



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Sarasota YMCA

on 02/19/2014

CINS/FINS Rating Profile

Standard 1: Management Accountability

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

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

Standard 3: Shelter Care

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

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

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 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 Carr, Lead Reviewer, Forefront LLC/Florida Network of Youth and Family Services

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 5 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 5 Clinical Staff | 1 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 Food Service Personnel | 1 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input checked="" 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 | 6 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 6 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports | 10 Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 12 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 11 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 8 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 6 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Telephone Logs | |

Surveys

- 7 Youth 12 Direct Care Staff 2 Other

Observations During Review

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

Comments

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

Rating Narrative

During this review the staff was very cooperative, friendly, and available to answer all questions. The staff of the program were very welcoming and willing to answer all questions and provide guidance with documentation when requested. Overall good attitude and disposition throughout this on site Quality Improvement review.

Sarasota Family YMCA is the local service provider of Child in Need of Services and Family in Need of Services (CINS/FINS) programs in the Southwest Florida region of State of Florida. The Sarasota YMCA agency has been in operation for more than sixty-five (65) years. The agency's programs impact more than 70,000 lives through four (4) fitness branches and offer more than fifty (50) youth and family development programs within four (4) Counties.

The Sarasota YMCA CINS/FINS program serves both male and female youth between the ages of ten (10) to seventeen (17) years that are considered status offenders (locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk). The program provides a full range of residential and non-residential services designed to maintain family structure, reduce truancy, as well as prevent and reduce the number of children that enter the Department of Juvenile Justice (DJJ) and the Department of Children and Families (DCF). The Sarasota

YMCA residential program provides services that include education, recreation, counseling, referrals, and behavior management components. The Sarasota YMCA non-residential CINS/FINS services program consist of individual and family counseling and case management services. The Sarasota YMCA CINS/FINS program is a designated Safe Place site. The Department of Children and Families has licensed the Sarasota YMCA Youth Shelter as a Child Caring Agency (CCA), with the current license in effect until May 2014.

The Sarasota Family YMCA is governed by a Board of community volunteers that is comprised of approximately 15-25 community members who are dedicated to the advancement of the YMCA's mission to build strong kids, strong families, and strong communities. A Metropolitan Board of Directors oversees the operations and strategic planning of the entire corporation. This board is comprised of chairpersons from the branch boards of management and community leaders. The Sarasota YMCA Board of Directors represents a vast cross section professions and industries.

The Sarasota YMCA is certified by the Council of Accreditation (COA). The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards. In addition, the agency participates in community involvement efforts by participating in Sarasota County stakeholders Coalition.

At the time of this on site program review the agency lists John Halcomb as Executive Director. Mr. Halcomb oversees the youth and family programs and the services provided through its branches of services in Sarasota County Florida service region. Additionally, the agency's organizational chart lists Nicole Hartsock, Residential Program Director and Sonia Santiago, LMHC as the Non-Residential Program Director/Clinical Services Director. The agency also includes Fern Ellenwood, Assistant Program Director, Charles Harris, Case Manager, Celia Ponce, Case Manager and Karen Mersinger, Quality Improvement Specialist, Seven (7) Full-Time Behavior Coaches and fourteen (14) PRN Behavior Coaches.

Program Observation:

Prior to this on site program review, during the month of December 2013 this Lead Reviewer was informed by the Florida Network of Youth and Family Services (FNYFS) that an outside sourced had made the Network Office aware that the Sarasota YMCA has been experiencing personnel and management issues that could potentially impact program operations.

On the day of the Quality Improvement review the reviewer was made aware by the Sarasota YMCA's Executive Director that the agency's Residential Program Director was placed on Administrative Leave as of December 2013. The Lead Reviewer asked for the reason as to why the PD was placed on leave. The agency was informed that her absence was a result of the PD being involved in a current internal management review that was taking place.

The Sarasota YMCA received an ethics complaint issued by residential staff member on January 8, 2014. Prior to this complaint being filed, the program had allegedly been experiencing some degree of work environment and employee relations issues. As a result, the Program Director was placed on leave indefinitely until the interview/investigation is completed and a final decision is made by the agency. The agency's Human Resources department conducted interviews of shelter staff from January 15-22, 2014. The agency's Executive Director reported that Senior Management and HR are projected to decide course of action early February 2014. One day following the completion of the on site program review, it has been reported that the agency Program Director was terminated.

