonstrated that the needs assessments were conducted by a Bachelor's or Master's level staff member. Three out of the seven files did not have a signature by a supervisor upon completion. The three files were all residential files. Two out of the seven files reviewed showed a need to identify youth with an elevated risk of suicide as a result of the Admission Risk and Safety Screen. The other five out of seven were not applicable for elevated suicide risk of suicide. The two files that showed an elevated risk of suicide were reviewed (signed and dated) by a licensed clinical staff.

No exceptions were noted.

2.03 Case/Service Plan

Satisfactory Limited Failed

Rating Narrative

Boys Town has a written policy and procedure that addresses all requirements of the QI indicator. The policy IAP Protocol 38 was last reviewed on January 2, 2018 and approved by the executive director.

Boys Town's procedures requires that a service plan be developed within seven 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 days for the first three months, and every six 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 may only 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 seven case files were reviewed. Five files were closed and two were open. All files reviewed demonstrated that a case/service plan was developed within seven working days of Needs Assessment. All files reviewed identified goals specific to each youth based on the completed Needs Assessment. All files reviewed identified type, frequency, location, person(s) responsible, target dates and goal dates. However, three out of the six closed files reviewed did not identify completion date for goals. One open file has not reached target date for goal and was not applicable for completion date. All seven files were signed by guardian, counselor and supervisor. However, three of the seven files reviewed did not have a youth's signature for the initial case/service plan.

Four out of the seven files needed to have a reviewed case/service plan due to length of time receiving services. All four files met this requirement by having an updated case/service plan after every thirty days of service. Each case/service plan was signed by guardian, counselor, and supervisor. However, two out of the four identified files did not have a youth signature on any of the reviewed case/service plan.

No exceptions were noted.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

Boys Town has multiple written policies and procedures that address all requirements of the QI indicator. Mental Health Services/Referrals is addressed in IHFS Policy I-14 and last revised on May 31, 2018. Substance Abuse Education and Referral for Treatment is addressed in policy IAP 6 and was last reviewed on January 2, 2018. Discharge and Aftercare Plan is addressed in policy IAP 40 and last reviewed on January 2, 2018. All mentioned policies were signed by the executive director.

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 working days of the determination of need and if an assessment is not completed within 30 days of referral, reasons will be documented in the case file. Boys Town requires that youth that are assessed as requiring further treatment due to physical intoxication, dependency 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 seven case files were reviewed. All seven files showed a counselor/case manager was assigned. All files reviewed demonstrated established referral needs and coordinated referrals to services based upon the on-going assessment of the youths/family problems and needs. All files have coordinated service plans implemented. All files showed monitoring of youth/family's progress and showed family support was provided. No youth were needing out-of-home placement.

Two out of seven files were recommended for case staffing to address problems and needs of youth/family. These two identified files had case manager/counselor accompany youth/family to court hearings and related appointments.

All seven files showed youth/family were referred to additional services when appropriate. All files showed case monitoring. Five of the seven files were closed. All five files showed case termination. Out of the closed files only three were applicable for a 30 day follow-up. All three identified files met this requirement. Out of the closed files only two were applicable for a 60 day follow-up. Both files met the requirement.

No exceptions for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has two written policies and procedures that address most of the requirements for this QI indicator. Youth Care Policy #13525 addresses individualized care for youth receiving services with effective date of November 12, 2018. There is no reviewed signature. Family Involvement is addressed in policy IAP 43 and was last reviewed on January 2, 2018 by the executive director. However, there was no policy and procedure provided regarding group counseling.

Boys Town offers individualized services that build on a youth or family's strengths, meets their needs, provide for well-being, safety, and permanency, and help each client achieve his or her goals.

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 involvement 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 and referrals to outside community agencies.

A total of seven case files were reviewed. All files reviewed demonstrated the youth's presenting problem was addressed in the needs assessment, initial case/service plan, and case/service plan reviews. Seven files reviewed demonstrated case notes were maintained for all counseling services provided and documented youth's progress. All seven 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. All files reviewed demonstrated individual/family counseling was provided when applicable.

Group logs were reviewed and group counseling sessions (aka family meetings) were conducted daily as follows: lasting no less than 30 minutes, a clear leader/facilitator was identified, the topic discussed were all relevant topics (informational, developmental, and/or education), and all youth were given opportunities to engage.

There were no clear policies regarding counseling services for the individual and completion of Needs Assessment and Case/Service Plan in

place. In addition, there is no policy or procedure for group counseling.

No exceptions were noted.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

Boys Town does not have a written policy and procedure that addresses the QI indicator. However, Boys Town provided a practice documentation that meets all but one requirements of this QI indicator and effective date for April 2, 2018. There is no signature of approval. Requirement not met in practice for this indicator is that youth/guardian are provided with a new or revised plan for services.

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 working days of the scheduled meeting to confirm the meeting schedule. Within seven business days 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 legal guardian. Boys Town requires that if a legal guardian is not present, a written report be sent to the legal guardian within seven days.

Two applicable non-residential files were reviewed for Case Staffing. Boys Town was able to demonstrate documentation of monthly attempts to conduct Case Staffing. Both files showed who initiated the case staffing (neither were parents). One file did show notification to family no less than 5 working days. One file did not show notification to family at all. The committee was notified with enough time and emails were viewed showing contact to the committee when a staffing was not needed for the month. Both files showed case staffing included a local school district representative, DJJ 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 seven 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 were noted.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedures that addresses all requirements except transportation of files for this QI indicator. Youth records content in policy IAP 27 was last reviewed on January 2, 2018 by the executive director.

