



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Boys Town

on 05/20/2015

CINS/FINS Rating Profile

Standard 1: Management Accountability

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

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

Standard 3: Shelter Care

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

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

Standard 2: Intervention and Case Management

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

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

Standard 4: Mental Health/Health Services

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

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

Overall Rating Summary

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

Rating Definitions

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

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

Review Team

Members

Ashley Davies, Lead Reviewer and Consultant, Forefront LLC

Angela Patton, Program Manager/Case Manager, Thaise Educational & Exposure Tours

Catherine St-Vil, Program Support Specialist, Florida Network



Quality Improvement Review

Boys Town - 05/20/2015

Lead Reviewer: Ashley Davies

Naomi Thompson, Residential Counselor, CDS-Central

Nefretiri McGriff, Children's Home Society-West Palm Beach

Persons Interviewed

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

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 5 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 5 MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 7 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 8 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 3 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 3 Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|---------|---------------------|---------|
| 5 Youth | 5 Direct Care Staff | 0 Other |
|---------|---------------------|---------|

Observations During Review

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

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

The Ounce of Prevention Fund renewed its support of one in-home consultant and Common Sense Parenting supervisor position.

The O'Neil Foundation renewed its support of one Common Sense Parenting position.

Boys Town negotiated growth for in-home Diversion services in the Tri-county area and received financial support for the Orange County Office.

Boys Town surpassed their local fundraising goal for 2014, raising over \$650,000.

Boys Town finished 2014 having served 1756 children, the most ever served, for all of their Central Florida programs. The shelter ended 2014 at 102% occupancy.

There have been 624 children served thru March 2015 and has been at 101% occupancy through March.

The agency recently opened a new non-residential office in Metro West in Orange County, Florida.

The agency has fully implemented the Medication Cart in its residential shelter.

Standard 1: Management Accountability

Overview

Narrative

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

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

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

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

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

A total of Seven (7) applicable personnel files were reviewed. Six (6) of the staff were hired after the last onsite QI visit and all received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire.

One staff file reviewed was eligible for a 5-year re-screening. The re-screenings was conducted within the required time frame and prior to the staff members original hire date.

The Annual Affidavit of Compliance with Good Moral Character Standards was submitted to the DJJ Background Screening Unit on January 5, 2015, prior to the January 31st deadline.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The shelter has a policy in place for Provision of an Abuse Free Environment. All staff are required to adhere to a code of conduct which prohibits them from using profanity, threat, or intimidation when interacting with the youth. There have been no issues management has had to address with staff, relating to the code of conduct, since the last on-site review.

Out of five staff surveyed, four reported working conditions at the shelter were very good and one reported good. All five staff knew the process for allowing a youth to call the abuse hotline. None of the staff have ever heard a co-worker telling a youth they could not call the abuse hotline.

None of the staff have ever heard another co-worker using profanity, threats, or intimidation when speaking with the youth.

Out of the five youth surveyed, all reported they are aware of the abuse hotline and their ability to call the abuse hotline if wanted. All youth reported they have not called the abuse hotline. All five youth reported they have never been stopped from calling the abuse hotline. All of the youth reported they have never heard a staff member use profanity. All five youth reported they have never heard a staff member threaten another youth and that they feel safe in the shelter.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

There are policies in place for incident reporting and risk management reporting, and the policies outline the exact procedure for reporting an incident, to include those reportable to the CCC and those that are considered internal incidents. There were nine CCC reports reviewed going back to January of 2015. Reports to the CCC appear to be both timely and appropriate. All reports were made well within the two hour time frame. Staff are aware of time frames and types of incidents to be reported to CCC and policies are followed appropriately. The agency maintains a log of all incidents called into the CCC, whether or not they were accepted, if they were not accepted the reasons why were documented, the time of the incident, the time of the call, and a brief description of the incident.

