



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Boys Town

on 05/15/2013

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 Interagency Agreements and Outreach	Satisfactory
1.06 Disaster Planning	Satisfactory
1.07 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 Youth Room Assignment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Shelter Environment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Daily Programming	Satisfactory
3.06 Behavior Management Strategies	Satisfactory
3.07 Behavior Interventions	Satisfactory
3.08 Staffing and Youth Supervision	Satisfactory
3.09 Staff Secure Shelter	Satisfactory

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

Standard 2: Intervention and Case Management

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

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

Standard 4: Mental Health/Health Services

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

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

Overall Rating Summary

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

Rating Definitions

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

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

Review Team

Members

Keith D. Carr, Lead Reviewer, Florida Network of Youth and Family Services/Forefront LLC

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 2 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 2 Clinical Staff | 4 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 Food Service Personnel | 11 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 checked="" type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 11 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 6 MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 14 Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 19 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 8 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 18 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 5 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

- 2 Youth 8 Direct Care Staff 0 Other

Observations During Review

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

Comments

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

Rating Narrative

Boys Town of Central Florida is part of the National Boys Town organization. Boys Town is a national non-profit child-care agency that is headquartered in Omaha, Nebraska with several locations throughout the country.

Boys Town of Central Florida staff members were extremely cooperative and provided timely responses to questions and actively participated in meeting the request of the review team members during the onsite program review. The staff members possess good knowledge of their program and really seem to display genuine care about the youth they serve and the shelter in general.

The staff members possess good knowledge of their program and really seem to display genuine care about the youth they serve and the shelter in general.

Strengths and Innovative Approaches

Rating Narrative

The agency uses a number of reports and data points to track outcomes and monitor the performance of their programs. Performance reports are used as key tools and are organized and tracked at the corporate level. All data on Boys Town of Central Florida is entered locally by staff members. These tools/reports include: the Agency Scorecard, Program Assessment Tool (PAT), Program Imperative Assessments (PIA), and Key Indicators Report. In addition the agency's National Data Base provides valuable information on trends, performance, and flags enabling the organization to make informed plans and decisions regarding the implementation of its strategic plans and goals.

These aforementioned resources are utilized as tools in the agency's weekly Management Team meetings, Quality Management Council and corporate strategy/operational meetings. Information and plans for implementation changes then flows to individual programs in staff meetings and/or emails and memorandums and functions as a constant feedback loop from staff to management to the agency's leadership team.

The prevention and outreach services provided by the agency marketed and through several different ways, and all staff take part in the outreach activities, through speaking engagements, public service announcements, and meetings at the local Chamber of Commerce, Juvenile Justice Council, local schools, and the Juvenile Assessment Center (JAC). The program produces professionally developed and produced brochures and other documents describing the services in English and Spanish. The agency also tracks outings and events attended and logs this information in the NETMIS data base.

In June of 2012 Boys Town re-opened its Foster Family Services program through a new contract with Community Based Care of Central Florida. Boys Town is currently in the process of recruiting Foster parents for this program. Carmen Gonzalez is the director of this program.

In July 2012 Boys Town signed the contract with FI Network to provide respite services for youth on probation with adjudication withheld. As of the date of this program review, Boys Town Intervention and Assessment Center has had 5 probation referrals.

In October 2012 Boys Town expanded its In-Home Family Services to Orange and Osceola County through a contract with Community Based Care of Central Florida. Boys Town opened its new Outpatient Behavioral Health Clinic and began seeing clients. Dr. Jason Gallent, Ph.D., LP, is the director of Boys Town Central Florida Behavioral Health Clinic. The agency also reduced the bed occupancy in the Intervention Assessment Center from 18 beds to 12 beds. Boys Town downsized two (2) FTE YCW positions and one (1) FTE Shelter Shift Supervisor position. Due to change, the Program Director is now required to run shift twice per week. Boys Town is still licensed by DCF for 18 beds in case the need arises to increase occupancy on a case by case basis.

In January 2013 Boys Town is the recipient of Ounce of Prevention Grant which will allow for the further expansion of In-Home Family Services in Orange County. In addition, this grant will fund the growth of Common Sense Parenting program in Orange County. Also in January 2013 Seminole County Sheriff's Office completed a safety check of Boys Town campus to promote the discouragement of criminal activities. Further, Melissa Temme was promoted to Director of Clinical Support Services and Shelter Shift Supervisor Aleandro McCray was promoted to Program Director of the Intervention and Assessment Center (Shelter). There is a current opening for a shift supervisor and interviews are currently being conducted.

In February 2013 on February 13th and Feb 14th HGTV visited on campus to conduct a filming project on a renovation of our Youth Activity Center. Five (5) of Boys Town North Florida youth and two (2) of Boys Town Central Florida youth and 5 Boys Town Central Florida youth Alumni will be participated in the project. In addition, Boys Town Central Florida signed the contract with FI Network to provide respite services for youth that have been arrested for Domestic Violence.

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's Executive Director is Greg Zbylut who oversees the daily operations of both residential and non-residential services provided by the organization. The agency has multiple contracts that it manages that include funding from the Department of Juvenile Justice, Department of Children and Families, Community Based Care of Central Florida, Seminole County School Board, as well as other funders.

Boys Town of Central Florida, Inc. provides both residential and non-residential services to dependency, status offenders and other youth and families in need of services families in Seminole County. Boys Town of Central Florida is managed by an Executive Director, who oversees a program operations and services. The agency's leadership and management teams consist of one (1) Senior Director of Programs, 1 Program Support Coordinator, 1 Psychiatrist, 1 Clinical Support Coordinator, 1 Residential Program Coordinator and 1 Non-Residential IHFS Supervisor. The agency also has a Compliance Specialist on staff. Other key program and operations staff include two (2) Clinical Support Assistant s and 2 Residential Supervisors.

