



## **FLORIDA NETWORK OF YOUTH AND FAMILY SERVICES EXEMPT REVIEW ADDENDUM**

Program Name: Boys Town of Central, Inc.  
Program Type: CINS/FINS Residential and Non-Residential  
Provider Name: Boys Town of Central Florida  
Location: Seminole and Brevard Counties / Circuit 18  
Original Review Date(s): February 15-16, 2011  
Exempt Review Date: April 3, 2012

QA Program Code: 167  
Contract Number: V2021  
Number of Beds/Slots: 18  
Lead Reviewer Code: K. Carr

### **Review Team**

The Florida Network of Youth and Family Services (FNYFS) and Florida Department of Juvenile Justice (DJJ) wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Keith D. Carr, Lead Reviewer/Consultant Forefront LLC/Florida Network of Youth and Family Services  
Paul Czigan, Government Analyst, DJJ Bureau of Quality Improvement  
Tracy Salem, Lead Program Manager, Orange County Youth and Family Services  
S. Martin Reid, Operations Management Consultant, DJJ Office of Prevention and Victim Services

### **Summary**

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures).

The Boys Town of Central Florida, Inc. Children in Need of Services/Families in Need of Services (CINS/FINS) program achieved deemed status in February 2011. On April 3, 2012, a team comprised of representatives from the Florida Network of Youth and Family Services (FNYFS), Florida Department of Juvenile Justice (DJJ) Bureau of Quality Improvement and DJJ Office of Prevention and Victim Services conducted a deemed onsite visit.

Boys Town of Central Florida, Inc. CINS/FINS residential and non-residential program services all of Seminole and Brevard Counties and other surrounding counties. According to FNYFS data extracts the agency's residential and non-residential service programs are primarily serving youth and families that reside in 32771, 32765, 32708, 32773, 32907, 32935, 32780, 32922, 32909, 32927, 32955 and 32926.



Boys Town of Central Florida works in cooperation with its funding sources and community partners to combat child abuse and neglect through three (3) short-term Intervention and Assessment centers. Community Support Services<sup>SM</sup> include Children in Need of Services/Family in Need of Services, other Prevention Services, In-Home Services, Common Sense Parenting<sup>®</sup> classes, and Project Safe Place, a national program that assists at-risk girls and boys in crisis. The agency also contracts directly to as a local service provider of both the Florida Department of Juvenile Justice (DJJ) and Florida Department of Children Families (DCF). The agency is currently licensed by the State of Florida Department of Children and Families as a Child Care Agency through December 4, 2012. The agencies website reports that its programs and services touch the lives of 7,600 children and families throughout Central Florida each year.

Greg Zbylut is the Executive Director of Boys Town of Central Florida. Mr. Zbylut manages multiple residential and non-residential programs on a daily basis. Boys Town of Central team members includes Operations and Clinical staff members include Troy Dunberger, Program Operation Manager, Kristi Castaneda, Director of Program Support, David Parlapiano, PsyD, Clinical Support Coordinator, Veda Yyas, MD, Psychiatrist, Garrett Leslie, Clinical Support Specialist, Jenifer Castro, Clinical Support Assistant, Christine Singer, Clinical Support Assistant and Tammy Benjamin, Shelter Teacher. Melissa Temmes, is responsible for the residential services and oversees Shift Supervisors Meridith Geyer, Rexter Alcubilla and Al McCray and twenty (20) full-time, part-time and on-call Youth Care Staff members. Bethany Lacey, Assistant is responsible for the non-residential services and oversees counselors Justin Colson, CINS/FINS Consultant, Robert Salem, CINS/FINS Consultant and Erica Vagle, CINS/FINS Consultant.

### **Program Update**

The agency reports that it has promoted Melissa Temme from Residential Supervisor to Residential Program Director. The agency reports that there are two (2) full-time Direct Care Workers and one (1) full-time Direct Care Worker vacancies at the time of this onsite program review. Other vacancies include 1 part-time Direct Care Worker position.

The agency reports that it has increased its residential shelter capacity from sixteen (16) beds to up to serving a bed capacity of eighteen (18).

The agency reports that they are now contracted with DCF to provide residential group care services to youth and families in the foster care system. The agency also reports as having a contract with the Stay Center. The agency is also seeking to expand the brand and service offerings of Boys Town of Central Florida by responding to Invitations to Negotiate in Jacksonville, Miami and in Putnam County. The agency also hosted a recent visit from DCF Secretary David Wilkins in December 2011.