Boys Town maintains a system of records on each youth admitted to the program. All records are marked and kept confidential. Records must be kept current from the point of intake through termination. All records are stored in a locked filing cabinet labeled confidential. In the "On-Boarding" paperwork given to staff, files transportation is reviewed with instruction.

A total of seven case files were reviewed. All seven files were clearly marked with "confidential". All records were kept in a secure room/filing cabinet marked with "confidential". Observation was made of files being transported in an opaque container marked "confidential". All reviewed files were maintained in a neat and orderly manner. Staff are provided with an On-Boarding documentation regarding transportation of files.

No exceptions were noted.

2.08 Sexual Orientation, Gender Identity/Expression

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy, IAP 54, for Indicator 2.08, Sexual Orientation, Gender Identity, and Gender Expression. The policy is effective August 31, 2018 and signed by the Executive Director.

The program seeks to provide a safe environment and therapeutic case planning for all youth, treats them with respect, and provides necessary accommodations regardless of youth's actual or perceived sexual orientation, gender identity, or gender expression. The provider implemented specific procedures in August 2018 to comply with its policy with regards to addressing youth by their preferred name/gender pronouns;

ensuring all staff and volunteers receive training and is familiar with the requirements; maintaining youth records that consistently documented with the names and pronouns preferred by youth; assigning youth to rooms that align with their gender identity and prohibit isolation based on sexual orientation, gender identity/expression; providing youth with clothing/products they need/request. Signage will be visibly posted throughout the facility to welcome all youth.

During a tour of the facility, "hate free zone" rainbow stickers were posted throughout the facility in all common areas including youth lounge, a poster board in the dormitories, and dining room, signifying youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression. The program also has printed material entitled I Deserve Respect, Support, and Safety available for youth in staff offices.

The program has not served any youth during the annual review period who met the criteria for the indicator. However, staff interviewed during the visit supported the agency's policy to treat youth with respect and ensure youth are addressed by pronouns, name, and gender they prefer and room assignment is made accordingly.

No exceptions were noted.

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 which is located Northeast of Orlando in Seminole County, Central Florida. The program has adequate space for all 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 separate pillows and bed covering, dressers, and closets for youth belongings. Youth have access to a large yard for outdoor activities.

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 expectation, 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 doing the intake and are assigned to a room and bed based on various criteria, behaviors, and/or characteristics. The agency uses the nationally recognized "Boys Town Model" behavior management system consistent with all Boys Town programs across the Country. The shelter is designated by the Florida Network to provide Staff Secure, Domestic Violence Respite (DVR), Probation Respite, and Domestic Minor Sex Trafficking (DMST) services.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has multiple written policies and procedure that address all of the key elements of the CQI indicator. The Intervention and Assessment Protocols were revised, approved and signed by the CEO of Boy's Town Central Florida for the following:

IAP 52 Shelter Services 1/2/2018, IAP 1 Youth Identification 1/3/2018, IAP 29 Youth Hygiene 1/2/2018, IAP 25 Youth Phone Calls and Correspondence 1/2/2018, IAP 23 Recreational Cultural Enrichment Activities 1/2/2018, IAP 44 Environmental Stressors 1/2/2018, IAP 32 Fire Drills 1/2/2018, IAP 15 First Aid Equipment 1/2/2018, IAP 46 Emergency and Disaster Preparedness 1/2/2018, IAP 36 Knife and Fork Safety 1/2/2018, IAP 30 Visitation 1/2/2018, CINS/FINS Protocol 2 IAP 10 Vehicle Maintenance, Use and Transportation of Youth 8/13/2018, CINS/FINS I-16 IAP 22 Grievance 8/15/2018, Flammable, IAP 20 Poisonous and Toxic Control 1/2/2018, IAP 17 Fire Prevention Program 5/31/2018, IAP 14 Safety Inspection 5/31/2018, IAP 12 Meals 5/31/2018, IAP 8 Health Education 5/31/2018 IAP 9 Control and Use of Keys 5/31/2018 and IAP 45 Search and Seizure of Contraband 5/31/2018.

The agency requires the shelter environment be safe, clean, neat and well maintained and employs a maintenance team for the upkeep and repair of the interior and exterior of the facility. 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. Safety Inspections-Boys Town supervisors will assign a staff member or themselves to conduct a facility safety inspection on a weekly basis. The staff member chosen will also complete a monthly checklist inspection. Each Boys Town Facility is inspected weekly by designated staff person. These inspections are emailed to the Director of Program Support for review. Lighting is adequate in all areas of the building.

Boys Town Intervention and Assessment Center is expected to conduct three fire drills a month. They are to be done on different shifts to ensure all staff no procedures as well as the youth. After initiating a fire drill staff will evacuate the building with the youth and gather at a predetermined location. Evacuation routes are posted throughout the center. Once outside and at the predetermined location a head count is taken to ensure all youth are accounted for. Staff is to keep youth calm and supervised. The fire drill is documented on an emergency drill form as follows: designated location, lapse time to location, number of youth and staff present, signature of all youth and staff participating in drill and any comments or improvements that need to be made. All drills are sent to the Director of Program Support for review.