The Executive Director is the highest level of managerial responsibility for all programs at Boys Town of Central Florida. The Senior Director of Programs supervises all program activities and provides direct supervision, consultation, and support to the coordinators/directors. The Intervention and Assessment Center, also known as the youth shelter, employs twenty-four staff members, including one Program Director and 2 shift supervisors, nineteen (19) youth care workers, 1 Shelter Teacher and 1 Administrative Secretary.

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 and 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, staff members on various job-specific and professional development offerings. An individual training file is maintained for each staff member.

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

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

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida has both national and local policy and procedures in place that address the background screening of all employees and volunteers. The policy requires all staff and volunteers to complete a Level 2 Background Screening in accordance with Chapter 985.407 of the Florida Statutes and in accordance with Boys Town background screening policies. This background check includes good moral character documentation, employment history checks, employment screening and local law enforcement criminal record checks. Additionally, the provider conducts a background check with the Department of Motor Vehicles prior to hiring an employee. A favorable screening result is required prior to offering employment.

A total of ten (10) applicable personnel files were reviewed. Three (3) 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. The program did not utilize any volunteers during the review period.

Two staff files reviewed were eligible for 5-year re-screenings. One of the two re-screenings was conducted within the required time frame. The other re-screening needed to be approved on 1/23/13, but this request was not received by the DJJ Background Screening Unit until 2/6/13. Approval was made on 2/18/13. This employee also received a Level 2 Background Screening approval by DCF on 2/6/13.

The Annual Affidavit of Compliance with Good Moral Character Standards was signed on 1/4/13 and submitted to the DJJ Background Screening Unit on 1/6/13, prior to the January 31st deadline.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed policy that addresses the general requirements of this indicator. A review of the indicator was conducted on site by the reviewer. The name of this policy is Child Abuse/Neglect Reporting. This policy requires that when staff members has reasonable suspicion that a youth is the subject of abuse/neglect, that staff member shall immediately report such suspicion to his/her immediate supervisor. The agency has a Code of Conduct policy. The name of this policy is Code of Conduct and Professional Conduct. This policy stresses that all staff members conduct affairs to the highest of ethics, integrity, honesty, fairness and professionalism. The policy stresses Personal and Professional Behavior with nine (9) bulleted guide points. This policy also includes sections titled Process of Determining Whether a Breach of the Code Has Occurred. This section has bulleted guide points. The last section is named Resolving Issues Under the Code of Ethics and Professional Conduct Policy. The agency has a policy that includes addressing Youth Rights and Responsibilities. This policy requires that all youth/families served by the agency are informed of the Youth Rights and Responsibilities. The agency also has policies related to this area that include Program Audit Investigation and internal reporting protocols for tracking violations of Code of Conduct and general unsatisfactory or unacceptable work performance.

All youth admitted are given and informed on the major areas of the Youth handbook. The handbook is titled the Youth Information Book – Intervention and Assessment Center Program. Each resident admitted is provided a handbook upon admission to the program. All youth are informed of the program's Grievance Policy and their right to call the Abuse Hotline. The Abuse Hotline number is posted in the day room and the number is also provided in the program client handbook. A total of 2 CINS/FINS youth residents in the shelter during this on site program review. One out of the 2 youth surveyed reported that they have not either been threatened or heard any adults threaten another youth.

The reviewer documented that the agency records both DJJ Central Communications Center (CCC) Incidents and internal incidents. A total of sixteen (16) incidents were confirmed as being in the agency's incident report binder. Of these documents there were a total of nine (9) internal incidents and four (4) DJJ CCC incidents. None of the documented incidents involved evidence of intimidation, threats or abuse. The program provided copies of grievances between November 2012 and May 2013. A total of six (6) grievances were documented during this period. None of the grievances documented contained evidence of intimidation, threats or abuse. Further, the agency did not have any evidence agency administrative reports citing issues related to Code of Conduct Violations of any kind or specifically related to acts of intimidation, threats or intimidation. A total of eight (8) Online staff member surveys were completed during the program review. Of these surveys, 8 out of 8 staff reported that not witnessing or observing any threats of harm, intimidation or abuse. Staff members also reported that they were knowledgeable of the agency Abuse reporting requirements.

One (1) out of seven (7) staff reported not observing a co-worker using profanity when speaking to youth.

One (1) out of the two (2) youth surveyed reported that they have either been threatened or heard any adults threaten another youth.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida has both a national and local policy and procedures in place that meets the reporting requirements for this indicator. Employee training files contained documentation of incident reporting and Central Communications Center (CCC) training. The facility has an Incident Reporting and Risk Management Reporting Policy in effect with the latest revision signed 4/23/13.

Onsite documentation of internal reports is kept in a separate facility binder. The Supervisor/Program Manager reviews the documents and this information is captured in the Monthly Risk Management Report. A Compliance Specialist has recently been assigned the responsibility to perform a secondary review all incidents. Recommendations and/or follow-up actions are made.

Four (4) staff members were interviewed in reference to the incidents and reporting procedures. All four were aware of the incident and reporting policies and gave examples of what actions are taken when an incident occurred. They were all familiar with the reporting procedures and requirements.