The agency also reports that all new hires are now required to receive two (2) weeks of Orientation Training at their corporate headquarters in Nebraska.



The agency reports that it has recently implemented series of measures and steps to institute standardization in the collection and data. The agency has also conducted internal agency exercises to assess their strengths and stressors, goal setting and effective monitoring of its practices. The agency is partnering with the Seminole County Sheriff's Office. The Sheriff's office is scheduled to re-open the local Juvenile Assessment Center.

The agency has now added comprehensive Wrap-Around services to assist youth following their exit from its residential program. The agency also participates as a member of the local Juvenile Justices Council.

The agency also confirms that it has submitted both the annual training plan and disaster plan. As of the date of this review, no staff members have reported being arrested since the last on site program review.

### **Exempt Review Findings**

This Exempt review included the review of Standard 1 Management Accountability . 1.01 Background Screening, 1.02 Abuse free Environment, 2.01 Screening and Intake, 2.03 Case/Service Plan, 2.04 Case Management and Service Delivery, 3.01 Shelter Care Requirements, 3.03 Suicide Prevention, 3.04 Medications, 3.05 Medical/Mental Health Alert Process.

The team reviewed nine (9) youth files (8 open and 1 closed), fifteen (15) background screening records, twenty-five (25) grievances, four (4) DJJ Incidents, eight (8) disciplinary action letters and other miscellaneous documents. The team also observed all common areas of the youth shelter, the medication storage area, safety equipment (knife-for-life, first aid kits, wire cutters, and fire alarm system), as well as the residential shelter sleeping areas, dining room, bathrooms, chemical storage and shelter perimeter area. The review team also utilized information gathered through staff interviews, youth interviews and observations of interactions between the staff and the youth. The Boys Town of Central Florida . Children in Need of Services/Families in Need of Services (CINS/FINS) program achieved deemed status in February 2011. On April 3, 2012, a team comprised of representatives from the Florida Network or Youth and Family Services, the DJJ Bureau of Quality Improvement and DJJ Office of Prevention and Victim Services conducted a deemed site visit. This Exempt review included the review of Standard 1 Management Accountability . 1.01 Background Screening, 2.01 Screening and Intake, 2.03 Case/Service Plan, 2.04 Case Management and Service Delivery, 3.01 Shelter Care Requirements, 3.03 Suicide Prevention, 3.04 Medications and 3.05 Medical/Mental Health Alert Process.

### **Standard 1.01**

A review of the agency's policy and procedures for Background Screening and 5 year Rescreenings were reviewed and found to be inclusive of all components required by Standard 1.01. The policy applies to all staff members including volunteers. A total of fifteen (15) personnel background records were reviewed to ensure that background screening clearance requirements were met by this agency. Verification of background screenings were confirmed by the DJJ QI team member accessing the Background Screening data base and cross



referencing these findings with the local service agency's official dates of hire. Of these files, eight (8) were new or recent hires and seven (7) were staff members that required 5 year rescreenings. All 15 staff member personnel records reviewed were found to have screenings that meet all new hire and 5 year rescreening requirements.

Agencies can now submit rescreening up to 1 year prior to the staff member's 5 year anniversary date. It is recommended that the Program Director inform and reinforce DJJ background requirements within the agency's Human Resource Department to ensure consistent compliance with the DJJ-1800 background screening policy.

In addition, the agency was informed that a total of four (4) employees have upcoming 5 year rescreens that are due by their respective 2012 and early 2013 anniversary dates.

### **Standard 1.02**

A review of the agency's policy and procedures for the Provision of an Abuse Free Environment was conducted and was found to be inclusive of all components required by Standard 1.02. A total of three (3) youth resident surveys and three (3) staff member surveys were conducted and reviewed to assess the agency's adherence to this standard. In addition, the review team assessment a total of twenty-five (25) documented grievances reported by clients, four (4) incidents accepted by the DJJ CCC and eight (8) disciplinary or written warning letters. Of these documents, all 25 grievances reflect general youth comments on conditions, other resident problems and staff problems. The most severe of these involved a youth's dissatisfaction with the way in which a staff person instructed them to be quiet or "shut up". The document indicates that the staff admitted via a self-report and this matter was addressed in writing on the youth grievance form by the Residential supervisor within 24 hours.

