FLORIDA NETWORK
of youth and family services

QUALITY IMPROVEMENT PROGRAM REPORT FOR

Safe Harbor Shelter

Children's Home Society, South Coastal

(Local Contract Provider)
3335 Forest Hill Boulevard
West Palm Beach, Florida 33406

Review Date(s): April 24-25, 2012

CINS/FINS Rating Profile

Program Name:	**Safe Harbor Shelter**	QA Program Code:	**N/A**
Provider Name:	**Children's Home Society, South Coastal**	*Contract Number:*	***V2021***
Location:	**3335 Forest Hill Blvd., West Palm Beach FL 33406**	Number of Beds:	**8**
Review Date(s):	**April 24-25, 2012**	Lead Reviewer Code:	**Marcia Tavares**

Indicator Ratings

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	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
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

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
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Satisfactory
3.04	Medications	Satisfactory
3.05	Medical/Mental Health Alert Process	Satisfactory
3.06	Episodic/Emergency Care	Satisfactory
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

Overall Rating Summary

Satisfactory Compliance: 100%
Limited Compliance: 0%
Failed Compliance: 0%

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2011).

Persons Interviewed

- ☒ Program Director
- ☐ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- ____ # Case Managers
- 2 # Clinical Staff
- ____ # Food Service Personnel
- ____ # Healthcare Staff
- ____ # Maintenance Personnel
- 1 # Program Supervisors
- 2 # Other (listed by title): **Youth Care Workers**

Documents Reviewed

- ☐ Accreditation Reports
- ☒ Affidavit of Good Moral Character
- ☒ CCC Reports
- ☐ Confinement Reports
- ☒ Continuity of Operation Plan
- ☒ Contract Monitoring Reports
- ☐ Contract Scope of Services
- ☒ Egress Plans
- ☐ Escape Notification/Logs
- ☒ Exposure Control Plan
- ☒ Fire Drill Log
- ☒ Fire Inspection Report
- ☒ Fire Prevention Plan
- ☒ Grievance Process/Records
- ☐ Key Control Log
- ☒ Logbooks
- ☒ Medical and Mental Health Alerts
- ☐ PAR Reports
- ☒ Precautionary Observation Logs
- ☐ Program Schedules
- ☐ Sick Call Logs
- ☒ Supplemental Contracts
- ☒ Table of Organization
- ☐ Telephone Logs
- ☐ Vehicle Inspection Reports
- ☐ Visitation Logs
- ☒ Youth Handbook
- 3 # Health Records
- 3 # MH/SA Records
- 11 # Personnel Records
- 4 # Volunteer files
- 6 # Training Records/CORE
- 1 # Youth Records (Closed)
- 6 # Youth Records (Open)
- 5 # Other: Abuse log

Surveys

- 3 # Youth
- 3 # Direct Care Staff
- 0 # Other: ____

Observations During Review

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

Comments

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

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

The Florida Network and the Bureau of Quality Improvement 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:

Marcia Tavares, Lead Reviewer, Consultant, Forefront LLC
Shandria Striggles, QI Review Specialist, DJJ Bureau of Quality Improvement
Marie Boswell, Delinquency Prevention Specialist, Office of Prevention and Victim Services
Lilliam Blundell, Counselor I, Lutheran Services Florida Southwest

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at http://www.djj.state.fl.us/QA/index.html.

Strengths and Innovative Approaches

The Children's Home Society of Florida, Safe Harbor Shelter, is a Children In Need of Services/Families In Need of Services (CINS/FINS) program sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary residential and non-residential services to youth and families in South Palm Beach County. Services are provided to male and female youth between the ages of ten and seventeen.

The program demonstrates its commitment to provide support services that enhance the CINS/FINS program through a variety of service offerings. One example of this offering is the ñTeach-A-Teenò program that provides an opportunity for youth to interact with business owners in the community who serve as mentors and provide youth with necessary employment and job skills training. The goal of the program is to enroll 20 youth, 16 years and older, and have at least 50% attain jobs upon completion of the program. The youth work with a Job Coach during their time at Safe Harbor. Upon discharge from the shelter, the youth and their family are offered non-residential services. Additionally, through Project 18 enrichment activities the agency provides as array of structured activities for the youth such as: drug prevention; yoga; drama; broadcasting; pet therapy; and a tennis clinic. The conversion of three of the youth bedrooms provides added space to support enrichment activities for the youth; one room is used for art therapy, another for group/family meetings, and the third is a game room.