Four (4) reportable incidents were accepted by the CCC in the last six (6) months. All incidents were reported to CCC within the allotted time frame except one. The youth was taken to the hospital by her mother on 04/12/13. On 04/13/13 at 2:13 am the facility was notified by the mother that the youth would be admitted to the hospital with an ear infection. The incident was not called into the CCC within the two (2) hour time frame and was called in later the same day. The youth was released from the hospital the same day and returned to the shelter.

The Program Manager is aware that incidents may be reported to the CCC even if at the time it does not meet the definition of a reportable incident but may become a reportable incident. A follow-up report can be filed with additional information later if it becomes a reportable

incident.

A review of documentation indicates that the facility has reported a total of sixteen (16) incidents over the last six months and of these twelve (12) were not accepted as reportable incidents.

All incidents were reported to CCC within the allotted time frame except one that occurred on 04/12/13. The incident was not called into the DJJ CCC within the two (2) hour time frame.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The Boy's Town program has policy, procedure and practice in place which coincides with QI Policy & Procedure manual related to Staff Training Requirements. Each new employee is required to have a minimum of (80) hours of training during their first year of employment and (40) hours each year thereafter. They include but are not limited to the following trainings:

- Program Orientation
- Crisis Intervention
- Personal Safety and Self Defense
- Suicide Prevention
- Behavior Management
- CINS/FINS CORE
- Mental Health and Substance Abuse
- Title IV-E Procedures
- In-service Training

Susequently I reviewed the training files of (4) Newly hired employee's. All of the employee's received the required (80) hours of training during thier first year of employment cosisting of the aforementioned topics. Furthermore each of the four files contained a talied listing of all of the trainings that each employee attended during their individual training cycle based on original hire date. The Boy's Town Program has a training data base with a plethora of relevant topics that only its employee's are able to access. It must be noted that this procedure and practice is outstanding and should serve a model for other Network Providers.

Of the employee's who have been employed beyond one year (4) training files were reviewed and of the four, (2) were part-time employee's. Each of the full-time staff had the required (40) hours of training. However the part-time staff have very few training hours. Due to the modern technology and training system that the Program has in place this particular issue should be quickly rectified. Based on my professional observation and the information presented to me this particular indicator should be rated a Satisfactory.

Of the (4) employee's who have been employed beyond one year, two of them were part-time employee's. Both of the part-time employee's did receive the initial required (80) hours of training within their first year of employment. However based on their individual hire dates it will be very difficult for them to obtain the required (40) hours of training by the end of their individual training cycle. Employee (A. Broxton hire date 7/10/2011) and she presently only has 6.40 hours of training; and (A. Doyle hire date 7/29/2010) and she presently only has 15.50 hours of training.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

Boys Town has a both a national and facility policy to address Interagency Agreements and Community Outreach. The facility also has a 2013 Outreach Plan and two designated programs contacts including the Executive Director and the Supervisor of In Home Family Services.

The program builds strong community partnerships and collaboration to ensure youth and families receive proper/appropriate services. The

program has over thirty-two (32) current Memorandum of Agreements (MOUs) and Interagency Agreements, all maintained in one designated binder.

Of the 32 current written agreements, twelve (12) were for prevention/early intervention services, five (5) were medical services, four (4) educational services, three (3) recreation services, and one (1) regarding staff secure shelter with the Florida Network. All of the agreements reviewed were current and/or showed an ongoing renewal process.

Although community outreach is a shared responsibility, the program has two designated staff members responsible for Community Outreach Activities. The Executive Director and the Supervisor of the In Home Family Services are both responsible for outreach. The outreach staff provides community members with information about the programs, recruits resources for the agency, increases awareness of strengths, needs, and problems of clients served, develop stronger relationships with affiliates in order to provide better resources for clients, and encourage joint planning and collaboration among providers. The program has a variety of promotional materials, available in English, Spanish, and Creole, that provides information about services offered, as well as prevention and educational material.

A copy of the provider's Outreach Plan for FY 2012-2013 was reviewed. The plan identifies a designated outreach staff, target areas, informal service linkages, formal/informal service providers, and describes a process for participation on community boards and coalitions as well as participation in community needs assessment through involvement with task forces, associations, and other affiliations.

The agency offers behavior modification services management through their Outpatient Behavioral Health Care Clinic, Dr Jason Gallent, Ph.D., LP, is the Director. The clinic offers outreach services to any youth or family in the community. Thirty families have been served since the program opened in October 2012.

Various staff participates in group presentations and discussions, individual meetings, the display and distribution of materials at community events, media events and interviews. The facility holds a community open house in December highlighted by the lighting of a Christmas tree and the arrival of Santa Claus escorted to the facility by the local Oviedo Police Department.

Boys Town has an excellent relationship with local DJJ probation, the Seminole County Juvenile Assessment Center and the Seminole County Sheriff's Office. The facility recently worked with the Mexican Consultant in providing an employee to reach out to the parents of immigrants to teach the Common Sense Parenting course. The Common Sense Parenting classes are open to all residents and are free.

Fourteen (14) different presentations in April at 14 different locations were recorded in March to a total of 320 people in the community including one hundred students at the UCF Tenth Annual Service Learning Day on their campus.

The In Home Family Services Supervisor is the current Chair of the local Seminole County Juvenile Justice Council and is also a member of the Circuit 9 Juvenile Justice Board.

HGTV in February completed a project renovation of the Youth Activity Center. Five (5) youth from Boys Town of North Florida and two (2) youth from Boys Town of Central Florida and 5 Central Florida alumni participated in this project. Advertisements are currently being aired for the upcoming TV show.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

Boys Town of Central Florida has both a national and local policy and procedures in place for this standard. The program has a comprehensive policy and procedures as well as an Agency Disaster Plan and Continuity of Operations Plans (COOP) for both the Residential and Non-Residential programs. The Disaster Plan procedures were reviewed and approved. Additional local policies address fire inspections, safety inspections, first aid equipment and flammable, Poisonous and Toxic Control.