During the on site program review the Lead Reviewer conducted online surveys of all staff working across all work shifts over the 2-day QI program review. A total fourteen (14) staff surveys and seven (7) resident surveys were conducted during the review. No surveys referenced any personnel issues. However, of the 14 online staff surveys completed, 10 indicate Good working conditions, 2 indicate Fair working conditions and 2 indicate Poor working conditions. No youth surveys or grievances indicate any threatening, harmful, unsafe, or negative shelter environment conditions.

At the time of this program audit and review of the youth and staff surveys, grievances filed by youth over the past six month period and incident reports filed during that time there was no evidence that these issues have negatively impacted service delivery capabilities of the program or client care in any discernable manner. In addition, during our 2 days at the facility we did not witness any observable signs that client care or service delivery had been impaired or reduced.

Additionally, the Lead Reviewer conducted on site interviews with the agency's Executive Director, Assistant Director, Quality Improvement Manager, Case Manager and Counselor. In general Interviews with staff members indicate that the program has been experiencing problems between staff members following last year's Quality Improvement review in January 2013. The program staff members interviewed reported that the program is currently allegedly experiencing numerous interpersonal, ineffective communication and negative work environment issues. Staff also informed the Lead Reviewer that they had requested meetings with the agency's Executive Director that did not lead to any sustainable positive changes. The agency's Executive Director indicated that the agency has conducted several interviews with staff internally and will be making a decision in the near future regarding the return of the Program Director.

The reviewer informed the Executive Director that the FNYFS office takes these matters that contribute to a negative work environment very seriously. The reviewer also informed the Executive Director that the FNYFS will be following up on these on-going developments and requested an update on the all developments related to this issue. The Executive Director confirmed that they would update and provide the FNYFS on all future decisions and request assistance if needed.

The Florida Network will continue to monitor the situation at the YMCA Sarasota shelter and provide appropriate support if requested or deemed necessary by the agency or the Network. If at any time the Network has reason to believe that the personnel or workplace environment issues have become more severe or disruptive to the service delivery process where the care and safety of youth is compromised then the Network

may choose to play a more assertive role in addressing these issues and assisting the agency in bringing them to a positive conclusion.

Strengths and Innovative Approaches

Rating Narrative

The Sarasota Y has been engaged for over 1.5 years in working on relocating the Youth Shelter to a larger building already owned by the Y. Relocating the current shelter to this location will no longer be a consideration for the agency due to the cost to renovate. The Sarasota Y has now decided to sell all properties of which the building was a part. Until more solid options are in place and funding secured for relocating the shelter or conducting major renovations to the existing facility, the agency's focus will be on refreshing the interior of the shelter by painting, refinishing floors, refurbishing rooms, and remodeling the bathrooms. The agency has secured funding and recruited volunteers to assist us in doing this work in the conference room and the educational room. The agency will continue discussions with their Board, donors and the Sarasota Y Foundation that focus on long-term planning that may involve major renovations to our shelter facilities.

The non-residential program staff have been attending the Human Trafficking Committee and participated in meetings and in a fund raiser. The agency has also attended the Juvenile Justice Committee for District 12 and Safe Free Schools Committee – Sarasota County Schools.

The agency also participated in Crisis Intervention Trainings (CIT). During these meetings information is provided to Law Enforcement regarding services that we provide to youth and their families, especially the Shelter, Non Res Counseling and School House Link (based on the McKinney Vento legislation). This is a week long course that Law Enforcement completes to better prepare them to handle various crisis. In addition, the training focuses on Mental Health/Domestic issues that they frequently encounter.

The agency's Basic Center Grant Funding ended effective October 1, 2013. No CINS programming or services are negatively impacting by this reduction in revenue. The agency reduced expenses by restructuring the shelter administration staffing.

The non-residential program staff have been attending the Human Trafficking Committee and participated in meetings and in a fund raiser. The agency has also attended the Juvenile Justice Committee for District 12 and Safe Free Schools Committee – Sarasota County Schools.