The program also continues to leverage its relationship with the local schools and is present at the three annual meetings hosted by the school guidance counselors. The meetings are held separately for elementary, middle, and high school guidance counselors and increases knowledge of the CINS/FINS program as well as facilitate the referral process. In these meetings, information regarding both residential and non-residential CINS/FINS services is provided and as a result has generated over 92 families being referred for CINS/FINS services during the current fiscal year to date.

Standard 1: Management Accountability

Overview

The program management team is comprised of an Executive Director, a Director of Program Operations, a Clinical Supervisor, a Residential Program Manager, and a Data Supervisor. In addition to the Residential Program Manager, the residential component of the program is staff by two (2) Shift Leaders, and twelve (12) Youth Care Workers (YCW). The program is operated around three ten-hour shifts that provide two hours overlap for shift exchange. The shift times are: 6 a.m.to 4 p.m., 2 p.m. to 12 a.m., and 10 p.m. to 8 a.m. The program has addressed a prior contract monitoring corrective action and has hired sufficient male staff members to ensure that there is always one male and one female staff on shift at all times. The clinical component of the program includes three (3) Masterôs level Counselor III positions (one was vacant during the visit), and one Bachelorôs level Counselor II position.

1.01: Background Screening of Employees/Volunteers	Satisfactory Compliance

A total of eleven (11) applicable employee files and four (4) volunteer/intern files were reviewed for compliance with the Department's Background Screening policy. Ten (10) of the eleven (11) staff were hired since the last Quality Improvement review and one (1) staff was eligible for a five-year re-screening. All of the ten (10) new staff received an eligible background screening result from the Department's Background Screening Unit prior to their dates of hire. The staff that was eligible for the 5-year re-screening was re-screened prior to the 5-year anniversary date. The provider utilizes interns from local Universities to assist with clinical services. All four (4) interns were background screened and received eligible screening results prior to inception of services.

In addition to the DJJ Background Screening, the provider also conducts DCF and local County screenings prior to hire and every five years. Driver's License checks are also conducted annually.

The Annual Affidavit of Compliance with Level 2 Screening Standards was completed and submitted to the DJJ Background Screening Unit on December 13, 2011, prior to the deadline.

1.02: Provision of an Abuse Free Environment	Satisfactory Compliance

The program has a policy and procedures in place that addresses all elements of the indicator to ensure that youth, staff, and others are provided an abuse free and safe environment. CHS staff are expected to adhere to all rules of conduct as described in the CHS Employee Handbook. Upon hire, staff receive a copy of the Employee Handbook and acknowledgement of receipt in writing is maintained in the employee's personnel file. All rules of conduct are described in the handbook and include, at a minimum, prohibition of: physical abuse, use of profanity, threats, or intimidation.

All youth are provided with a Consumer Handbook and Resident Handbook upon their admission to the program. Included in the handbooks are the youth's rights, as well as information on the grievance process, the abuse hotline number, and the code of ethics. During the program orientation, the youth and the youth's parent or guardian are advised of the program's mandatory abuse reporting requirements. The youth and parent or guardian sign the orientation checklist acknowledging receipt of the handbook and their understanding of the information provided during orientation. This form was located in all files that were reviewed.

The program has written policy and procedures in place for abuse reporting. Orientation training was conducted on abuse reporting requirements with the three new program staff whose training files were reviewed. In addition, the Abuse Hotline telephone number is visibly posted in two places along the resident hallway in the facility. A log is maintained for all calls made to the Abuse Hotline. A total of five calls were made to the Abuse Registry by staff during the review period. All of the calls were documented in the Provider's AirsWeb incident reporting database and copies are maintained in a separate binder as well as on a log. None of the calls to the abuse hotline involved incidents of youth being deprived of basic needs or incidence of abuse by program staff. All of the three youth surveyed indicated that they feel safe in the shelter and are respected by staff; however, one of the youth stated that she was unaware of the location of the Abuse Hotline numbers.

The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard another staff use profanity, threat, intimidation, or humiliation when interacting with youth.

1.03: Incident Reporting	Satisfactory Compliance

The program has written procedures for incident reporting documented in Policy # CHS/7102, Risk Management and Incident Reporting that comply with the Departmentôs requirements. During the period July 22, 2011 to the date of the review, the program reported twelve incidents called in to the Central Communications Center (CCC). Nine of the twelve incidents were reported in thirty minutes or less of the incident. The remaining three were reported less than two hours of learning of the incidents.