Incidents involving medication were reported and handled in an appropriate and effective manner. There were three incidents relating to medication errors and all three incidents were due to missed doses of medication in April of 2015. The agency had just fully implemented the new Medication Cart and all three errors were due to staff learning the new process. Appropriate training was provided to the staff involved and procedures were put into place to avoid the errors happening again. No adverse effects were associated with any of these medication errors.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

There were eight training files reviewed, four files were newly hired staff completing their first year training and four files were staff who have been employed beyond one completing in-service training. All four files from the newly hired staff received the required (80) hours of training during their first year of employment, with 89.5, 89.25, 100.7, and 95.75 hours, respectively. Furthermore The agency has a training data base with an array of relevant topics that only its staff are able to access.

There were four files reviewed for staff who have been employed by the agency beyond one year. One staff documented 119.15 hours of training during the last completed training cycle and had already documented 47.65 hours for the current cycle with three months left to receive additional trainings. The second staff documented 35.5 training hours for the last completed training cycle. This staff's training cycle ended two days prior to the on-site Quality Improvement review. However, this staff did complete all required trainings. The third staff file reviewed documented 39.9 hours so far for the current training cycle with eight months left to receive additional trainings. This staff had already completed all required trainings for the cycle. The last file reviewed documented 53.25 training hours for the current training cycle with two days left in the cycle to receive additional trainings. This staff has already completed all required trainings for the cycle.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency does have structured guidelines that address the requirements of the Analyzing and Reporting Indicator. Boys Town is a large nonprofit agency that provides services for children and families nationwide. Boys Town assists in reuniting children with their families, locating foster homes, and providing a broad range of services for children and families with few or no other alternatives. The Boys Town organization has sophisticated data collection, management and reporting. The agency also produces numerous data management reports on a national level to assess its programs for quality improvement purposes. In addition, the Boys Town national office has a Marketing and Research Department to develop the company's national programs.

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

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

The agency generates several formal monthly and quarterly reports. The agency has five (5) committees that aid in generating these reports: Youth and Family Records, Service Review, Health and Safety, Staff and Program Requirements, and Quality Management Councils. The YFR, SR and QMC meet on a monthly basis. The remaining 2 committees meet bi-monthly. Each committee has a chairperson that reports on red flag issues related program, operations and risk management issues monthly.

The youth and family records committee ensure the quality and timeliness of youth and family records documentation across the continuum. This committee meets monthly to peer review files. Evidence of the agency's case record review reports were studied. Examples of indicators that are regularly assessed are: is the word confidential fixed on each file, is there a thoroughly completed medical alert form in the front of the file, is there evidence the youth meets admission criteria, is there a DJJ domestic violence referral for screening, is there a CINS/FINS intake assessment form with signature from staff and supervisor on file, has the 30, 60, 90 day review been completed. Documentation notes if follow-up is needed for a particular file, it is reviewed at a following meeting.

The service review committee reviews the files in a more in-depth manner by reviewing the quality and efficiency of service delivery systems and processes. Documentation provided proves that things such as screening form information, treatment plans, progress notes, and discharge summary notes are reviewed. This not only looks at if service was rendered but if the quality of service and if the services rendered were appropriate. This helps to improve on systems and processes when needed.

The Quality Management Council also conducts monthly reviews of incidents, accidents, and grievances. Incidents such as abuse registry calls, client grievances, youth and safety ethics calls, safety holds and manual guidance, staff injuries are noted. Incidents are differentiated by many categories such as missing child, medication error, illegal substance, AWOL, police involvement, sexual assault of client and serious illness/injury. After a client grievance is made, there is administrative response/action that is noted. This process allows for staff to be informed and improvements to be implemented.

Annual review of client satisfaction are conducted. Parent/guardians and youths have opportunity to complete surveys to express their satisfaction or dissatisfaction with the service. The actual surveys reviewed for the quarter appear to have very high remarks for the program. There was one instance where the youth marked poor on evaluation, however, follow-up was conducted. The person that followed up wrote response of the youth regarding the poor ratings. The youth stated that everything was okay and he just felt like marking "poor". This detailed process allows for the program to evaluate needed improvements and also verifies that client and guardian remarks are taken into consideration through a review.

Overall, findings are regularly reviewed by management and communicated to staff. These processes the agency puts into practice assists in the assessment of the services being rendered. It allows for the agency to build on strengths. This contributes to the overall ratings of occupancy for the agency and the growth of youth and families in the community.