Of the 4 incidents reviewed, none reflect or involve inappropriate behavior, evidence of threats of harm or intimidation in the shelter environment. The 8 internal agency disciplinary/written warning or termination letters reflect an active identification process used by the agency to catch non-performance and or direct violations of agency policy.

Overall, survey results indicate that the program consistently met all requirements of the indicator without exception for staff members. One (1) out of three (3) staff members did not indicate that notifying the mental health authority as notification step if a youth expresses suicidal thoughts.

In addition, survey results indicate that the program consistently met all requirements of the indicator without exception for youth admitted to the shelter. The overwhelming opinions documented by youth surveyed indicate that the program received Acceptable responses on almost all questions on the survey.



### **Standard 2.01**

A review of the agency's policy and procedures for Screening and Intake was conducted and was found to be inclusive of all components required by Standard 1.02. A total of three (3) open cases were reviewed to assess the agency's adherence to this standard. All service options are discussed with the guardian and youth during intake. The right and responsibilities are posted in several areas in the shelter. The right and responsibilities are also posted in an additional language. Guardians and youth both sign off that they have received a copy of the rights during the intake process. The parent/guardian and youth received a brochure during intake. The brochure is reviewed with both parties. Grievances are placed throughout the shelter. In addition the brochures are easily accessible to youth. A contact sheet is also made available to the youth. This allows the youth time to meet with a supervisor one-on-one if they do not want to file a grievance. A safety and ethics line is made available to families and youth. This is a toll free 800 number that families can contact if they have any questions regarding treatment. Staff members are also provided CINS Core training.

### **Standard 2.03**

A review of the agency's policy and procedures for case and service plan reviews were conducted and found to be inclusive of all components required by Standard 2.03. A total of three (3) cases (2 open and 1 closed) were reviewed the agency's adherence to this standard. No exceptions were noted for this standard. The agency utilizes its own In Home Family Services Peer Review form to be utilized by supervisors to monitor files and identify items missing or incomplete. This checklist then is returned to consultant who is responsible to comply within seven (7) days. The agency uses a strengths and stressors tool to develop service plans with family input that identifies areas of needs and areas of strength. Families have access to 24-7 support. The agency uses a social network map. The agency document is simple and easy to read and identify the youth and family involvement and names in 5 areas. These areas include family/household, work/school, clubs/organizations/ church and friends/neighbors and formal services.

The 180-Day follow up folder was reviewed. Compliance with NETMIS was reviewed as well. The agency has improved in this area. During the entrance conference the agency reported that they are using a new internal tracking process to improve compliance requirements in this area.

### **Standard 2.04**

A review of the agency's policy and procedures for case management and service delivery was assessed and was found to be inclusive of all components required by Standard 2.04. The policy does not mention referral needs and coordination of referral(s). A total of three (3) files were reviewed (2 active and 1 closed (one case is a Case Staffing Case). The same files reviewed in 2.03 were reviewed for compliance related to this standard.

Areas of strengths boys town contact slip . Consultant obtains signature of parent(s) with date and time for all home visits and slip attached to case notes. Parents receive listings of



additional community resources available with contact information at the time of assessment and obtain the signature of parents. The agency conducts home visits and communication after hours. An example of this practice included a safety assessment conducted on a 15 year old at home. The home visit resulted in a 911 call at 7:00pm as a result of the youth overdosing on medications.

In addition, all files contained documentation to satisfy the performance standards. Each file possessed evidence of the referral being issued solely based on need. One (1) case was not applicable. All case files contain documentation that supports service plan implementation, monitors youth and family's progress reports and updates, general support to families, documented referrals to case staffing committee when applicable, evidence of judicial intervention when applicable, evidence of recommending appropriate additional services, case monitoring reviews and court orders and terminations as required. The 180-day follow up was not applicable at this time.