The program documents reportable incidents in AirsWeb, an incident reporting database, and copies are maintained in a separate binder as well as on a log.

1.04: Training Requirements	Satisfactory Compliance

The program has a written policy and procedures to address staff training and has developed an annual Training Plan to ensure staff receives the necessary training. A review of six training files for three first year and three in-service staff was conducted to assess compliance with the indicator. The training files document hours achieved in excess of the 80 hours for first year employment and in excess of 24 hours for in-service training. Training files also reflected that all mandatory trainings required by the Department are completed within the required timeframes. Training is scheduled throughout the year and is provided by a variety of sources such as the Florida Network, local community resources, and Childrenôs Home Society supervisory staff.

The programôs Training Plan contains all mandatory training topics required by the indicator with the exception of Title IVE training. The Training Plan was updated on April 25, 2012, during the review, to include Title IVE training as a mandatory training for residential staff. The programôs Training Plan for FY 2011-2012 was submitted to the Florida Network for review and approval on September 14, 2011. The Training Plan includes: training goals; 2011-2012 CHS Annual Training Plan; Program Orientation; mandatory training for Direct Service staff; and training opportunities.

1.05: Interagency Agreements and Outreach	Satisfactory Compliance

The program maintains interagency agreements and Memorandums of Agreement (MOUs) including schools, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates. Review of the agreements and outreach activities demonstrates a strong community partnership and collaboration. The programôs presence in the community is documented in a Community Outreach binder with copies of outreach agendas, meeting minutes, and sign in sheets to reflect targeted audiences. However, not all of the outreach activities conducted by the program were documented in Netmis as required by the Florida Network.

Although community outreach is a shared responsibility, the program has a designated staff person who is responsible for Community Outreach Activities and Safe Place presentations. The staff also actively works in the shelter program and as a result of having both knowledge of the shelter and familiarity with youth referred through the Safe Place presentations, is able to effectively introduce and transition the youth in the program.

1.06: Disaster Planning	Satisfactory Compliance

The program has a comprehensive Division Emergency Response Plan (DERP) that was updated July 21, 2011 and was submitted to the Florida Network on February 15, 2012. The plan is updated annually and includes procedures for: natural disasters (hurricane, tornadoes, lightening, thunderstorms, brush fires), man-made emergencies (fire, power outages, water failure) youth disturbances, workplace violence, bomb threats, security/ terrorist threat, taking of hostages, nuclear accident/attack, chemical spills/hazardous materials, and general safety guidelines. The DERP was reviewed and approved by the Palm Beach Fire Department in May 2011.

The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies. Review of the fire drill logs and emergency response simulation logs demonstrates practice and compliance with the agencyôs policy and procedures and funding requirement.

Standard 2: Intervention and Case Management

Overview

The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Trained staff are available to determine the immediate needs of the family and youth. Each youth at the program receives an initial eligibility screening, CINS/FINS Intake Assessment, a psychosocial assessment, and a service plan. Additionally, case management, individual, family, and group counseling services, substance abuse prevention education, and referrals to local community agencies are provided as needed. The shelter program provides critical temporary shelter care services to run away and homeless youth, and takes care of their basic needs with the ultimate goal to reunite the youth with their families. The facility has eight beds available for both male and female youth in the CINS/FINS program and twenty-four hour awake supervision is provided for youth residing in the shelter.

As needed, CHS Safe Harbor coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

2.01: Screening and Intake	Satisfactory Compliance

The program has a process in which an eligibility screening is conducted after a referral is made. The eligibility screening is completed within seven (7) calendar days of the referral. After completion of the screening, the youth is assigned to a Counselor who makes the initial appointment with the youth and parent/guardian for the intake and assessment. At the first appointment the parent and youth are provided with: available service options, rights and responsibilities, and a Consumer Handbook which explains and outlines the responsibilities, rights, confidentiality (privacy), consumer grievance procedure etc. A receipt of acknowledgement is also provided for signatures of all required parties. A total of three residential and three non-residential files were reviewed. The three residential files documented eligibility screening within seven days of the referral, the provision of available service options, and consumer handbook which included rights and responsibilities information about the programôs grievance procedures. These findings were also found to be consistent in the three non-residential files reviewed. However, there was no

documentation found in the six files reviewed that the program provided the youth/family with information regarding possible actions occurring through involvement with the program, such as CINS petition and adjudication, although its procedures require that staff provide the parent/guardian with a CINS/FINS brochure.