Flammable, Poisonous and Toxic Control-Boys Town Staff governs the control of all flammable, toxic, and poisonous substances. All such substances must be stored and inaccessible to youth. Residential HAZCOM GHS SAFETY DATA SHEETS identifies all chemicals and if they are flammable, poisonous, and toxic fluids. Chemicals are kept in or near the chemical closet when not in use, and accessed only by authorized by staff. Youth Care Workers and Supervisors utilize these materials. There is a weekly inventory of all chemicals.

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. 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.

During the tour of the facility, the following observations were made:

Furnishings at the shelter are generally in good repair. There are stickers on some of the furniture but no graffiti. The Boys Town Shelter did not show evidence of insect infestation. The agency has a team of two maintenance men that take care of the landscape. Bathrooms and showers are cleaned daily as part of youth chores. The walls, doors and windows are graffiti free. However, there are some holes in the walls and doors. Service requests have been submitted the maintenance team for repair. Proper lighting is provided throughout the Boys Town Shelter.

Upon arrival to the program each youth is assigned their own bed and provided with clean sheets, a blanket, and a pillow. Youth are allowed to place items that are not permitted in their rooms or items they just want to be secured in their own bin in a locked closet.

All doors were observed to be locked and secured with access only to staff with keys. Emergency evacuation maps were posted throughout the facility in designated areas. Important telephone numbers for the abuse hotline and DJJ incident reporting were also posted.

The agency had a successful annual fire inspection, satisfactory Department of Health food inspection and group care inspection, valid fire safety equipment inspections, and DCF license that had an expiration date of 12/4/18. An email from the Central Region Licensing was provided indicating the current license for 18 beds, effective through 12/4/19, has been renewed and will be mailed upon receipt of official signatures.

Youth are engaged in meaningful, structured activities throughout the week as evidenced by the activity schedule posted in a central area accessible to youth. (Education, recreation counseling services and social skills training). Youth are provided at least one hour a day of physical activity as evidenced by the posted schedule. However, on weekends there are specific activities planned for physical activities.

Boys Town Shelter is unique in that the youth do not commute to school. The education program is provided in a classroom within the shelter. Youth have an opportunity to receive tutoring from their teacher and do homework during their free time.

No exceptions were found.

3.02 Program Orientation

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 Intervention and Assessment Center Protocol were last revised, signed and approved by the CEO of Boys Town of Central Florida for the following: IAP 2 Program Orientation 1/2/2018 and IAP 42, Classification, reviewed 8/15/2018.

All youth are interviewed upon admission to determine the most appropriate sleeping arrangement to protect their safety and well-being utilizing the CIN/FINS Intake form. Per IAP 2, Program Orientation, as part of intake process, a staff member will provide the youth with an orientation of the program and a Youth Orientation Handbook. Orientation to the program includes the following: 1) Identification of key staff and their roles 2) Review of emergency building evacuation 3) Tour of the Facilities 4) Room Assignment 5) Review of rules on contraband and Youth Privacy policy 6) Review of daily program activities/schedule 7) Review of expectations, program rules and behavior management strategies 8) Review of dress code 9) Review grievance procedure, including how to contact the Florida Abuse Hotline and the Boys Town Safety and Ethics Hotline 10) Review program services 11) Review of procedure to access mental health and medical care 12) Review of visitation schedule 13) Review of telephone procedure 14) Review of telephone and correspondence procedure 15) Review of youth rights and responsibilities for youth and parents/guardians 16) Review of program rules, including privileges and consequences for violations. The staff member reviews with the youth all material in the Youth Orientation Handbook. The staff member and the youth will each sign the Intake Orientation Sign-Off form which will be placed in the youth's file.

All youth admitted to Boys Town Central Florida Inc. go through a classification process at intake for appropriate room assignment. This is to ensure the youth's safety and security. Staff makes every attempt to separate/segregate dangerous youth from those who are not and those who might be victimized. This classification process includes but is not limited to: 1) Review of available information about the youth's history and status; 2) Initial collateral contact; 3) Initial interactions with and observations of youth; 4) Separation of younger from older youth; 5) Separation of violent youth from non-violent youth; 6) Identification of youth susceptible to victimization; 7) Presence of medical, mental or physical disabilities; 8) Suicide risk; 9) Sexual aggression and predatory behavior; and 10) Youth's preference due to concerns for a certain room are heard and considered. Supervisors on duty during the intake of a youth will access any perceived risk. The assessment center has a three part alert system that consists of an alert board in the youth care office, a mental health alert prompt sheet, and all alerts are logged in the log book. If there is a youth being admitted with special needs or risk behaviors, such as suicide, mental health, substance abuse, physical health, or security risk, the youth and their alerts will be written on the prompt sheet, on the alert board and in the log book so all staff is aware of this youth's risk factors.

Reviewer looked at 2 open files and 1 closed file. All youth's Orientation Checklist with items referred to in Boys Town shelter procedures have been signed by the youth, their legal guardian, and a staff member. This information is also in the Youth Handbook which is part of the

Orientation Checklist.