Boys Town local procedure is very detailed and is revised as needed. The most current revision is dated 5/6/13 and updates the change in management roles due to the promotions in two key positions. The program participates in the Universal Agreement for Emergency Disaster Shelter for Florida Network Members Agencies. The Universal Agreement was signed 3/27/13.

The Seminole County Fire Inspector reviewed and approved the Boys Town emergency Management Plan on 1/31/13.

The facility procedure addresses all requirements of this standard: 1) required types of emergency situations, 2) procedures to follow in a severe weather warning; 3) necessary equipment and secure transportation; 4) conditions under which evacuation would occur; 5) Identification of specific evacuation facilities; 6) procedures to bring necessary food, medications, log books, etc and; 7) notification procedures to the Florida Network. Employees are trained in emergency procedures during their orientation training and all of the training files reviewed showed that staff had received Fire Safety and Emergency Preparedness training. The facility recently had a grease fire and staff used fire extinguishers to put out the stove fire.

Emergency episodic and fire drills are conducted by the program and are documented on a log and corresponding reports that provide details of each drill including an analysis and critique. Both types of drills were reviewed for the review period and involved various scenarios and were very detailed. Fire drills were conducted by staff once on each shift each month and episodic drills were also conducted quarterly on each shift.

All of the drills reviewed onsite were also recorded in the program logbook. There is an egress plan in all rooms of the facility.

1.07 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

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

At the local service level the has several process in which assess program, operation pernance and risk manger issues and trends. The agency addresses through using five (5) committees. These committees are Youth and Family Records, Service Review, Health and Safety, Staff and Program Requirements and Quality Management Councils. The YFR, SR and QMC meet on a monthly basis. The remaining 2 committees meet bi-monthly. Each committee has a chairperson that reports on red flag issues related program, operations and risk management issues monthly. The agency records the all meeting events on monthly meeting minutes. Example of meeting minutes were provided on onsite. For example the Youth Records committee would review for error rate related to accuracy and completion for files. Any results below a determined benchmark would require an action plan. The agency provides a plan to the program director. The Program is then required to execute the planned intervention to be addressed. In the area of file review, follow to test whether items have been corrected occur on a monthly basis.

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

The agency also conducts annual program assessments. Each program director is required to self-evaluate their programs by a tool that includes a battery of questions. The tool is called the Community Engagement Readiness Assessment and includes various internal and external program and operation questions. The agency implemented a new position of Quality Assurance and Compliance staff position in the last six months.

The agency did not make reference to the percentage or its effort to reduce certain risks related to addressing a certain outcome. For example, the agency could develop a plan to address the problem and set a target goal to address the identified problem. At the time of this onsite review, the internal oversight process used by the agency demonstrates general awareness of issues. The agency should utilize focus on increasing its efforts to document the various intervention and strategies it uses to address a problem in more detail.

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) Supervisor, four (4) IHFS Non-Residential Counselors and one (1) CINS/FINS Consultant.

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. In addition, participants are provided with information related to intake, abuse reporting and information on a broad range of other services. The non-residential component of the program has access to Licensed Clinicians. All counselors have a minimum of a Bachelors' or Masters' level degree, most have Master's degrees. The program provides non-residential services that 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. This reviewer gained interview and obtained input from several staff members in determining systems and processes in place to facilitate meeting program standards. The staff members of Boys town of Central Florida were very helpful in answering questions, explaining processes, and locating documentation.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since 02/26/06 and revised 3 times with the latest revision in September 2010 that addresses all the key elements of the standard.

An initial eligibility screening is conducted on each youth and their family. A CINS/FINS consultant initiates the screening within seven (7) days of receiving the initial referral to determine eligibility. Any exceptions are required to be documented. Screening dates taken by program staff are the same date as referral date.?

The reviewer reviewed ten (10) client files. Of these files five (5) files, three (3) were open cases and two (2) were closed cases for the non residential program and 5 for residential 2 open and 3 closed cases. The file review revealed that there was evidence in all 10 files that all screenings were completed within the seven (7) calendar days of receiving the referral. The agency also informs participants of possible actions available through involvement with CINS/FINS services and the agency's grievance procedures. There was inconsistency in the files in terms of whether parent/guardians were provided with the CINS/FINS Service Options brochure. Of the total number of 10 files, 4 of the residential client files did not have evidence of this. The reviewer recommended that the agency add confirmation that the parent received the Parent Brochure.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy that is revised on an as needed basis. The policy has been revised three (3) times with the latest revision in September 2010 that addresses all the key elements of the standard. There was a special revision for Family Intake on May 1, 2008. Overall, the policy addresses the general requirements of the indicator.

The reviewer of the indicator assessed a total of ten (10) files to determine the agencies adherence to this standard. Of these files five (5) files, three (3) were open cases and two (2) were closed cases for the non-residential program and 5 for residential 2 open and 3 closed cases. All files reviewed had the psychosocial assessment initiated within seventy-two (72) hours of admission for youths in the shelter and all non-residential files had the psychosocial assessment completed within 2 to 3 face to face sessions. All psychosocial assessments were prepared by a bachelor's or master's level staff and reflected supervisor review signatures. The psychosocial assessment identifies youth with an elevate risk of suicide. The files reflect that all youths identified with an elevated risk were referred for an assessment of suicide risk conducted by or under the direct supervision of a licensed mental health professional.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy in place that addresses all key elements of this standard effective December 31, 2007 and has been updated when necessary. The latest revision was dated in September 2010. There was a special revision for Family Intake that was dated on May 1, 2008.