The agency also participated in Crisis Intervention Trainings (CIT). During these meetings information is provided to Law Enforcement regarding services that are provided to youth and their families. These services include the Shelter Non-Residential Counseling and School House Link (based on the McKinney Vento legislation). This is a week long course that Law Enforcement completes to better prepare them to handle crises. The emphasis is on Mental Health/Domestic issues that they frequently encounter.

The agency is a part of the Community Behavioral Health Stakeholders Consortium. The Consortium holds monthly meetings where Community Providers gather to educate and inform each other about services available in the community. Updates are provided on community services and new opportunities are shared to all participants.

The agency is a part of the Community Legislative Group. The Community partners meet to identify legislative concerns, discuss and then present legislative concerns to State Representative.

The agency is a part of the Drug Free Youth committee. This group is organizing in the Sarasota area. It is presently functioning in North Port and Venice areas in Southwest Florida.

The agency participates in subcommittees resulting from the Stakeholders Consortium. The group is presently working on a local ordinance regarding designer drugs. The group has effectively come up with Pain Ordinance regarding Pain Clinics in our area. This included training to Physicians and Pharmacists and resulted in a decrease in accidental deaths in our community due to substance use.

The agency conducts Safe Place presentations on a regular basis. The agency has consistent contact with 6th graders at the local Middle Schools informing them of services as well as significance of Safe Place emblem. The agency contacts and maintains Safe Place sites. These efforts include training of new staff members participating in Community Fairs with information on Sarasota Y services (Shelter, Non Res, School House Link, Achievers). The agency is also a part of the "Back to School" festival with 20 community partners participating as well as commercial entities such as Publix, Home Depot, Sweet Tomatoes and others.

The Shelter had numerous successful fundraisers with two (2) local restaurants that resulted in two new vans being purchased. These vans are critical for transportation provided to youth to and from school in the county.

A local restaurant had a pillow drive and collected about 500 pillows that allow the Shelter to give each youth served a new pillow during their shelter stay.

Anger Management and Parenting groups are offered to the community on an eight week continuum. Information is sent to local schools and posted on the Y website. Adventure Based Counseling (ABC) is provided to at risk students at the Shelter and the Triad Program. Teen Intervene – All staff were trained on a substance abuse program which focused on youth and their parents.

All Counseling staff members were trained on Motivational Interviewing by DJJ. The Y provided groups for Parents of Alta Vista Elementary School – Eaglet Academy focusing on Behavior Modification and effective Parenting.

Standard 1: Management Accountability

Overview

Narrative

The Sarasota Family YMCA is governed by a Board of community volunteers that is comprised of approximately 15-25 community members who are dedicated to the advancement of the YMCA's mission to build strong kids, strong families, strong communities. A Metropolitan Board of Directors oversees the operations and strategic planning of the entire corporation. This board is comprised of chairpersons from the branch boards of management and community leaders. The Sarasota YMCA Board of Directors represents a vast cross section professions and industries.

The agency reported a total of twenty-five (25) staff members. At the time of this on site program review, the agency reported that there are no vacancies. There are a total of five (5) administrative staff members that include a Program Director, Assistant Director, Counselor, Case Manager, and Quality Improvement Specialist. In addition, there are twenty (20) Behavior Coaches, seven (7) full time and thirteen (13) PRN.

The agency conducts annual training for all staff members and has submitted its annual training plan to the Florida Network of Youth and Family Services. All training is tracked by the staff member's employment anniversary date.

The agency's leadership team utilizes a monthly process of reviewing program performance data and outcome and risk management information to track trends and patterns. The agency reviews and analyzes FNYFS NETMIS data on a monthly basis and implements adjustments to its service delivery as needed.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure in place that includes all required elements of this indicator. The policy was last reviewed and updated in August of 2013 and was signed by the program President and Shelter Director.

Ten Staff files were reviewed. None were applicable for a 5 year re-screening. All ten of the files contained evidence that required background screenings were completed prior to the date of hire. The programs Annual Affidavit of Good Moral Character was completed January 4, 2014.

There are no exceptions for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a detailed policy also called Provision of an Abuse Free Environment and it listed as policy 1.02 Abuse Free Environment. In general, the current shelter environment is clean, orderly and has moderate common space and ample sleep quarters for housing residents. The agency provides resident and parent information regarding the program during the orientation process.