Case in point: Last year, Boys Town served 1756 children. This exceeded their expected goal. This year's goal is to serve 1850 youth and families. With 624 children served through March, the agency may just be on their way to exceeding their expected goal for the year. Impressive.

Additionally, annual outcome data was reviewed. In comparison from last year, there was a decline in medication errors, injuries, manual guidance, and safety holds. And on average, at discharge there has been more clients placed at the same or less restrictive placement. Improvement indeed is realized.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

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

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

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

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

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

A total of six files were reviewed, three non-residential files and three shelter files. All files indicated that contact was made with the family within seven calendar days from the date of the referral. The parents and clients are given the CINS/FINS services brochure, which describe case staffing committee, CINS petition process, and CINS adjudication, at the time of intake. Consent to treatment, client rights and responsibilities, and notice to privacy practices are also given to the client and parents. The youth and parents also received the services that were available to them in writing. The parents and youth signed forms acknowledging they received this information. All six files that were reviewed had signed documentation from the client and parent that they received the information at intake.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

According to policy, a needs assessment must be initiated within 72 hours of admission for shelter youth and completed within 2 to 3 face to face contacts for non-residential care. There were three non-residential files reviewed and three shelter files reviewed. The needs assessment was completed within the appropriate time frame in all the files reviewed per standard. All six needs assessments were completed by Bachelor's or Master's level staff and signed by a supervisor. Out of the six files reviewed, one indicated an elevated suicide risk as the result of the screening. The file was reviewed by the licensed clinical supervisor.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

A total of six files were reviewed, three non-residential files and three shelter files. The case/service plan was developed with the youth and family within seven working days following the completion of the needs assessment for all six files. Each service plan was individualized and identified the needs and goals for the youth and family. Per standard, the service plan is to include the type, frequency, and location of services, person responsible, target dates, and actual completion dates. All three non-residential files included all information. Agency staff reports that they print out a final service plan upon closure, which indicates if progress is made and the date it was achieved (actual completion date), if applicable. The three shelter files do not reflect an actual completion date. It is recommended that a column or section be added to reflect this time frame. Five files were signed by the youth, parent/guardian, counselor, and supervisor. One file was not signed by the youth, but noted that the youth refused to cooperate with services. The files were reviewed with the youth and family every 30 days for the first three months and signatures from the parent and youth were obtained at the time of that review. The reason was noted if a review was late.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

A total of six files were reviewed, three non-residential files and three shelter files. All files were assigned a counselor/case manager to follow the youth's case. Referrals are identified for each client as needed and worker coordinates service plan implementation. Progress notes in the files indicate the family's progress in services and case monitoring. Families are being referred for additional services as needed. Shelter files indicate that staff monitors out-of-home placement. Two cases were referred for case staffing as needed to address the problems and needs of the families. No cases required accompanying a youth to a court hearing or appointment. Case termination follow-up completed and placed in closed files as appropriate.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

A total of six files were reviewed, three non-residential files and three shelter files. All six files document providing counseling services in accordance with the Case/Service Plan to the youth and families as needed. All files documented that the youth were receiving individual/family counseling and group counseling (shelter care) per standard. Daily meeting logs were reviewed for shelter files. These logs indicate that in the three shelter files, the youth received group counseling at least five days a week. The youths presenting problems are identified in the needs assessment and on the service plan in each of the files. Case notes are maintained for all counseling services provided and documents the progress of the youth. Each file notes that it was reviewed by a supervisor.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedure in place for Case Staffing Committee. The program has an established case staffing committee and has regular communication with committee members via emails. The program has a schedule for committee meetings for the entire year. Two files were reviewed. Both staffings were initiated by agency staff. Notification to the family was sent via certified mail no less than five working days

prior to the staffing. Committee members were also notified of the staffing within the appropriate time frame. The case staffings included a local representative from the school, DJJ rep, agency staff, mental health representative, representative from the Seminole County Sherriff's Office and others requested by the youth/family. Each file contained signatures from the above mentioned people and emails requesting their attendance. Reminder notifications were also sent to the families. The service plan for both cases were updated to include the goals and recommendations from the case staffing committee and provided to the family. The youth and family was also provided a copy of the recommendations at the time of the case staffing.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

A total of six files were reviewed, three non-residential files and three shelter files. All of the files reviewed were marked with confidential on both sides of the folder. The files are kept in a secure room that remains locked and is only accessible to program staff. The records are neat and in order. Staff can easily access the information in the file.