- 1) Screening forms and Risk Assessment forms are contained in the intake packet. Information is gathered from parent and child. Each youth is given a copy of the client handbook and the parent/guardian is given a Parent Handbook as part of the intake process. The program's policies are reviewed and each youth and staff initial off on the intake checklist. The Behavior Management System is part of the intake checklist and is signed by client and staff as well. All services and program schedules are explained to the youth and their parent/guardian at this time. Youth and parents sign informed consents regarding the shelter program. Youth's legal guardian will document who the youth can receive phone calls from and have visitation with while at the shelter on a contact list that remains on file. The screening and intake serves as admission forms to capture key demographic and emergency information on each youth. Youth are advised of the grievance procedure at intake, in the resident handbook. A grievance box containing blank forms is available in the common area of the shelter. The contents is checked daily by the Program Director or Shift Supervisor. Grievances are kept on file maintained by the Program Director. All personal items are inspected upon admission to make sure youth do not have possession of contraband as outlined in the Youth Handbook. Youth are informed random searches will be done to insure contraband is not brought into the shelter.

No exceptions were noted.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida has a written policy and procedure that addresses all of the key elements of the QI indicator. The Intervention and Assessment Center Protocol IAP 42 was last revised, signed and approved by the CEO of Boys Town of Central Florida.

All youth admitted to Boys Town go through a classification process at intake for appropriate room assignment. This is to ensure the youth's safety and security. Staff makes every attempt to separate/segregate dangerous youth from those who are not and those who might be victimized. This classification process includes but is not limited to: 1) Review of available information about the youth's history and status; 2) Initial collateral contact; 3) Initial interactions with and observations of youth; 4) Separation of younger from older youth; 5) Separation of violent youth from non-violent youth; 6) Identification of youth susceptible to victimization; 7) Presence of medical, mental or physical disabilities; 8) Suicide risk; 9) Sexual aggression and predatory behavior; and 10) Youth's preference due to concerns for a certain room are heard and considered. Supervisors on duty during the intake of a youth will access any perceived risk.

A process is in place within the CINS/FINS Intake form to gather information to form an initial classification of the youths as verified during the review of three youth files. Youth room assignment is documented on the CINS/FINS Intake form that captures the following: youth's gender, age, history of violence, disabilities, physical size/strength, gang affiliation, current alleged offences, prior delinquency history, exposure to trauma, reported risk, and observation of level of aggression, attitude upon admission, and sexual aggression/predatory behavior demonstration of emotional disturbance. Alerts are documented and entered. Parental permission and contact list is obtained and initial interactions are observed. Gender identification was not included on the intake form.

No exceptions were noted.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure IAP 11, Log Books, that addresses all of the key elements of the QI indicator. The Intervention and Assessment Center Protocol were last revised, signed and approved by the CEO on 1/2/2018.

Boys Town uses a hard copy logbook to document daily functions, activities and serious incidents pertaining to the program. The log book should ensures 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.

Reviewer observed Girl's and Boy's logbooks dating back to June 2018. All issues addressed in the agencies procedures were being carried out. It was observed that staff sign in the logbook when they come on shift notating the date, time and document they have read entries of at

least the last two shifts. Staff do record acceptance of keys and accepted headcount. Staff members sign out at the end of their shift. The logbook does indicate the security of the facility and the current program status using an alert code. Entries are made to the log on each shift to document group activities, incidents, changes in headcount and general information necessary to provide appropriate care of the residents. All entries are brief and written in ink. All recording errors are struck through with a single line and initialed by the staff making the correction. The use of white out was not observed. Log entries which could affect the safety and security of the program are highlighted in blue. Each communication log does include an example of signatures and initial of all current staff. After a logbook is completed it is immediately removed from the staff office and placed in the Director's Office. Logbooks are bound and pages numbered consecutively. The Director reviews the content of the logbook each shift worked and, if needed, will note corrections, and /or follow-up required to comply with documentation best practices. Entry must be signed, dated, and highlighted in purple.

No exceptions were noted.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida has a written policy and procedure that addresses all of the key elements of the CQI indicator. The Intervention and Assessment Center Protocol were last revised, signed and approved by the CEO of Boys Town of Central Florida for the following: IAP 39 Behavior Redirection and Safety Holds 1/2/2018, Behavior Support and Management Youth Care Policy #13050, Safety Hold and Manual Guidance Youth Care Procedure Governing Policy #13050- 4/2/2018, and The Youth Information Handbook Chapter 5, Pages 31-36.

IAP 30-Behavioral Redirection and Safety Holds- provides high safety standards for Boys Town youth and staff. If a youth is presenting immediate danger to another youth or self, staff trained in Non-Crisis Intervention will manually guide a youth out of immediate danger. A manual guidance may include various techniques. The staff will calmly speak to the youth to deter the situation. Staff may place their hands on the youth's shoulder to calm them and remove them from the situation. Youth may never be picked up by arms, wrists, or legs. If manual guidance does not succeed in calming the youth and the behavior escalates, it may be necessary for staff to implement a safety hold. A safety hold is a trained strategy/intervention in the Non-Crisis Intervention Training that each Site Director, Program Director, and Direct Care Staff complete. A safety hold or manual hold should be verbally reported immediately to a supervisor and then the Program Director. The Program Director is responsible to report the incident to the Program Operations Manager and/or Site Director. An incident report should be completed and turned into the contract manager and program support staff within 24 hours. Any safety hold that lasts over 10 minutes needs approval from the Program Director and/or Program Operations Manager/Site Director. Safety holds are reported to legal guardians, case workers, and/or others as required.