The abuse reporting hotline number is posted in the living areas of the shelter. The Abuse Hotline is also reviewed on the Client Orientation Checklist. The number for the Abuse Hotline is located in the Client Handbook. The Abuse Hotline number is also posted in the front, conference room and the day/living room. If necessary, shelter residents also receive information on the how to report incidents of Abuse during their shelter stay.

All Sarasota YMCA staff members receive a copy of the Agency's Code of Conduct upon hire. The handbook requires that all staff members report inappropriate behavior and all forms of abuse related acts committed by staff or clients/residents.

The agency's policy on Behavior Interventions has not changed since the last Quality Improvement program review in January 2013. The agency policy on Behavior Interventions requires that staff members are not permitted to employ physical intervention techniques unless safety of the child, other children, or staff is involved. The agency policy further states that staff will be trained in positive parenting and verbal de-escalation techniques. These include employment of the "five second rule", where youth are trained to deescalate the situation by quickly exiting the room when a youth generated disturbance occurs – removing the "audience" and children that might escalate the situation. Further, the policy states that the local policy department will be called to control a child that is violent to the point where he or she presents an immediate danger to themselves, other youth or staff members. The policy also requires staff that staff will consult with management and be granted permission to employ physical intervention prior to doing so. Lastly, the policy states that a hands-on report and an incident report will be generated and filed in each case where a hands-on intervention is necessary.

At the time of this program review, the reviewer of this indicator conducted a discussion with the Assistant Residential Supervisor regarding staff behavior and client/youth actions that may have impacted the safety and security of the shelter environment. The supervisor provided all inter-agency written reports that occurred within the last six (6) months including work performance and disciplinary reports.

During this onsite program review, the shelter housed a total of ten (10) residents on 01/29/2014 and 10 residents on 01/30/2014. Eight (8) of the 10 were CINS/FINS residents were in the youth shelter on day one and 8 of 10 were CINS/FINS residents on day two. The remaining residents were DCF clients and not eligible to be surveyed. A total of six (7) out of 10 youth surveys were conducted onsite. The results indicate that all 7 residents surveyed were knowledgeable with the abuse reporting and grievance reporting processes. In addition, all 7 residents surveyed reported that they feel safe in the program and have never been sent to their room for punishment or have never heard staff threaten them or other residents. None of the residents surveyed have stated that they have heard staff use profanity/inappropriate language and none said they have been stopped from reporting abuse. A total of fourteen (14) staff members were surveyed during this onsite program review. Of these staff surveyed, thirteen (13) out of 14 staff members reported that they never observed staff using profanity. Eleven (11) staff members reported that they have never reported staff members using threats, intimidation, or humiliation when interacting with the youth. A total of 13 staff surveyed reported that they have never witnessed a staff member been sent to their room or an isolation room for punishment. A total of 10 staff surveyed reported that the working conditions been at this shelter and Good; 2 reported that work conditions are Fair and 2 report that work conditions are Poor.

The reviewer requested that the agency provide documentation of all documented grievances that occurred in the last 6 months (July 2013-January 2014). The agency had evidence of one (1) documented grievance between the aforementioned period. The reviewer made an additional request to the agency to provide any documented grievances that have occurred since the last on site Quality Improvement review in January 2013 and June 2013. A total two (2) grievances were documented between the aforementioned period.

The agency utilizes a management/supervisory intervention approach that involved the documentation of staff member work performance and behavior in the work environment. The agency form used is named the Sarasota YMCA Corrective Counseling Form. This form lists specific work performance and behavior related observation made by the agency's Program Director and Assistant Program Directors. Sarasota YMCA management uses the form to document the observations made by management; the reason for counseling; the corrective action required; and employee comments if any. Administrative actions/measures that Sarasota YMCA management can take include documenting a record of verbal counseling, written counseling, suspension and termination.