The agency's policy addresses the general requirements of the indicator. After the 30/60/90 day review process, the agency reviews the SP every quarter instead of the 6 months review required by the standard. The assigned case manager is responsible for ensuring service coordination, providing frequent on-going communication with all involved parties and implementing and reviewing the service plan. The program requires that no communication be conducted without the written consent that permits the sharing of information.

The reviewer assessed ten (10) client files. Of these files five (5) files, three (3) were open cases and two (2) were closed cases for the non residential program and 5 for residential 2 open and 3 closed cases. Nine (9) of the 10 client files had service plans developed within 7 working days. One (1) file had an ecological assessment (interview notes) completed therefore only a preliminary service plan was developed. All service plans indicated individualized and prioritized needs and goals identified by the Psychosocial. All plans reviewed include service type, frequency, location, target dates, all relevant signatures and review dates for progress were in place. For residential clients there is evidence in the files of letters inviting parents to participate. The program reviews service plans on a more frequent basis than what the standard requires as outlined in their policy and procedures. The agency reviews files after 60 days rather than the standard 6 months requirement. Where signatures are not present a note is made on the service plan and in the progress notes of the reason.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy in place that addresses all key elements of this standard effective December 31, 2007 and revised 3 times the last revision in September 2010. There was a special revision for Family Intake on May 1, 2008.

The agency's policy addresses the general requirements of the indicator. The program has a practice of identifying and giving families referrals upon intake of their non residential clients. Discharge planning is initiated 2 weeks before discharge and further assessment is done to identify needed referral which is given to the families at discharge.

The reviewer assessed ten (10) client files. Of these files five (5) files, three (3) were open cases and two (2) were closed cases for the non residential program and 5 for residential 2 open and 3 closed cases.

Each file was assigned to a specific consultant. Service plans depict program staff responsibilities. There were evidence in the files of on-going assessment of family and client problems/needs and referrals given to meet those needs. There were evidences of parent signatures in all files evidencing participation in service and treatment planning. Goals assigned to parents also evidenced parents/guardians involvement. All client files document family support in the form of parent training, family conference school visits and regular home visits. Two (2) of 5 non residential files were referred to case staffing and documented in the files evidenced of program staff presence at the staffings. Discharge summaries have evidence that program staff coordinated case termination with follow-up.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The Program has a written policy in place that addresses all key elements of this indicator. The policy list that is was effective in December 31, 2007 and updated two (2) times with the last revision in September 2010. The program added additional policies and procedures on Referrals to Community-Based Services for Families in May 2009 and revised their Mental Health Services/Referrals in June 2012.

The agency provides an array of counseling services through licensed clinicians who are program staff or through referral to community based agencies. Based on the results of the family's assessment and the family's individual service plan the Family Consultant explores services in the community with the family that will support or supplement the service plan. Skill development and community based service recommendations shall be documented in the progress notes/case notes, service plan family discharge summary and aftercare plan as appropriate. A family must complete a release of information form if a consultant contacts a community bases service on behalf of the family.

The reviewer assessed ten (10) client files. Of these files five (5) files, three (3) were open cases and two (2) were closed cases for the non residential program and 5 for residential 2 open and 3 closed cases. Two (2) program staff were interviewed during the program review. Staff

members interviewed included Melissa Temme, Clinical Support Supervisor, and Bethany Lacy, Non Residential Coordinator. Based on the interviews with staff members, clients in the shelter do not receive schedule counseling sessions, but receives supportive counseling. The focus of the staff for shelter clients is behavior modification. At intake the clients and families are informed of the availability of this service. Family therapy is also not structured but is done on an as needed basis. Staff members report that short residential stays of the clients do not lend itself to counseling as with the non residential clients. When further counseling needs are identified the client and family are given a referral as part of their aftercare plan. While they are in the shelter if a diagnosis is identified the client is referred to a contracted psychiatrist who comes in monthly. Usually the shelter residents are not prioritized, therefore a referral is given for the parent guardian to follow-up on. A total of five (5) residential files were reviewed. There was evidence of coordination between identified presenting problems, psychosocial assessment, case/service plan, case/service plan reviews, case management and follow-up. A treatment team meets with the clients weekly and addresses the service plan goals. From this meeting direct care staff are directed to follow through and logging the clients' progress. Parent involvement is minimal limited to participating in service plan development. No evidence of family involvement for example parenting training, family conference nor supportive services to the family. Groups for shelter clients are completed daily by direct care staff members and clinical groups completed once per week by a masters level person.

The non residential program is an in home counseling program that utilizes the Boys Town model. Referrals are generated through various community based agencies such schools, law enforcement etc. Clients are seen on a weekly basis. There is usually a waiting list and as soon as a consultant is available clients are assigned and the consultant makes contact with the family. A total of five (5) non residential files were reviewed and reflected coordination between presenting problem(s) psychosocial assessment, case/service plan, case/service plan reviews, case management and follow-up. The program conducts ongoing internal reviews for youth record and service reviews completed monthly by two (2) committees. Relevant referrals were provided to the families, family involvement was evidenced by goals assigned to parents and case notes reporting parents training and participation to meet goals. Progress notes document support to both clients and families. There was evidence of constant communication between program staff and parents via phone calls, texts messages and visits. Program staff providing in home counseling utilize an accountability slip that parents sign agreeing that the visit took place. Program staff members were making weekly visits and when it was not possible a reason was documented. Program staff members were also accompanying parents and youth on appointments such as school conferences and case staffings. Of the 5 files, 3 were extended beyond the 90 days and there was evidence of documentation in the files for the reason and approved by a supervisor.