Overall the Behavior Management Strategies of Boys Town promotes order, safety, security, fairness, and protection of the youths' rights. This system provides constructive discipline that encourages youth to meet behavior expectation. It also provides positive reinforcement, recognition and minimizes separation of youth from general population.

Behavior Management System is explained during youth orientation, Chapter 5 of the Youth Handbook. The youth and their parent sign documentation stating they have received it during admission. The BMS uses a wide variety of awards/incentives to encourage participation and completion of program. Youth that have earned have earned special privileges get more than the basics i.e. special snacks, watch special programs on TV, phone calls to special friends from their call list and participate in less structured outside activities

Appropriate BMS consequences and sanctions are used by Boys Town staff members. Youth who display negative behavior earn negative points. There are two types of sub-systems for youth who display negative behavior: 1) Credit-sub system-these youth must do two positive activities that are related to the problem behavior displayed to return to their regular BMS. 2) Straight Fine sub-system is for youth who have participated in major violations of the program. These youth are removed from their regular motivation system and only receive their basic rights i.e. healthy snacks fruits and vegetables, allowed to selected TV programs and must remain with staff at all times. These youth must earn 20, 000 points per day to buy other privileges.

All staff are trained in the theory and practice of administering BMS rewards and consequences. This reviewer observed 5 Youth Care Worker's training files. In each of these files the staff member completed Motivational Systems Overview and Point Card Mechanics.

There is a protocol for providing feedback and evaluation of staff regarding their use of rewards and consequences. Supervisors give monthly feedback and Quarterly Staff Development Reports for each staff members on their implementation of the Behavior Management System.

Supervisor are trained to monitor the use of rewards and consequences by their staff when attending Pre-service Consultation Workshop.

Overall the Behavior Management Strategies of Boys Town promotes order, safety, security, fairness, and protection of the youths' rights. This system provides constructive discipline that encourages youth to meet behavior expectation. It also provides positive reinforcement, recognition and minimizes separation of youth from general population.

Behavior Management System is explained during youth orientation, Chapter 5 of the Youth Handbook. The youth and their parent sign documentation stating they have received it during admission. The BMS uses a wide variety of awards/incentives to encourage participation and completion of program. Youth that have earned have earned special privileges get more than the basics i.e. special snacks, watch special programs on TV, phone calls to special friends from their call list and participate in less structured outside activities

Appropriate BMS consequences and sanctions are used by Boys Town staff members. Youth who display negative behavior earn negative points. There are two types of sub-systems for youth who display negative behavior: 1) Credit-sub system-these youth must do two positive activities that are related to the problem behavior displayed to return to their regular BMS. 2) Straight Fine sub-system is for youth who have participated in major violations of the program. These youth are removed from their regular motivation system and only receive their basic rights i.e. healthy snacks fruits and vegetables, allowed to selected TV programs and must remain with staff at all times. These youth must earn 20,000 points per day to buy other privileges.

All staff are trained in the theory and practice of administering BMS rewards and consequences. This reviewer observed 5 Youth Care Worker's training files. In each of these files the staff member completed Motivational Systems Overview and Point Card Mechanics.

There is a protocol for providing feedback and evaluation of staff regarding their use of rewards and consequences. Supervisors give monthly feedback and Quarterly Staff Development Reports for each staff members on their implementation of the Behavior Management System.

Supervisor are trained to monitor the use of rewards and consequences by their staff when attending pre-service Consultation Workshop.

No exceptions noted for this indicator.

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure IAP 18 for Security Counts and Staffing Ratio that addresses all of the key elements of the QI indicator. The Intervention and Assessment Center Protocol were last revised, signed and approved by the CEO.

Each youth entering the program is provided an in-depth orientation outlining program rules and consequences for rule violation, including supervision, safety, reporting whereabouts and security measures. Adult supervision is required whenever a youth is present. The primary responsibility for supervision, other than school, rests with the Youth Care Workers. Youth are never permitted to be in the shelter unsupervised. The staffing pattern will ensure 1:6 ratio of staff to youth during awake hours and 1:12 ratio during sleep hours, allowing a higher level of supervision for youth. Each gender will always be represented in the staffing pattern. Staff observe youth every 5-10 minutes during sleep hours and if youth is in room for illness. If youth are in the achievement level they are monitored every 15 minutes during sleep hours. All overnight bed checks are documented in the overnight logs. Staff must monitor the movement of youth into and out of the shelter. Youth are required to report their whereabouts to staff when moving from one area of the shelter to another. To ensure coverage is appropriate to required ratio and gender: if a Youth Care Worker or Supervisor is unable to report for their assigned shift, they will contact the Supervisor on Duty who will coordinate coverage. A rotation roster containing staff home phone numbers and schedule are maintained in the transition room in the event additional staff coverage is needed. Supervisor will review schedule for hours worked to assist in identifying staff available for additional coverage. The supervisor will attempt to find a staff of the same gender to cover the shift, however if unavailable there will always be at least one staff of each gender scheduled to work. Supervisor will make determination and notify the employee who is being requested to work. There are continuous counts of the youth 24 hours a day. Youth counts are identified as follows: Formal counts, Informal counts and Emergency counts. The shelter shall be equipped with an alarm system on several exit doors, to ensure immediate notification of any youth attempting to leave the premises without permission and supervision. Alarms are activated 24 hours per day. If a youth indicates any thoughts or plans for leaving without permission an administrator is immediately notified and designated staff will follow youth and encourage positive choices, if the youth cannot be found, law enforcement will be contacted. If the youth returns, the youth may be placed on one-on-one supervision. The youth shall then receive counseling on the matter and a contract is developed and signed by the youth agreeing to continue treatment.