Standard 3: Shelter Care

Overview

Rating Narrative

The Boys Town shelter is located on a large, attractive campus in Oviedo, FL which is located Northeast of Orlando in Seminole County in Central Florida. The shelter facility is licensed by DCF for 18 beds. The shelter has two separate wings for males and females. These areas are separated by a large dining area, conference room, kitchen and classroom. There is also a "boys lounge" and a girls "dream room" for activities, social interaction and relaxation. Each youth admitted to the Boys town shelter receives a comprehensive new client orientation upon admission to the facility. Youth and parents also are provided a copy of the Boys Town Intake and Assessment Handbook during the orientation process. Youth rights, emergency procedures and grievance process are reviewed with each youth at intake. During the intake/assessment and new client orientation process youth are evaluated by the staff member doing the intake and are assigned to a room and bed based on various criteria, behaviors and/or characteristics. The agency uses the nationally recognized "Boys Town Model" behavior management system consistent with all Boys Town programs across the Country. The Agency does provide Domestic Violence Respite (DVR), Probation Respite, and Staff Secure shelter services.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The shelter environment is clean, safe, and spacious. The facility is free of any insect infestation and the campus grounds are free of debris and hazardous materials. The facility has its current DCF Child Care License. The dry pantry and is well organized and free of expired foods. The contents of the chemical closets coincide with a current MSDS and weekly inventory.

A current food service inspection certificate is posted on the kitchen's over head hood. The food menus were last approved by a Licensed Dietician on 4/23/2015 and are posted on the kitchen's refrigerator. The refrigerator is organized with all liquids at the bottom of the refrigerator and the meat rests on pans to prevent any spillage or leakage. The refrigerators and freezers are kept at the required temperatures. The kitchen cabinets that are used are labeled for the youth to easily identify the contents of the cabinets. The program maintains a separate locked box located in the staff office for sharp items, silverware, and thermostats. All items were accounted for during an inventory count.

The facility received a satisfactory rating during it's last annual fire inspection on 10/13/2014. All fire safety equipment is current and operational. The fire drill log/binder is up-to-date and reflects 3 fire drills being conducted each month. Mock emergency drills were conducted by YCWs and signed off by leadership staff with constructive feedback and positive praise.

One of the bathrooms housed in the female dorm had a loose and rusted shower head. One of the two males bathrooms had a loose shower knob along with a continuously running toilet. SS Chris repaired the toilet during the visit and made note of the loose shower knob and shower head to communicate to maintenance personnel. The second male bathroom had soap scum on the bottom of the shower – this was corrected during the visit. Overall, the bathrooms and laundry rooms were well maintained and clean. The bedrooms provided the residents enough drawer and closet space, sufficient lighting and clean bed linen.

Grievance forms were posted on both sides of the dorm for the youth to easily access. The grievances are submitted to the staff on duty and the supervisors are notified. A monthly calendar of events was posted on each side of the dorm providing an activity each day of the week for the residents that ranged from attending church, participating in community service, skating, group, and recreational time.

Staff and agency vehicles were locked and free from valuables being visible. The shelter has two client vans that are well maintained and are equipped with first aid kits, vehicle insurance and registration, fire extinguishers, glass breakers, seat belt cutters. Each set of keys has a mini seat belt cutter and glass breaker.