It is recommended that the residential program document all efforts to engage parents into counseling sessions, treatment team, and parents' conference.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The Program has a written policy in place that addresses all key elements of this indicator. The policy is listed as effective on December 31, 2007 and has been revised 2 times the last revision in September 2010.

A parent/legal guardian or any Boys Town Case Manager may request that a case staffing Committee be assembled to provide further guidance and support to assist the youth and/or family in formulating a solution to a service plan. The case staffing is to be convened for specific reasons and all pertinent parties involved in providing services to the client should be involved. After 7 days of receiving the request the case staffing is to be convened. At the end of the meeting a copy of the case staffing committee's recommendation is provided to the parent/guardian outlining the committee's recommendation for or against the petition being filed. If guardian is not present they are to receive the report by 7 days.

A total of two (2) files were reviewed for the case staffing process. Case staffings are convened within seven (7) working days from receipt of the written request. Evidence of case staffing activity is in the files of the family being provided with a new revised plan for services. A written report outlining the committee's recommendations is produced within 7 days. The agency utilizes judicial intervention in the event a case staffing is not effective.

For the period under review no petitions were filed.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy in place that reflects this standard effective June 1, 2002 and revised 2 times the last revision in March 14, 2013. The program has a written procedure on the youth's record from intake to discharge.

The program maintains confidential records for each youth that contains pertinent information involving the youth and his/her treatment at the program. All the files reviewed were marked confidential and kept in a secure room, in a locked cabinet in the Youth Care Workers' office. All files were neat and orderly so that information is accessible quickly. Youths' records are accessible by pertinent personnel only.

Standard 3: Shelter Care

Overview

Rating Narrative

The Boys Town campus is located in the City of Oviedo in Seminole County which is Northeast of Orlando.

The campus has several facilities and programs on site providing excellent resources for youth and families served.

3.01 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

A review of applicable agency policies and procedures clearly indicated that specific and detailed written policies are in place that address all of the key areas of this CQI indicator.

Program protocols are written, reviewed and revised on an annual basis by program staff and approved by the Executive Director on site. Official agency policies are also approved by the Boys Town National office in Nebraska.

A review of program documentation and interviews with both staff and youth revealed that service delivery practices were consistent with written agency policies and CQI requirements.

The youth room assignment process begins during the new client screening process. The staff conducting the NETMIS screening begins to identify critical client care issues that led to the referral for services and also resulted in the youth's placement at the facility. Related eligibility criteria and risk management issues are captured on the screening form and are incorporated into the intake process when the youth arrives at the facility.

During the intake process staff complete the Youth Room Assignment Form that includes brief assessments on the youth's issues, attitude and status upon intake. In addition, this form contains room assignment criteria necessary for the room/bed assignment process.

A review of 6 open residential case files indicated that in all six cases the room/bed assignment section was completed for each youth at intake. The appropriate indicators, notes, comments and other documentation were completed in all six cases.

An interview with three staff members (youth care, counselor, residential supervisor) all confirmed that this process is clearly understood by all staff and that the policy and procedure is consistently followed.

No exceptions were noted during this site review.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

A review of applicable agency policies and procedures clearly indicated that specific and detailed written policies are in place that address all of the key areas of this CQI indicator.

The agency completes a comprehensive orientation process during each new intake at the shelter. The process addresses all of the requirements listed in this CQI indicator. The orientation process is documented in the youth's file by the staff member conducting the intake.

A review of five residential files revealed that all five files contained documentation on the orientation process that was signed and dated. All youth receive a copy of the Client Handbook upon admission to the facility which explains all program services.

Interviews with the Residential Supervisor and the two lead Youth Care Workers also confirmed that the orientation process is consistently documented during the intake process for all youth admitted to the shelter.

None noted at time of this review.

3.03 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the indicator requirements in QI 3.03 Shelter Environment. The policy was approved and signed by the Executive Director.

The facility is appropriately and tastefully decorated and furnished. Furnishings in the residential facility living areas, entrance foyer, offices, kitchen and dining room are in good repair.

Youth bedrooms, bathrooms and shower areas are clean, functional and have adequate lighting and water temps in compliance with health department standards. The grounds are well landscaped and maintained in good condition. Youth are provided clean linens at intake and then at least weekly and clean towels are provided daily.

The most recent food service Health Inspection rated the facility as "Satisfactory". There was a recent re-inspection due to a significant fire in the kitchen area that resulted from an accident while frying food on the stove top. The report stated that the facility met all compliance issues and was cleared to resume normal operations and meal preparations.

The most recent fire inspection was conducted on the Oviedo Fire Department. No violations were found. Both the Fire Prevention Plan and the fire drills were found to be in compliance. The hood system and fire extinguishers were inspected along with the fire alarm system.

None were noted at time of this review.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure in place that addresses all of the key elements of this QI indicator.

The agency maintains a daily log book to document program activities and communicate information across staff from shift to shift and day to day. The agency uses a consistently formatted log book to ensure accuracy.

Entries are legible, made in ink and signed and dated by the staff completing the entry. Corrections are completed according to agency policy and QI requirements (single line strike through with staff initials).

A review of the log book indicated that staff are consistently following agency policies and QI requirements. Staff document their review of the log book for the previous two shifts by signing in when they arrive to work. Program activities and events are vigorously documented according to agency policy.