The agency provided documentation of a total of five (5) Employee Counseling Communication administrative reports over the last 6 months. These reports included counseling and coaching sessions provided by the agency to address employee work performance issues. These documents included employee counseling sessions involved employees needing to improve tracking of their training hours, co-worker communication issues (2 staff involved), maintaining proper staff and employee boundaries and an employee that was accused of dealing rudely with a client/parent. The agency provided documentation of three (3) Corrective Counseling Forms for 3 different employees between August 2013 and January 2014. The CCF documents involved correcting medication distribution; general work performance issues and staff/client boundary issues. The agency also provided 3 documented employee termination documents for various workplace performance issues. The first case involves an employee file included documentation of policy violation involving carelessness on Oct 13, 2013. This employee was retrained in October 2013 on proper medication distribution. The second employee case involves an employee work violation related to allowing clients to have electronics in the building. She failed to inventory an iPod and let the music device in the shelter. This employee also failed to follow proper sight and sound/Risk Assessment practice and failed to secure shelter keys on her person. The keys were later found. The third case involved a YMCA employee that failed to complete the Medication Distribution Log (MDL) to accurately reflect the manner in which medication was prescribed to be distributed. This employee's file also includes additional incidents of work performance regarding lack of completion medication shift inventory counts as required.

One staff member surveyed indicated that they have observed a co-worker using profanity when speaking to youth. One (1) staff member surveyed reported that they observed a co-worker using threats, intimidation, or humiliation when interacting with the youth. One staff member surveyed reported that they have witnessed a staff member been sent to their room or an isolation room for punishment.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

Program has written policy and procedures that address and outlines incident reporting standard 1.03. The policy manual was reviewed and verified. All other manuals which consist of binder 1 residential (2) reports reviewed, (2) Cins Fins (10) reports reviewed between the month's of January - December 2013 all binders reviewed had the necessary documentation. All incidents were noted and signed by youth and staff. Reports were written legible and clear.

The program has complied with the department to report incidents within the (2) hours of the incident. Program had a couple of incidents which required reporting to the Abuse Register and those reports were within the (2) hour period of reporting. The reports were legible and easy to follow each action taken. Reviewed the programs policy and procedure manual in comparison with the departments and it was found that the program is compliance.

There were no exceptions found during this site visit.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure in place that addresses all of the key elements of this CQI indicator. The program's policy was last reviewed and updated in July of 2013 by the President and the Shelter Director. Annual training is calculated using the hire date. Training files are maintained in an orderly fashion with a system in place that maintains a running total of hours completed and hours that need to be completed.

The program has a comprehensive Program Orientation training that each employee participates in their first year.

Five employee training files were reviewed for **First Year Training** Requirements. Five of the Five training files reviewed provided evidence that the minimum required training hours were completed within the first year. Four of the 5 exceeded the minimum required hours in the first year of training.

Six employee training files were reviewed for **Annual Training Requirements**. Five out of six provided documentation that minimum requirements for training hours were met. Four of the six training files exceeded the minimum required hours.

Of the five **first year** training files reviewed, one was missing documentation that the employee completed Suicide Prevention and CINS/FINS Core training. -- (Desiree Brown)

Of the five **first year** training files reviewed, one was missing documentation that the employee completed Crisis / Intervention and Personal Safety Training within the first year of employment. The employee (Andre Humphrey) was hired shortly after this annual training was held for other staff and was not scheduled again until 2 days past the employee's first year was complete, they did attend at that time.

One of the six files reviewed for **annual training requirements** did not meet the minimum hours. The employee (Ron Rodgers) had only attended 20.5 hours training, which is below the minimum required of 24 hours.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure in place that contains all of the required key elements for this CQI indicator. This policy was last reviewed and updated in July of 2013 by the President and Shelter Director.

The agency is following this policy and procedure consistently. Data is gathered by the Quality Improvement Specialist regarding satisfaction surveys, incidents and contract objectives. The Quality Improvement Specialist also conduct a review of all residential youth files on a weekly basis and produces a report of findings. All information gathered is provided to the Program Director and Assistant Program Director. Any information related to significant trends are reviewed during monthly staff meetings which are attended by various employees, including counselors, case managers, program directors and behavior coaches (direct care staff).

Additionally the Quality Improvement Specialist meets with staff one on one regarding their documentation errors and provides guidance for completing forms as required by the program. Documentation was provided to show that a training specific to completing intake paperwork was provided to all staff in July of 2013. Documentation was also provided by the Assistant Program Director of one employee who received corrective counseling in August of 2013 due to ongoing issues with completing documentation correctly, a trend noted in the file review documents and discussed on a regular basis during program staff meetings.