The staff schedule is posted in the staff office. Staff members are expected to cover their shift if they cannot make it to work. There is a PRN phone list to contact other staff to come in. If none available the staff on duty have to stay or a supervisor will come in to work the shift. If it is an emergency, staff members are expected to call the on-call manager who will attempt to find coverage for the shift. If nobody can be found to cover the shift, staff members may be required to stay over or someone from the management team will cover the shift. During sleeping hours, youth will be observed by staff at least once every 5-10 minutes and every 15 minutes if on achievement level. Observations are notated in real time and documented in the appropriate log. Youth who are at risk of harm to self or others will receive supervision as directed by the Policy and Procedure 4.02. Documentation regarding these youth will be maintained as directed by that policy and procedure.

Reviewer observed video footage of 3 overnight shifts. Staff bed checks were completed on regular 15 minute intervals. However, Boys Town IAP 18 states "Staff observe youth every 5-10 minutes during sleep hours and if youth is in room for illness". Also, on the overnight of 12/3-12/4/18, Reviewer observed video footage a staff person doing bed checks. Staff person documented completing bed checks at 1:00am, 1:14am, 1:28am, 1:41am, 1:51am and 2:11am. The video footage of this overnight indicates all but one of the previously documented bed checks being completed. The 1:51am bed check was documented but not completed.

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

A written policy IAP 26, initially dated 11/19/07 and last revised 08/15/18 was reviewed, signed and dated by the Executive Director on 8/15/18. 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. CINS/FINS Protocol 15 addressing Family and Youth Respite Aftercare Services (FYRAC) was implemented and signed by the CEO on 8/24/18.

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 is 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.

Non-Residential, family/youth respite aftercare services (FYRAC) shall be provided to youth between the ages of six (6) and eighteen (18) years of age referred following a Domestic Violence arrest on a household member and/or youth on probation, regardless of adjudication status, at risk of violating. These are youth referred by DJJ in need of more intense family stabilization.

One applicable Domestic Violence Respite file was reviewed. The file had a pending DV charge, was screened by the JAC, and did not meet criteria for secure detention. The length of stay did not exceed 21 days; case plans reflected goals that were appropriate such as aggression management, coping skills, etc. It was not necessary to transition the youth from DV Respite to CINS/FINS since the LOS did not exceed 21 days. All other services provided to DV youth are consistent with the general CINS/FINS program service requirement.

Two Probation Respite files were reviewed with referrals from DJJ Probation. 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, DMST, or FYRAC clients served during this period but the agency does have appropriate policies and procedures in place regarding these special populations.

No exceptions were noted.

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a written policy and procedure #13950 Program Video Monitoring Youth Care Policy that addresses all of the key elements of the QI indicator. The Intervention and Assessment Center Protocol were last revised, signed and approved by the CEO of Boys Town Effective 10/2/2017.

The procedures outline requirements for use of a surveillance system. signage is posted for usage of video recording/camera. Cameras are placed in general work areas (excluding bedrooms and bathrooms) with limited staff access, and saving of video footage for up to 30 days. The surveillance system is equipped with 11 cameras and captures and retains video images recorded with day, time and location in a resolution that enables facial recognition. The system has a back-up battery that is automatically utilized during a power outages. Cameras are placed inside, as well as outside the building. Video surveillance is only accessible by designated personnel and is reviewed at least every 14 days and noted in a logbook for that specific.

Boys Town shelter has 10 cameras on the interior and one camera placed on the exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit the building. Cameras are visible, mounted to the ceiling in various locations throughout the inside and outside entryway of the shelter. Cameras are not placed in the bathroom or bedrooms.

The system can capture and retain video photographic images including facial recognition. System records date, time, and location and stores a minimum of 30 days video footage. The Program Director is the only person designated to access the video surveillance system. The Program Director reviews video footage a minimum of at least once every 14 days. This reviewer observed the Program Director's video observation log that showed footage being observed several times per week.

During the review of the surveillance system, a few areas of the facility were observed to be hidden off camera such as: 1) Boy's parlor next to the TV; 2) Kitchen next to the refrigerator; 3) Dream room Girl's Parlor next to the sofa; and 4) Dining room-Left Side. Only one camera was mounted on the exterior resulting in other perimeter areas of the building being void of surveillance.

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 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 program has a policy and procedures for healthcare admission screening which was last revised on January 19, 2017 and reviewed and signed on January 2, 2018 by the executive director.

The program's procedures indicate a preliminary physical health screening will be provided by the registered nurse if on duty, or designate staff. The preliminary screening should include any current medications, existing medical conditions, specific inquiry into symptoms of tuberculosis, observations for the presence of tattoos or scars, allergies, any report of recent injuries or illness, presence of pain or other physical distress upon admission, and other indications of substance abuse and/or intoxication. In the event the nurse does not conduct the screening the nurse will review within five days. It further indicates if youth are admitted with chronic medical conditions, the youth's file will be flagged on the three-part medical alert system and the nurse may provide referrals for follow-up and will include the parent/guardian of the youth. All emergency care and emergency appointments will be documented on the episodic care log. The program's policy and procedures meet the quality improvement requirements.