During this review no exceptions were noted.

Rating Narrative

A review of applicable agency policies and procedures clearly indicated that specific and detailed written policies are in place that address all of the key areas of this QI indicator.

Program protocols are written, reviewed and revised on an annual basis by program staff and approved by the Executive Director on site. Official agency policies are also approved by the Boys Town National office in Nebraska.

The program has a daily schedule that includes all planned activities throughout the day. The schedule is posted in the facility in both the boys and girls day rooms and is also reviewed with youth upon admission to the shelter.

Shelter programming includes a plethora of activities such as meals, chores, hygiene, school, life skills, group counseling, faith based activities and recreation time.

No exceptions were noted.

3.06 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. All staff receive training in the use and implementation of the Boys Town Behavior Management System (BMS).

The Boys Town shelter program utilizes a behavior management system that is recognized as a National model and is clearly defined in writing. During the intake process the BMS point/level system is explained to youth along with the associated privileges and consequences at each level.

Youth earn points throughout the day that are recorded by staff on an individual youth point sheet. The Boys Town BMS also defines specific rights and responsibilities for youth and staff to follow during their time at the shelter to encourage appropriate behaviors, positive relationships and a safe environment.

If youth feel that an error was made in the daily points or level assignment they can verbally appeal to a staff member or a program supervisor and file a formal grievance if the issue is still not resolved.

No exceptions were noted during this review.

3.07 Behavior Interventions

Satisfactory

Limited

Failed

Rating Narrative

A review of applicable agency policies and procedures clearly indicated that specific and detailed written policies are in place that address all of the key areas of this QI indicator.

Program protocols are written, reviewed and revised on an annual basis by program staff and approved by the Executive Director on site. Official agency policies are also approved by the Boys Town National office in Nebraska.

All staff are trained in behavior management techniques that include verbal de-escalation skills, personal safety strategies and self defense techniques.

In most situations, the agency does not use physical restraint techniques to manage aggressive or out of control youth and typically relies on law enforcement to handle those types of situations. However the policy does allow for certain limited situations where immediate action or intervention may be necessary by staff to prevent seriously bodily harm or injury from occurring to youth or staff.

- Only staff are allowed to discipline youth.
- Group punishment is not permitted.
- Room restriction is not used by this program.
- Youth are allowed to take self-imposed or staff directed time-outs in the courtyard which is monitored via video cameras.
- The five second rule is implemented in crisis situations to remove other youth from the area.
- Corrective counseling is applied and documented when appropriate or necessary.
- Evidence of this was found during this CQI site review.

There were two surveys that indicated that staff may have used profanity on two occasions.

3.08 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

A review of applicable agency policies and procedures clearly indicated that specific and detailed written policies are in place that address all of the key areas of this QI indicator.

Program protocols are written, reviewed and revised on an annual basis by program staff and approved by the Executive Director on site. Official agency policies are also approved by the Boys Town National office in Nebraska.

An interview with the Supervisor confirmed the staffing patterns are in compliance with QI requirements. Observations also confirmed this fact.

A review of staff schedules for the past six months also indicated that the shelter staffing patterns are in compliance with QI requirements apart from the one exception noted in this report.

3.09 Staff Secure Shelter

Satisfactory

Limited

Failed

Rating Narrative

N/A

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 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. Staff members are trained on safety and first aid training topics as confirmed by documentation in agency training files.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The Boy's Town Program has Policy & Procedure in place related to Healthcare Admission Screening for each youth they serve. A thorough review of client files, log books and incident reports revealed a consistent practice is followed by the program and staff. Three (3) Client files were selected at random and all of the files contained a Healthcare Admissions Screening that is completed at the initial point of Intake.

All of the Screenings contain the following key elements:

- Current Medications
- Existing (acute or chronic) medical conditions
- Allergies
- Recent injuries or illnesses
- Presence of pain or other physical distress
- Observation of illness, injury, physical distress etc.....
- Observation for presence of scars, tattoos, or other skin markings

Based on the review of the aforementioned documents it is apparent that program does an outstanding job with this particular indicator. All staff are well aware of any and all incidents because it is documented in several different forms of communications ie., client files, log books and episodic care log book. In light of my findings and observation it is the opinion of this reviewer that this indicator should be rated as Satisfactory.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The agency has a policy to address the general 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 November 2011. 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. This policy was initially approved and has not been revised since the initial approval date. The

policy was last updated in August of 2011.

At intake qualified agency staff persons complete a Suicide Probability Survey (SPS) for youth that meet the suicide risk requisites. The agency has access to three (3) licensed mental health professionals and a Psychologist that is also contracted with the agency. 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 and the Suicide Probability Scale instrument. 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. The youth can be placed on elevated supervision by meeting a minimum SPS T score of 70 or above. The agency conducts a CRSA with youth that are 13 and younger and or for youth that do not understand the questions asked on the SPS form. Five (5) out of 6 had SPS completed as required and 1 out of 6 had evidence of a CSRA.

It is the agency's practice to assign a designated staff person when a youth is placed on elevated supervision of Close watch Sight and Sound Supervision. The Transition Sheet that documents supervision checks. These checks are generally continuous 5 minute or less and are initiated immediately following the youth being placed sight and sound. Supervision status is maintained by agency during the assessment process until the Residential Counselor consults the Licensed Mental Health Counselor (LMHC) and receives direction to maintain or remove from the assigned supervision status. If the resident is removed from the said supervision status, the counts are stopped and the resident is returned to the general population. Once the full suicide assessment is completed by either the LMHC or the Masters level under the supervision of the LMHC the may or may not be taken off this status. If the results are deemed acceptable, the youth is removed from sight and sound status by a qualified mental health professional and placed in to general population.