A knife-for-life and wire cutters were observed to be securely locked on the female and male side of the dorms and in the staff office. First aids kits were observed to be on the male and female side of the dorms and in both client vans. The two first aid kits on the dorms were well organized but contained expired antibiotic ointment. This was corrected during the site visit.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

Five youth files were reviewed, three closed and two open. All five files reflected that the residents were afforded the opportunity to be educated about the program within 24 hours of admission. The files reflect the resident's acknowledgement of receiving an explanation of the grievance policy, disciplinary actions or consequences, contraband rules and the layout of the facility. Each file also reflected the youth's and guardian's acknowledgement of participating in a fire drill upon admission to cover safety precautions and emergency evacuation procedures.

All five files showed acknowledgement of the youth being provided the number to the Abuse Hotline and contained signatures from both the youth and the guardians on all necessary forms.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

Five youth files were reviewed which contained evidence of a process being in place for appropriate room assignment. All five files indicated that program staff evaluates the resident's trauma and abuse history and documented the findings. The information collected was provided by the youth and the guardians. The program staff did well with documenting the youth's peer involvement, disabilities or limitations, health concerns, physical size, age and gender.

All five files reflected that information was gathered to document and enter alerts. All four applicable files provided program staff's thorough documentation of the youth being placed on CSS due to current or past self injurious behaviors, Baker Acts, or parent's concern for the youth when disciplined.

Four out of five files contained paperwork indicating room assignment for the youth. One active file did not have any documentation indicating what room the youth was assigned to on any of the three documents in the files that indicate such information (Youth Index, CINS/FINS Intake Assessment Form, or Room Assignment Sheet).

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key components of the indicator. A daily logbook is maintained and documents program activities and communicates information to staff. There are two daily log books, one for the males and one for the females. Log books were reviewed for the past six months. The majority of the logbook entries are clear & legible. Entries are written in ink and are signed & dated by the individual staff person. The agency uses a color-coded system to highlight important documented entries: runaways, intakes, Baker Act/Self Harm, medical/emergencies, and other safety concerns. Weekly supervisor reviews of the logbook are documented.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency uses the "Boys Town Model" behavior management system. Staff receive a two week training on the BMS used by the agency. The system focuses on teaching skills to the youth. The skills are divided into three categories: social skills, independent living skills, and academic

skills. The system uses a point card to continuously monitor positive and negative behaviors. Youth are given the opportunity to earn positive points for demonstrating the skills and given the opportunity to learn and correct behaviors associated with negative points. There are a variety of rewards (TV, extra phone time, Sweet snacks) and consequences that help facilitate appropriate behaviors and cooperation from the youth. Staff and youth were knowledgeable on the "Boys Town Model".

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses the major elements of this indicator. The agency has three shifts: 7am – 3pm, 3pm – 10pm, and 9:30pm – 7:30am. Program demonstrates that it meets the ratio criteria, that there are a minimum of two staff on the overnight shift, and that they consistently have at least one staff of the same gender as the youth on each shift. The agency has staff schedules provided to staff and posted in a visible place. There is a supervisor on duty who coordinates coverage issues. The agency currently does not use surveillance cameras in the shelter. The agency uses manual bed checks that are conducted in 5, 6, and 7-minute increments that are varied throughout the night. Six random overnight shifts were reviewed: 1/7, 2/13, 3/26, 4/25, 5/9, and 5/19 – bed checks were done as expected. However, none of the male bed log sheets reviewed had the staff's initials.

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. The policy addresses the following special populations: DV Respite, Probation Respite, and Staff Secure.

Three DV files were reviewed: one open and two closed DV. All three DV files reviewed met the criteria for placement (DV arrest) and each youth stayed a period that did not exceed the 14 day time frame. All youth were properly transitioned to CINS/FINS shelter placement. All youth had a case plan that focused on one of the following areas: aggression management, family coping skills, or other interventions designed to reduce re-occurrence of violence in the home. All of the other services were consistent with the general CINS/FINS program requirements as evidenced by the documents in the file.

The agency had one staff secure youth in the past 12 months. Youth's movements and staff supervising youth were clearly documented in the program logbook. Agency does not provide any documentation or written report for any court proceedings regarding the youth's progress. All necessary documentation was present in file.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

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

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

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida does perform a preliminary physical health screening for each youth at the time admission to the shelter also known as the intervention and assessment center. This is documented by the Intervention and Assessment Center Protocol. The latest policy was approved on March 2014. This indicator was measured by reviewing two closed and three open CINS/FINS residential files.