2.02: Psychosocial Assessment	Satisfactory Compliance

The program has written policy and procedures for the initiation and completion of psychosocial assessments in order to gather and analyze information for youth receiving services. All six files reviewed contained psychosocial assessment initiated within 72 hours of admission (three residential files) and within 2-3 face-to-face sessions (three non-residential files). All six Psychosocial Assessments were completed by a Bachelorôs or Masterôs level staff, by indication of their credentials, and included a supervisorôs review signature upon completion. They were all completed within satisfactory time limits and signed by the supervisor and assigned staff upon completion. None of these six files revealed the need for an Assessment of Suicide Risk as no risk suicide was identified during the assessments.

2.03: Case/Service Plan	Satisfactory Compliance

The program has written policy and procedures for the development of a case plan with the youth and family within seven (7) working days following the completion of the assessment as required by the indicator. The agencyôs policy requires that the following elements are included in the case plan: specific needs of the youth and family, timeframes for completion, person responsible, measurable objectives, and type, frequency, and location of services.

All three residential and three non-residential files reviewed documented a service plan was developed and dated within seven working days of the completion of the Psychosocial Assessment. All six service plans included individualized and prioritized needs and goals as identified in the Psychosocial Assessment. Similarly, all of the six plans reviewed included a list of the type of services to be provided along with the frequency, and location of services; person(s) responsible; target dates for completion; actual completion date(s); signatures of youth, parent/guardian, counselor, and supervisor; and date the plan was initiated.

Finally, two of the three non-residential service plans demonstrated timely 30-day reviews with the exception of one file in which the 60-day review was one day late. None of the reviews in the residential files were due at the time of the QI review.

2.04: Case Management and Service Delivery	Satisfactory Compliance

The program has written policy and procedures to ensure that each youth is assigned a counselor/case manager who will follow the youthôs case and assist in the delivery of services either directly or through referral. The program counselor coordinates the service plan implementation by monitoring the youth and familyôs via phone and face-to-face visits. In addition, the counselor supports the family, monitors out of home placements if necessary, and makes referrals for additional services. The counselor also makes referral to the Case Staffing Committee, as needed, to address problems and needs of the youth/family. Judicial intervention is recommended when deemed necessary and the counselor accompanies youth to court hearings, related appointments, and will provide case monitoring and review court orders. Case termination and 180-day follow-up is conducted by the counselor.

All six files reviewed documented a Counselor/Case Manager was assigned to the youth and documented delivery of services through direct provision of services or referral. All referrals for services were made as needed. The assigned staff coordinated service plan implementation, monitored the youth and family's progress in completion of services, provided support for families, and referred youth to the Case Staffing Committee if needed.

2.05: Counseling Services	Satisfactory Compliance

The program has written policy and procedures to address needs identified during the assessment process and ensure that youth/family receive individual and/or family counseling, and group counseling as needed. All three residential and three non-residential files reviewed documented the youth and families received counseling services in accordance with the service plan. The non-residential program provides community based therapeutic services designed to intervene in crisis and stabilize the family, keep the family intact, minimize out-of-home placement, provide after care for youth returning from shelter, and prevent involvement of youth/family in Dependency/Delinquency systems. Non-residential services are provided in the youth/family home, community, or office location. Residential individual counseling as well as group counseling, at least five days per week are also provided. All six files documented the youth's presenting problems were addressed in the Psychosocial Assessment, in the initial service plan, and in the service plan reviews. Case notes are maintained for all counseling services and the youth's progress is documented. The program provides an ongoing internal process that ensures clinical reviews of case records and staff's performance.

2.06: Adjudication/Petition Process	Satisfactory Compliance

The program has formal procedures documented for the case staffing process; however, the practice for this indicated was not evaluated because the provider has not recommended and/or received a case staffing request during the past six months. Despite the lack of practice, the provider does have procedures in place that address all elements of the indicator and require the case staffing to be held within seven days of the parent/guardian's request. The provider's procedures also address the timeframes for notification of the youth, family, and staffing committee five (5) days prior to the date of the scheduled meeting. If the parent/guardian is not able to attend the case staffing, a written copy of the committee's recommendations is mailed within seven (7) days of the case staffing meeting. The provider has a standing committee that consists of a school representative, Palm Beach Sheriff's office representative, DJJ Attorney, and provider staff.