Three youth records were reviewed to verify the program's practice. Each of three youth's records documented each youth received a healthcare screening on the day of their admission, by a non-medical staff member. Each youth's healthcare screening documentation was reviewed and signed by the nurse within 48 hours, which is within the required 5-day timeframe. All of the required elements for the healthcare screening was documented on the healthcare screening forms. Of the three youth, one was admitted with asthma and two youth were admitted with medication. Of the three, one youth was taken off-site for non-emergency medical appointments, the parents were involved with the coordination and scheduling and transported the youth to each appointment. Of the three youth, none were treated for any emergency care.

No exceptions were noted.

4.02 Suicide Prevention

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures for Suicide Prevention which was last revised and reviewed on January 2, 2018 and was also signed on January 2, 2018 by the executive director.

The program's procedures indicate all youth are screened at admission by utilizing the CINS/FINS Intake and Assessment form. If a youth is at risk, while awaiting a risk assessment, he/she are placed on constant sight and sound. If a youth displays any signs of self-harm, gestures or repeatedly states they wish to harm themselves or they have a specific plan for suicide, they will be placed on one-on-one supervision and law enforcement is called and their Baker Act procedures are followed. An alert is placed on the program's alert board in the youth care worker's office, and it is noted in the logbook. Referrals will be made to the community service providers if mental health or psychiatric services are determined necessary. The program's policy and procedures meet the quality improvement requirements.

Three youth records were reviewed to verify the program's practice for suicide prevention. All three youth were screened of suicide risks on the day of admission and a follow-up risk assessment was completed by a youth care worker supervisor and signed off by the residential director. Two of the three youth received an At Risk Assessment the following day by the residential director and consulted with licensed mental health staff, who also followed up, reviewed and signed the At Risk Assessment. The third youth's At Risk Assessment was completed by a licensed mental health staff member. Of the three, one youth's observations were all noted in the program's logbook the entire time to include overnight. Two of the youth's observations were noted in the logbook, except during overnight hours, where they were documented on an overnight watch log and not documented in the logbook during this time. All three of the youth's observations were documented at least every thirty minutes and noted the time, behavioral observations, any warning signs and the observer's initials.

No exceptions were noted.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures for their medical/mental health alert process which was last revised and reviewed on August 24, 2018 and was also signed on August 24, 2018 by the executive director.

The program's procedures indicate the process for medication storage, access, counts, provision, disposal and Pyxis Med-station. The medication verification process is not noted in the program's policy and procedures.

The program utilizes the Pyxis Med-Station 4000 Medication cabinet for all medications, including over-the-counter medications, as well as any narcotics and controlled prescriptions. This cart is located in the shelter office, which is locked at all times and inaccessible to youth. The program maintains nine super users, the registered nurse, program director, two senior youth care workers, and five youth care workers, who have all received the training. These nine staff are the only staff who have access to the medications. The program's procedures indicate the program does not accept any youth who are currently prescribe injectable medications, except for epi-pens. All staff receive training, during pre-service, on the use of the epi-pen. In addition, the nurse provided a refresher training to six staff on December 3, 2018. Through observation, it was verified all medication is stored in the Pyxis Med-Station, where oral medications are stored separate from injectable epi-pens and topical medications. The program has a locked mini-refrigerator, solely used for medications which require refrigeration. While on-site the refrigerator was observed to be at 29 degrees, not within the required 36-46 degrees. There was no medication in the refrigerator at the time and no youth currently on site are prescribed medication which requires refrigeration. The staff indicated the temperatures are checked and maintained at the required temperature when containing medication. Shift-to-shift counts are documented for each controlled medication and was documented on the program's Prescription Medication Log – Shift Count form. The form documented each shift count, with the initials of 2 staff members and the actual count of the medication. The program utilizes Pyxis Med Station to document their perpetual inventory. They print out an inventory sheet daily to verify the medication counts for all medications, including over-the-counter medications, as well as any narcotics and controlled prescriptions. The program does not maintain syringes or sharps on site. The nurse, shelter supervisor, and program director receive the monthly reviews of medication management via Knowledge Portal and utilize this information to assist with any youth behavior which may be out of character and also for program operations. The program utilizes a Prescription Medication Log to document all medication distribution. Through observation, it was determined the youth's picture is not part of the Prescription Medication Log and was not part of the information utilized to distribute medication to the youth. Through interview with the shelter supervisor, it was verified when the nurse is on site, she is the only one conducting the medication process. The delivery of medication is consistent with the FNYFS Medication Management and Distribution Policy. The program utilizes the Pyxis Med-Station to verify any discrepancies. The machine will notify, by displaying an alert on the bottom of the screen. The shelter supervisor provided the review team with an example of a discrepancy which occurred at the beginning of December 2018. The discrepancy was noted on 12/1/18; however, was not resolved until 12/4/18. The month of August 2018 discrepancy report was pulled to verify the process of the discrepancies. Twelve discrepancies were noted. Of the twelve, four were cleared late; one identified on 8/25/18 and cleared on 9/2/18, one identified on 8/26/18 and cleared on 9/2/18, one identified on 8/29/18 and cleared on 9/2/18, one identified on 8/31/18 and cleared on 9/2/18. The documentation of verification of medication, prior to the administration to the youth, was not located in 3 youth records.