A total of six (6) files of clients that screened positive for suicide risk were reviewed to assess the agency's adherence to the requirement of this indicator. A total of two (2) closed and four (4) open files were reviewed. All 6 files contained evidence of general documentation that indicated a suicide risk screening was completed during the initial intake and screening process. All 6 files contained documentation that indicated the suicide assessments were completed by the Bachelors and Masters Level counselor. All counselors have access to a licensed clinician. Files reviewed also contain evidence of review by the supervisor who was also the licensed mental health counselor overseeing the assessment process. All 6 cases contain chronological notes documenting the youth being placed on sight and sound. Evidence of youth being removed from sight and sound status is documented in the agency Transition Check list. The logbook documents what are on constant sight and sound supervision.

The agency does not have constant or ongoing documentation of supervision on 2 out of the 3 work shifts. The current effort to document supervision log counts must demonstrate consistent uninterrupted counts on all shifts until the youth is removed from elevated supervision status by a authorized licensed staff person.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The agency had written policies, procedures and medication related forms that addressed the safe and secure storage, access, inventory, disposal and administration of medication in accordance with the general requirements of the indicator. Observations of the requirements of this indicator found that all medication was stored in a double locked cabinet that was inaccessible to the youth. Medication is stored in the Youth Care Worker office. The agency had a list delineated in writing of staff members that have been trained and are approved to administer first aid, CPR and Asthma related inhalers. All medications in the shelter are stored in a separate, secure area, which is inaccessible to youth. Oral medications are stored separately from topical medications. Controlled medications are locked in a cabinet behind two (2) locks. There were no injectable medications on site, or identified as needed for any youth during the time of this on site program review. The shelter has a system in place for refrigeration of medication if needed, however there was no medication that required refrigeration during the time of review.

The agency provided documentation of all medication forms that included Medical Disposal Form; Over the Counter (OTC) Medication Form; Medication Error Report; Prescription Medication Log-Shift Count; Over the Counter Weekly Medication Count Sheet; Prescription Medication Log-Daily Count; and Sharps County Log.

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 cabinet. Over the counter (OTC) medication is provided and it is counted once per day and when given. Over the counter medications that are accessed regularly are inventoried weekly on a perpetual inventory.

Sharp logs for the last six (6) were review onsite. All counts are generally documented as required.

The program utilizes a Prescription Medication Log (PML) for the shift and the daily county. The PML contained all the necessary information to include: youth's name (printed and signed), date of birth, allergies, side effects, staff and youth initials on the PML when medication is distributed. A query of the DJJ CCC incident data base by the DJJ Office of Prevention and Victim Services resulted no reported medication errors in the last six (6) months. The reviewer observed staff members assisting in the delivery of prescribe medication to youth required to take medication. The medication was given as required. The reviewer observed a staff member medication count medication of several prescribed medications. This medication count was counted as required.

The reviewer of this standard also observed that the agency follows instructions to provide half dosages when needed. The agency should have pills spilt by the parent or guardian if half dosage instructions are required.

At the time of this on site program review, the agency is not currently documenting the verification of medications on all youth admitted with medication needs to the youth shelter. A review of six (6) files youth files with medication was conducted on site. None of the files reviewed had evidence of documentation to verify that medications received from residents admitted to the youth shelter were verified by the agency.

The agency's current medication policy does not reference the agency's process of medication verification. The agency must revise its current policy to reference how the agency will address medication verification.

The monitor observed an accidental handling of a medication by a staff person assisting in the delivery of medication. The agency should use pill cups which were available, but were not used. Use of pill cups will reduce the occurrence of future accidental medication handling.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The Boy's Town Program has Policy & Procedure in place which dictates its practice as it relates to the Medical/ Mental Health Alert Process. This writer reviewed a total of (3) Client files at random, medical files, log book and the client alert board. The Alert Board contained the following elements which identify vital issues related to a particular client:

- Medical Conditions
- Allergies
- Common Side Effects
- Medications
- Food & Medication Contradictions
- Other Pertinent Information
- Mental Health Conditions
- Runaway Behavior
- Violent Behavior
- Self Harm Behavior

Of the (3) Client files reviewed all of them had some sort of alert that was identified on the alert board. Upon entering the program and completing the Intake process a youth is placed on the Alert Board based on the information obtained by the individual completing the intake paperwork from the youth and or parent/ guardian. Once it is determined that an alert is warranted, the information is placed in the client medical file, Client Alert Board and the log book to ensure everyone is aware of the youths issues.

The Program does a very good job with documenting and maintaining observation of the youth identified with alerts. Due to the aforementioned reasons this particular indicator should be rated a Satisfactory.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The Boy's Town Program has Policy & Procedure in place detailing Episodic/ Emergency Care practices. A thorough review of client files, log book, the episodic emergency binder and the incident report binder revealed that the program does a good job with the welfare and care of the youth they serve. Incident reports were reviewed for the past (6) months.

A total of (13) Incident Reports were generated during that time with incidents ranging from physical altercations resulting in cuts or bruises, to attempted suicides. All incidents were documented in the log book and follow-up was provided by the parent, guardian or case worker. However if the parent, guardian or case worker does not provide the necessary follow-up needed, the program ensures that the youths' medical needs are met via scheduling appointment and or providing transportation.

In addition if the situation was warranted the Program staff contacted the Department of Juvenile Justice, Central Communication Center office to file a report. All of the necessary elements related to this particular indicator were met and should be rated as Satisfactory.