### **Standard 3.01**

A review of the agency's policy and procedures for Shelter Care Requirements were reviewed and found to be inclusive of all components required by Standard 3.01. All youth received a comprehensive orientation into the program. The guardians are also oriented and are provided with a handbook. Youth rights are posted in two (2) languages throughout the shelter. The rights also appear in the handbook that is provided to the youth and the guardian. Grievances are easily accessible in several areas in the residential shelter. The policy is well written and consistently followed. Staff members conduct bed check within 6 minutes on average. Real-time documentation is noted on all bed checks and their practice remains consistent. At the time of this review, the program is conducting bed checks beyond what is required for this standard. The use of force is not used in the program. During orientation youth are allowed to document three (3) that they dislike. All staff members are trained in the grievance process for youth and families.

### **Standard 3.03**

A review of the agency's policy and procedures for Suicide Prevention was reviewed and was found to be inclusive of all components required by Standard 3.03. A total of three (3) active residential files were reviewed to determine the agency's adherence to this standard. This review revealed one (1) youth with a positive or a Yes answer to 1 of the 6 risk screening questions. The youth received an SPS evaluation from a Masters level staff supervised by a licensed clinician. The results of the SPS indicated the youth was not at risk of self harm. Staff members and the youth drafted a no self harm contract and both signed the document. One (1) of the other two (2) files contained CIN Intake forms that did not have a Yes to any of the risk questions, but the file review revealed the youth was a recent Baker Act patient due to homicidal statements related to the mother and sister. This youth also received an SPS evaluation with recommendations for constant supervision.



Following all notifications to administration of the recommendation, the youth was interviewed by the staff Psychologist (licensed) who recommended a step down from constant supervision. No monitoring sheets were kept (staff verbally indicated) due to the intake staff member was also the one who performed the SPS and the youth was immediately assessed by the licensed professional.

Clinical supervision was documented in 22 of the last 26 weeks (see file notes). One of these weeks documented that the supervisor was on sick leave.

### **Standard 3.04**

A review of the agency's policy and procedures for Medications was assessed and was found to be inclusive of all components required by Standard 3.04. A total of three (3) active files were reviewed to assess the agency's medication practice and ability to meet the requirements for this standard. A review of these 3 files indicated that one (1) was on medications. However, his Intake screening did not list the medications on conditions for which he was being treated. The Parental permission page to administer psychotropic medications listed four (4) medications with type of medication and specific frequency, amount and dosage, number pills given prescribed by the doctor and a the doctor's telephone number. One (1) of the four (4) medications did not include what the medication was prescribed to address.

The Alert Board and the prescription Medication Log both listed the following: Focalin for ADHD; Risperidone for Schizophrenia; Guanfacine for High Blood Pressure; and Oxycarbazepine for seizures.

A review of youth file did not reveal any indication or hints of the following medical conditions: schizophrenia, high blood pressure, or seizure. A review of medication distribution counts revealed that the perpetual count for March 19, 2012 was inaccurate. This continued until March 26, 2012. This continued until March 26, 2012 when a supervisory review revealed the mistake as well as several others. Thus all the perpetual AM and PM counts for March 19, 2012-March 26, 2012 were incorrect and corrected as of March 26, 2012.

A review of medication storage revealed all medications were behind 2 locks including controlled medications. The program has a refrigerator (locked) dedicated to medications that is not used for food storage. There were several mistakes on the perpetual inventories discovered through a supervisory review on March 26, 2012. The reviewed revealed a miscount not a lost or in correct apportionment of medications. Although staff giving out medications has signed and initialed medication sheets their respective name were not printed with position titles on the sheets. The medication book however continued this documentation. Active over the counter medications are inventoried weekly and sharps were inventoried.

### **Standard 3.05**

A review of the agency's policy and procedures for Medical/Mental Health Alert Process was assessed and was found to be inclusive of all components required by Standard 3.05. A total of



three (3) active case files were reviewed to assess the agency's alert process/practice and ability to meet the requirements for this standard. All 3 intakes reviewed revealed 2 youth had allergies (1-pollen and 1-penicillin). Both youth had alerts in the medication book and on the medication distribution log and were placed on the alert board.

However, the medical/mental health diagnosis for one (1) youth on the alert board was mistakenly labeled. He had a mood disorder, anxiety and the alert board indicated him as schizophrenia, seizures and high blood pressure.

### Findings

As a result of this onsite Exempt review, the review team determined that the program:

**would** receive an overall program performance rating of at least Satisfactory on a regular review. Accordingly, the program **RETAINS EXEMPT STATUS**.

**would not** receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, **EXEMPT STATUS IS REVOKED**, and a regular review will be conducted within 90 days.