The files for each youth have two different areas where health is assessed—the Boys Town initial health screening shelter intake assessment and the CINS/FINS intake form (physical health screening section) in section seven of client folder. Both health screening forms for all files prove that condition of the client was assessed and initialed verifying so by the interviewing youth care specialist on the same day the client entered the program. Both screening tools address allergies and existing medical conditions- medical and mental.

As in accordance with best practice, the health screenings do assess current list of medication; existing medical conditions; allergies; recent injuries/illnesses; presence of pain or other physical distress; observation for presence of scars, tattoos, or other skin markings, and observation for evidence of illness, injury, physical distress, difficulty moving. In addition picture of client is also taken and have the potential to also identify any specific markings in the face and neck areas of client.

With the Intervention and Assessment Placement Agreement, Boy's Town assures that the parent/guardian of the clients are fully aware of the position that they have to be able to provide comprehensive service to the client. The parent/guardian initials next to each indicator that the agency requests to be agreed upon in cooperation with all the rules established by Boys Town to being actively involved in the coordination and scheduling of follow-up medical appointments.

Although there were no current medical follow-ups needed (in the files reviewed), the program has a system in place for a thorough referral process by evidence of the youth chronic medical condition information form. This form includes the status of medical condition, staff involvement, and appointment referrals.

4.02 Suicide Prevention

Satisfactory

Limited

Failed

Rating Narrative

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

Procedure Manual for CINS/FINS.

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

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

There were three files available for review of youth who had been placed on suicide precautions. All three files documented the youth were placed on at intake. All three files documented the youth was seen and assessed by a staff member working under the supervision of a licensed professional, within twenty-four hours or seventy-two hours if it was a weekend. The three files documented consultation with the LMHC. All three files documented thirty minute observations of the youth in the logbook. Entries in the logbook documented what the youth was doing and the name of the staff with the youth. All three files documented the youth was assessed by a staff member, who consulted with the LMHC, prior to removing the youth from constant sight and sound supervision. If you are on constant sight and sound supervision during the overnight hours, the youth sleep in the room next to the staff work station so that staff have constant supervision of the youth.

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

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

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

The agency has fully implemented the medication cart. All medication is stored in the cart. After the youth's information is entered into the system, a bin within the cart is assigned to the youth. The youth's medication is placed in that bin and once it is closed it can only be opened during assigned medication times or for inventory purposes. Staff using the medication cart have to enter a password as well as their finger print to gain access to the cart. All over-the-counter medication is also stored in the cart. Staff that have access to the cart have been delineated in writing and have been trained on it use.

The shelter has a system in place for refrigeration of medication if needed; however, there was no medication that required refrigeration during the time of review.

Schedule I (general prescribed) medications are counted once per day and when given. Schedule II (controlled/narcotics) are counted three (3) times per day by two (2) staff members. Sharps are maintained in a locked box and inventoried daily. Over the counter medications that are accessed regularly are inventoried by maintaining a perpetual inventory, daily, and also weekly. All inventories are completed using the medication cart. When an inventory is completed the staff will log into the system and choose which medication to inventory. When the medication is chosen the appropriate drawer and bin will pop open, staff must then count the medication and enter its number into the computer system. If it is a controlled medication a second staff member must also enter their initials and finger print to verify the count. If the count is inaccurate alarms within the medication cart will sound. The inventory must be completed and the amount must be entered into the computer system in order to close the bin the medication is in and close the drawer. If the count is not entered the door on the bin will not close. Hard copies of the inventories are also maintained.