A review of the "Resident File Reviews and Shelter Staff Meeting Minutes" log provides documentation of a consistent review of youth files and any present trends in within the program.

In addition to this information being shared with program staff it is also forwarded to the Executive Director to review. An interview with the Executive Director confirmed that once he has received the information that the compiled report is shared in a meeting between the Youth and Family Services and Foster Care committees. This meeting is chaired by a Metro Board member who then provides the aggregate information to the entire Metro Board in the presence of the program's Executive Director. This review of outcome data is conducted monthly, shared monthly during regular staff meetings and provides an annual review of the program's performance with contract outcomes.

The program has a policy and procedure in place that contains all of the required key elements for this CQI indicator. This policy was last reviewed and updated in July of 2013 by the President and Shelter Director.

The agency is following this policy and procedure consistently.

There are no exceptions for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Sarasota YMCA is contracted to provide both CINS/FINS residential and non-residential services for youth and their families in Sarasota and DeSoto Counties. The program provides centralized intake and screening twenty-four hours per day, seven days per week status offenders that include runaways, truants, ungovernable and lockout youth. Trained staff members are available to determine the needs of the family and youth. Residential services, including individual youth, family and group services. Case management and substance abuse prevention education are also offered on an as needed basis. Aftercare planning includes referring youth to community resources, on-going counseling and educational assistance on an as needed basis.

The agency's organizational chart lists Mrs. Sonia Santiago, LMHC as the Clinical Director and Director of Non-Residential Services. Mrs. Santiago oversees nine (9) counseling related staff members. Counselors employed on a full time and part time basis depending on their position. Counselors are responsible for providing case management services and linking youth and families to various community services.

The Sarasota YMCA Family Counseling component is also responsible for coordinating 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. This component of the agency also recommends the filing CINS Petitions with the court as needed.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator. The policy manual was last reviewed in August 2013 and it was signed by the agency's CEO and the program's clinical director.

A total of eight (8) non-residential files were reviewed (4 closed and 4 open). There was evidence in all 8 files that the eligibility screening took place within 7 days, youth and parents received in writing information on service options, rights and responsibilities, parent brochure, possible actions occurring through involvement with CINS/FINS, and grievance procedures. In all 8 files youths met the criteria for CINS/FINS eligibility - truant, ungovernable, runaway, and/or homeless.

An interview with the clinical director was conducted to clarify screening procedure and time frames.

No exceptions were noted during this CQI site visit.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator. The policy manual was last reviewed in August 2013 and it was signed by the agency's CEO and the program's clinical director.

Three (3) residential files were reviewed. There is evidence in all 3 files that the psycho-social was initiated within 72 hours of admission.

In addition, eight non-residential files were reviewed - 4 closed and 4 active. There was evidence in all 8 files that the psycho-social assessment was completed w/in 2 to 3 face to face contacts, the psycho-social assessment was completed by a Bachelor's or Master's level staff, the psycho-social assessment include a supervisor review signature. None of the files reviewed included youths identified as a high suicide risk, no referral needed for assessment of suicide risk.

The psycho-social summaries were all signed and dated by the counselor and clinical supervisor.

No exceptions were noted during this CQI site visit.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator. The policy manual was last reviewed in August 2013 and it was signed by the agency's CEO and the program's clinical director.

A total of eight (8) non-residential files were reviewed- 4 closed and 4 active. All 8 cases have a case/service plan date. A total of 7 cases developed the service plan within 7 working days of completing the Psychosocial assessment. In 7 cases individualized and prioritized needs and goals identified by the psycho-social assessment. All 8 cases indicate service type, frequency, and location. All 8 cases indicate person responsible, target dates for completion, actual completion dates, youth, parent, counselor and supervisor signatures. All 8 cases indicate the date of plan initiated. All 8 cases indicate that they were reviewed every 30 days.