The medication verification process is not noted in the program's policy and procedures.

While on-site the refrigerator was observed to be at 29 degrees, not within the required 36-46 degrees. There was no medication in the refrigerator at the time and no youth currently on site are prescribed medication which requires refrigeration. The staff indicated the

temperatures are checked and maintained at the required temperature when containing medication.

The shelter supervisor provided the review team with an example of a discrepancy which occurred at the beginning of December 2018. The discrepancy was noted on 12/1/18; however, was not resolved until 12/4/18. The month of August 2018 the discrepancy report was pulled to verify the process of the discrepancies. Twelve discrepancies were noted. Of the twelve, four were cleared late; one identified on 8/25/18 and cleared on 9/2/18, one identified on 8/26/18 and cleared on 9/2/18, one identified on 8/29/18 and cleared on 9/2/18, one identified on 8/31/18 and cleared on 9/2/18.

The documentation of verification of medication, prior to the administration to the youth, was not located in 3 youth records.

Through observation, it was determined the youth's picture is not part of the Prescription Medication Log and was not part of the information utilized to distribute medication to the youth.

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures for their medical/mental health alert process which was last revised and reviewed on January 2, 2018 and was also signed on January 2, 2018 by the executive director.

The program's procedures indicate all youth receive a physical health screening upon admission. Any chronic medical condition, health problem, special diet, allergies, common side effects of prescribe medicine or other treatment or concerns regarding mental health or substance abuse will be noted in the youth's file, National Data Base, transition log, and youth alert board. Any of the above, which comes to light after a youth's admission, will be handled in the same manner. All staff are trained in recognizing signs and symptoms in potential emergency situations, administration of first aid, and CPR, methods of obtaining assistance (911), and procedures for transferring youth to appropriate medical, mental health and substance abuse facilities or providers. The program's policy and procedures meet the quality improvement requirements.

Three youth records were reviewed for medical and mental health alerts. Two youth were admitted with medication and one youth had a chronic medical condition (asthma). Upon admission, all three youth's intake information, including all medical and mental health information and alerts, was documented in the program's logbook and in the youth's file, which is documented on the medical and mental health alert form. Staff review and sign the logbook acknowledging they reviewed the logbook from the previous shifts. The three youth were already discharged; therefore, the alert board was unable to be verified. The alert board was observed, during the annual review, for the current youth. The program's alert system included precautions concerning prescribed medications and medical/mental health conditions. All staff receive training pertaining to CPR, first aid and safety, emergency care for medical and mental health problems.

No exceptions

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

Rating Narrative

The program has a policy and procedures for their first aid and episodic/emergency care which was last revised and reviewed on January 2, 2018 and was also signed on January 2, 2018 by the executive director.

The program's procedures indicate all direct care staff will receive training and certification to administer first aid and CPR during pre-service training and will update as needed. The program reviews the first aid and safety kits during the monthly safety checks. The program's procedures for medical and dental emergency care requires the staff to notify the nurse and if the nurse is not on site, the staff should follow their emergency procedures, remove all youth from the area, notify the program director immediately, notify emergency services (911) if appropriate, and in the event any serious illness or injury the parent will be notified immediately. All instances of first aid or emergency care will be called into the CCC within two hours and documented in the CCC incident binder. In addition, if emergency care is rendered to the youth, it is documented in the episodic care log. The program's procedures do not include what their process is when a youth returns to the shelter from an episodic care incident and their verification of receipt of medical clearance, discharge instructions and follow-up care process.

Three youth records were reviewed for the program's first aid and episodic/emergency care process. One youth was taken to the hospital by staff for off-site care for an injury to his hand. The incident was documented in the episodic care log and a client incident report was created which documented the contact of the youth's father and the CCC. The youth's record contained the youth's discharge paperwork and it was noted in the logbook that the youth was prescribed Ibuprofen. The second youth was Baker Acted and was off site for multiple days. The

incident was documented in the episodic care log, where it documented the parent was contacted and a client incident report was created. The record did not contain the discharge documentation, nor was there documentation of the discharge information or follow-up instructions. The third youth was taken to the hospital, by her aunt, for knee pain. The incident was documented in the episodic care log and a client incident report was created and documented the contact of the CCC; it further stated the aunt transported the youth, validating the guardian was contacted. The discharge paperwork was located in the file; however, was not documented anywhere.

The program has five first aid kits on site; one in the shelter office, one on the boy's wing, one on the girl's wing, and one in each of the two vans. The program has 3 knife-for-life and wire cutter sets; one in the shelter office, one on the boy's wing, and one on the girl's wing. All staff are trained on medical emergency procedures.

The program's procedures do not include what their process is when a youth returns to the shelter from an episodic care incident, nor does it include their process for verification of receipt of medical clearance, discharge instructions and follow-up care process.

The second youth was Baker Acted and was off site for multiple days. The incident was documented in the episodic care log, where it documented the parent was contacted and a client incident report was created. The record did not contain the discharge documentation, nor was there documentation of the discharge information or follow-up instructions. The third youth was taken to the hospital, by her aunt, for knee pain. The incident was documented in the episodic care log and a client incident report was created and documented the contact of the CCC; it further stated the aunt transported the youth, validating the guardian was contacted. The discharge paperwork was located in the file; however, was not documented anywhere.