There were three youth files reviewed for the medication administration process. The agency still maintains hard copies of all documents relating to the medication process, as well as, enters all information into the medication cart system. For the purposes of this review, the hard copies of all documents were reviewed to verify the medication administration process. All Prescription Medication Logs (PMLs) reviewed

documented the youth's name, medication strength, instructions, allergies, medication side effects, reason for use, prescribing doctor, route, and staff initials, youth initials, and full printed name and signature of each staff member who initials a dose. A cover sheet was located for each youth that documented the youth's date of birth, arrival date, and a picture of the youth. There were also additional print-outs located for each prescribed medication, with additional side effects and precautions. There was no documentation of the youth's full printed name and signature on the PMLs. The second page of the PML documents any medication communication, including that date, name, relationship to youth, reason for contact, and instructions/follow-up. There is also a section to document Transfer of Medication for Disposal. All PML's reviewed documented that all medication was given at prescribed times. If medications were not given, reasons why were documented. There is also a Prescribed Medication Count Sheet for each medication the youth is on. This form documents daily counts for non-controlled medications and shift-to-shift counts for controlled medications. All counts were completed appropriately for all medications reviewed. A perpetual inventory was also maintained for all medications reviewed, when given, and documented on the PML.

A worksheet is printed out each day from the medication cart that list each youth who is to receive medication for the day. This sheet is placed in the front of the Medication Log Book and staff check of each youth as the medication is given.

There were three incidents relating to medication errors and all three incidents were due to missed doses of medication in April of 2015. The agency had just fully implemented the new Medication Cart and all three errors were due to staff learning the new process. Appropriate training was provided to the staff involved and procedures were put into place to avoid the errors happening again. No adverse effects were associated with any of these medication errors.

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

Rating Narrative

The program follows written procedures (updated on March 2014) that ensure information concerning a youth's medical condition, physical activity restrictions, allergies, common side effects of prescribed medications, food and medication contraindication, and other pertinent treatment information is effectively communicated to all staff through the youth's file, National Data Base, transition log, and youth alert board.

The youth alert board uses two colors to decipher DCF youth (written in blue) from CINS/FINS youth (written in black). The board alerts staff (located only where staff can view, in the office) to medical/mental health conditions, medications, allergies, substance abuse status, self-harm status, Baker Act status, runaway status, and aggression status.

Reviewed through employee training files (completion of CPR and emergency aid trainings), all staff have been trained and are up-to-date in responding to emergency health related situations.

To ensure safety and security of all shelter youth, suicide risk alerts and mental health alerts are utilized to inform staff of youth suicide risk or mental health related needs. The alert system also includes informing the program director or designee and shelter supervisor the need for follow-up services. The policy notes that client's parent/guardian and primary physician will be contacted regarding medical care. If primary care physician could not be reached, clinics or emergency room within the vicinity would be utilized. All information is logged into the transition log and medical and dental episodic care log. The program also details a communicable diseases action plan. This plan, implemented on July 2014, explains the process of action if client or employee is infected.

In the beginning of each residential shelter file, there is a medical and mental health alert snapshot sheet that includes the physical health and mental condition of the client. Each reviewed file has this completed. Although, there is one file out of five open residential files that did not indicate on the health alert system a precaution of reactive asthma. Nor was this placed on the medical/mental health alert board located in the main office of the shelter. The intake form noted the last usage of an inhaler was last summer. Though, they do not actively have asthma placing this as a precaution would be crucial (as the weather already feels like summer). In this case, there is insufficient information to recognize/respond to the need for emergency care for the medical issue.

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

Rating Narrative

Boys Town does implement a policy and written procedure for episodic/emergency care. It was last updated on March 2014.

Boys Town provided documented procedures on how to obtain off-site emergency services for emergency medical and dental care. In case of emergency, emergency call is made and appropriate persons are contacted including parent and guardians and corresponding staff. Of the files reviewed there were no emergency situations. Though the program does provide evidence of a daily log. Implementation of daily log, referred as the episodic emergency medical and dental care log, is regularly noted as needed. It documents the name of the youth, injury/emergency/illness or reason for appointment, the follow-up performed (e.g. transported to ER or over the counter medication administered), and verification that legal guardian was notified or transporter information. Incident reporting to the CCC and the Florida Network is also performed appropriately.

There are seven knife-for-life and wire cutters located in the facility: both boys and girls bedroom areas, staff office, both vans, and both van keychains. They are all secured in a locked area. First aid kits were also recognized in both boys and girls bedroom areas and both vans.