One case the service plan was completed on 10/29/13 - 5 days prior to completing the psychosocial assessment. The psychosocial assessment was initiated and completed on 11/4/13. In another case the psychosocial assessment indicated recent (2 months) use of marijuana and beer/wine(4 months). This was not addressed in the service plan, no evidence of referral made for substance abuse evaluation.

An interview with the clinical director was conducted to clarify the referral procedure/process.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The policy manual was last reviewed in August of 2013 and was signed by the CEO and the Clinical Director.

A total of 8 files were reviewed 4 open and 4 closed. An interview was also conducted with the Clinical Director to obtain a description of the case management and service delivery.

A total of 8 of the 8 files clearly documented the youth/family's progress in the case notes. All files provided evidence of service plan reviews and ongoing youth/family support. All files had thorough documentation and the Clinical Director provides consistent supervision with bi-monthly case reviews. All cases had an assigned case manager to ensure either direct service delivery or referrals were completed.

As of the December monthly data extract from the Florida Network the agency completed 254 of the required 259 or 98% which exceeds the required 90% compliance.

Some exceptions were noted. In 2 of the 8 files had a need for a referral to an outside agency, but did not have a written referral available in the file. In both cases the case manager documented in the case notes that referrals were made but the agencies referral form was not utilized as verification of the referral being completed. In 1 of the 8 files identified recent substance abuse (2 months ago) but a referral was not made for a substance abuse assessment. The service plan did not contain a goal addressing the substance abuse issues.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The policy manual was last reviewed in August of 2013 and was signed by the CEO and the Clinical Director. A total of 8 files were reviewed 4 open and 4 closed. An interview was also conducted with the Clinical Director to obtain a description of the Counseling Services.

The Clinical Director has a best practice of conducting bi-weekly case reviews which are clearly documented in the files. Each case manager is given written supervision on each case by the Clinical Director. Chronological case notes are well written and thorough in all of the case files. Presenting problems are well documented and progress is noted within the chronological case notes. Thirty (30) minutes of group counseling is offered 5 days a week for youth in residential placement.

No exceptions were found during this review.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The policy manual was last reviewed in August of 2013 and was signed by the CEO and the Clinical Director.

A total of 4 files were reviewed. An interview was also conducted with the Clinical Director to obtain a description of the case staffing/petition process. The program conducts staffings every two weeks. In all cases a summary report was completed prior to each court hearing.

In 4 of the 4 cases letters notifying the family of the case staffing were sent via certified mail. The case staffing committee members were notified through email. Committee members include school personnel, law enforcement, DJJ, and program staff.

No exceptions were found during this review.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator. The policy manual was last reviewed in August 2013 and it was signed by the agency's CEO and the program's clinical director. A total of eight (8) non-residential files were reviewed. All files are marked confidential and kept in a secure and locked file cabinet. All youth records were neat and orderly.

A total of three (3) residential files were reviewed. All files are marked confidential and kept in a secure and locked file cabinet. Two of the records were neat and orderly. Eight non-residential files were reviewed. All files are marked confidential and kept in a secure and locked file cabinet. All youth records were neat and orderly.

One exception was noted. One (1) residential file the forms were not consistently organized.

Standard 3: Shelter Care

Overview

Rating Narrative

Sarasota YMCA is licensed by the Department of Children and Families (DCF) for twenty (20) beds and it primarily serves youth from Sarasota and DeSoto Counties. The shelter also provides services to youth referred to them from the Department of Children and Families. The shelter building includes a common or day room, girls and boys sleep dorm style bedrooms, dining room, kitchen, laundry, staff offices and a multi-purpose/activity/computer room. The Sarasota YMCA shelter facility that is located in central Sarasota near the intersection of Bahia Vista Street and Tuttle Avenue. The physical address is: 1106 South Briggs Avenue, Sarasota, FL 34237. The facility is located in an accessible area and is close to available public transportation. The shelter is adjacent to the YMCA's gymnasium which provides access to recreational opportunities for all residents and staff members.

During the quality assurance review, the shelter was found to be in good condition and the furnishings in good repair, and the rooms and common areas were clean. The dormitories are divided into two (2) areas separated by the common room for the boys and one for the girls. There are 2 bathrooms located near each dorm. The sleeping rooms house ten (10) youth each; each youth has an individual bed (bunk bed), bed coverings and pillows. Further, there is an individual close watch or supervision room for youth on sight and sound or elevated supervision status. In addition, the youth have access to a recreational games, volley ball court and basketball. This youth shelter is not designated by the Florida Network of Youth and Family Services to provide staff secure services.