Standard 3: Shelter Care/Health Services

Overview

CHS Safe Harbor Shelter program provides temporary residential shelter care for male and female youth identified to be at-risk. The program has adequate space for all indoor and outdoor activities and is equipped with one dormitory for youth of both genders. The dormitories, kitchen, restrooms and common areas were observed to be clean during the visit. Each bedroom is furnished with two beds with separate pillows and bed covering and a closet for youth belongings. Youth have access to a large yard with tennis and basketball courts for outdoor activities.

All youth who are admitted to the program receive a copy of the Consumer Handbook and an orientation to the facility. During the admissionôs process, each youth receives a new CINS/FINS intake screening to identify any medical, mental health, and/or substance abuse condition and this information is provided to the assigned clinical staff. The program provides individual, group and family counseling, as needed. Group sessions are conducted five times per week. The program also has a Comprehensive Master Plan for Access to Mental Health and Substance Abuse Services in place. Interagency Agreements have been established for the provision of health education, leadership development, and substance abuse, mental health, and medical services. The program also has a Licensed Mental Health Counselor (LMHC) who serves as the Clinical Supervisor for four counselors and program interns. At least one of the counselors is assigned to the residential youth.

The shelter is not designated by the Florida Network to provide staff secure services. At the time of review, the current client census showed a total of eight active youth in the residential program. The Department of Children and Families has licensed Safe Harbor as a Child Caring Agency, with the current license for ten (10) beds, effective until January 23, 2013.

3.01: Shelter Care Requirements	Satisfactory Compliance

The program follows written procedures to ensure that practices are in place for proper orientation of youth admitted into the program. A review of three residential youth files confirmed that youth receive a comprehensive orientation within twenty-four hours of admission. Review of documentation supported that the youth rights information is provided via a Consumer Handbook and the youth sign an acknowledgement form; youth rights is also posted on the residential wing.

Review of program policy and procedure supported that the program has a form grievance process/procedure. The four grievances reviewed indicated that there were no issues with the process and the grievances were resolved in a timely manner. Two of the three youth surveyed stated that the process was fair; however, and one youth indicated that s/he was unfamiliar with the grievance process. Grievance forms are accessible to youth in clearly marked boxes throughout the facility.

A random audit of evening bed checks over a six month period confirmed that bed checks were conducted as required; however, the reviewer observed that there were a couple of instances where the time of day was overwritten, to amend the initial time documented for the bed check.

3.02: Healthcare Admission Screening	Satisfactory Compliance

The program has a policy and procedures for the Healthcare Admissions Screening (Physical Health Screening). The current procedures include all elements required with the exception of a thorough referral process and a mechanism for necessary follow-up of medical care for youth.

A review of three individual case files supported that the program performs a preliminary health screening for each youth at the time of admission. None of the three youth indicated allergies but one of the youth was admitted with current medications, and one youth was admitted with a history of asthma. The programôs medical incidents are documented in their incident reporting database, AirsWeb but were not maintained on separate log.

All applicable staff are trained on the Healthcare Admissions Screening form and the Suicide Risk Assessment tool during staff orientation.

3.03: Suicide Prevention	Satisfactory Compliance

The program has written policy and procedures related to mental health, substance abuse, suicide risk screening, suicide assessment, and also has a Comprehensive Master Plan for Access to Mental Health and Substance Abuse. Youth who are admitted to the program are initially screened using the CINS/FINS Intake Form. If a youth answers ñyesòto any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, staff will utilize the a full CHS Assessment of Suicide Risk (ASR) which is completed by the programôs licensed clinician or non-licensed clinician under the direct supervision of a licensed mental health professional. The clinician utilizes the ASR to assess the current level of risk and make determination for the immediate level of supervision needed. When suicide risk factors or behavior indicate suicide risk, the youth is immediately placed on constant sight and sound supervision until the level of risk can be determined. The programôs ASR was approved by the Florida Network July 16, 2011 via an email that was sent to the DPO.

A review of three case files validated that each youth was screened for suicide risk via the CINS/FINS Intake Assessment and the screening is included as part of the initial intake and screening process. The initial screening results were signed by the staff conducting the intake and were also reviewed and signed by the licensed supervisor. Documentation reviewed supported that in one of the three files reviewed, the youth needed an ASR and procedures were followed as required. The ASR was completed on the same day as the CINS/FINS Intake assessment as evidenced by the date; however, the times indicated on both forms were different as to when the ASR was completed. Based on the ASR, the clinician recommended that precautionary supervision be discontinued and the youth be returned to standard supervision. The ASR was also reviewed, signed, dated, and approved by the licensed supervisor.

One additional closed file was reviewed for youth meeting Baker Act criterion. The youth was immediately placed on constant sight and sound supervision and referred to law enforcement; youth did not return to the shelter. The licensed supervisor reviewed and signed the suicide screening results.

3.04: Medications	Satisfactory Compliance

The program has written policy and procedures for the storage, access, inventory, distribution, documentation, and disposal of medications. The programôs policy encompassed all the mandatory components of the indicator.

Observation confirmed that the program stored medication in a separate, secure room which is inaccessible to youth. The program has a locked refrigerator for the cold storage but none of the current medications at the time of the review needed refrigeration. Controlled medication was stored appropriately under a two lock system. Sharps, including razors, are inventoried at least weekly and are stored in a locked closet.

A review of the medical records for two youth on prescribed medication confirmed that medication counts are accurate and records contain the required information either attached to or on the Medication Distribution Record form. The program does have a shift to shift inventory, and although the medication count is not documented on the shift to shift form, it is maintained on the Prescribed Medication Distribution Log.

The program also maintains a weekly inventory of over the counter (OTC) medication, with each

medication having a separate inventory. A review of OTC medication records for one youth was conducted. Distribution of OTC medication is documented on an OTC Medication Distribution Log. The program has a list of staff that are trained and approved to distribute medications to clients.

3.05: Medical/Mental Health Alert Process	Satisfactory Compliance

The program has written procedures for the medical and mental health alert process that ensures staff are made aware of a youthôs medical and/or mental health condition. The program has an alert system that includes: posting of alerts in the medication room using a color coded system and documentation of alerts in an alert binder, medication binder, the program logbook, and in the youthôs individual case file. The types of alerts documented consist of: food allergies, medical, mental health, substance abuse, behavioral, run away, and court ordered.

A review of three individual youth files found that each applicable file contained appropriate alerts that were consistent in all of the places alerts are documented. Communication of alerts was evident through the posting of the alerts and entries in the log book. Staff training on the programôs alert system was also verified through training records reviewed during the visit.

3.06: Episodic/Emergency Care	Satisfactory Compliance

The program has a written policy and procedures, CHS/7407, that address the process for obtaining offsite emergency services, notification of parents, and development of medical care log. The procedures include: maintenance of first aid kits, knife-for-life, wire cutters; routine episodic emergency drills; documentation of incidents where first aid/emergency care is provided; notification of parents; staff notification of potential emergency situations; transfer of youth offsite for emergency care; daily review of the weather conditions; and maintenance of an Emergency Care Log. Procedures for obtaining offsite medical services are not included in the providerôs policy CHS/7407 that addresses this indicator but were found in the Division Emergency Response Plan (DERP).

A review and observation of the programôs emergency equipment and supplies was conducted to verify existence and accessibility. The program has two knife-for- life, both of which are located in the staffôs office, along with a wire cutter, in a box mounted on the wall. There are a total of five first aid kits in the program: one in each of the two vans, two in the staffôs office, and one in the freezer room off the kitchen. All of the kits are fully stocked and are inventoried regularly and restocked when immediately when items are used.

The program also maintains an emergency care binder titled ñLogòthat includes copies of the CCC incident reports for medical emergencies; however, an Emergency Care Log was not maintained as required by the indicator and as described in the providers operating procedures. The DPO promptly implemented an Emergency Care Log during the visit. Parental notification was evident in the logbook. A review of the programôs emergency drill logs confirmed that the program consistently conducted fire drills on all shifts on a monthly basis, except for the third shift during the month of December 2011. Similarly, mock emergency drills were conducted consistently on each shift monthly. Review of staff training files confirms that all applicable staff received CPR/First Aid, Mental Health Substance Abuse, and Universal Precaution training.

Overall Rating Summary	
Satisfactory Compliance:	**100%**
Limited Compliance:	**0%**
Failed Compliance:	**0%**