The Sarasota YMCA residential team is comprised of a total of twenty-six (26) Residential staff members (full-time, part-time and on-call). This number of residential staff members includes one (1) Program Director, one (1) Assistant Program Director and 2 counselors and a Quality Improvement Specialist. The Direct Care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision. The youth care workers are responsible for processing new admissions, and providing orientation of youth to the shelter; the supervision of youth; and for maintaining inventories on all sharps and medications. Youth care workers also assist in the delivery of self-administered prescribed and over-the-counter medications.

The property is nicely landscaped and well maintained and clear of hazards or debris. The facility is also well lighted, secure and appropriately furnished. The facility recently re-tiled the kitchen floor. The agency has recently purchased a new transportation van to replace other vehicles currently used in transporting residents. The shelter has recently updated the couch cushions in the day room or common area. The agency maintains adequate staff training records, communication log, and youth files. During the on site tour of the facility all Hot line numbers and forms are visible and posted in common areas.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The Sarasota YMCA CINS/FINS Policy Manual was last reviewed and revised in July of 2013 and was signed by the President of the Sarasota YMCA, and Nichole Hartsock, the program's Shelter Director.

An extensive tour and detailed inspection of the facility was conducted during this CQI site review. Health, fire and safety inspections were reviewed and evaluated for compliance with local, State and Federal residential child care facility safety requirements. There were no observable safety issues, obvious hazards or health and sanitation violations noted during this CQI site visit and facility inspection. The facility was clean, safe and well-maintained.

The agency's Fire Safety and Disaster Plan is reviewed and approved by the agency on an annual basis and was last reviewed in January of 2014. Sarasota County on an annual basis and was last reviewed and signed on 4/17/13. The annual Fire Safety Inspection is conducted by the Sarasota County Fire Marshall. The last inspection was conducted on 4/3/13 and noted six corrective actions. All corrective actions were completed by 5/2/13 and approved by the inspector.

The fire alarm was last inspected on 4/3/13. The overhead hood system was inspected on 10/15/13. The fire suppression sprinkler system was inspected on 5/13/13. The Residential Group Care Health Inspection was completed on 1/6/14. No violations were noted. The Food Service Health Inspection was completed on 12/16/13. No violation were noted.

Vehicle safety inspections were completed on three agency vehicles. First aid kits, fire extinguishers and emergency tools were located in each vehicle. A visual safety "walk-around" of each vehicle was also conducted, not safety issues were identified at the time of this CQI site visit.

An extensive tour and detailed inspection of the facility was conducted during this CQI site review. Health, fire and safety inspections were reviewed and evaluated for compliance with local, State and Federal residential child care facility safety requirements. There were no observable

safety issues, obvious hazards or health and sanitation violations noted during this CQI site visit and facility inspection. The facility is clean, safe and well-maintained.

One exception was noted. One light fixture in the girls dorm was missing a plastic cover. No other exceptions were noted at the time of this CQI site visit.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The Sarasota YMCA CINS/FINS Policy Manual was last reviewed and revised in July of 2013 and was signed by the President of the Sarasota YMCA, and Nichole Hartsock, the program's Shelter Director.

A review of eight(8) client case files demonstrated that all youth receive a comprehensive orientation upon admission to the shelter facility. The program completes a Client Orientation Checklist that documents all of the issues discussed at intake. The form has 38 items that include all of the items specifically listed and required by this CQI indicator. The youth and their legal guardian both sign and date the form at the bottom and the name of the staff completing the intake orientation process is listed at the top of the form.

In all 8 files reviewed the intake orientation checklist was completed, signed, dated and document in each client case file. An interview with the Shelter Supervisor and one Behavior Coach also confirmed that the new client orientation process is consistent and effective.

Copies of the client handbook and parent handbook are provided at intake and contain extensive program information that is consistent with this indicator. Copies of both handbooks were provided to the review team during this CQI site visit. Abuse reporting info is also posted at each phone that is accessible to youth.

There were no exceptions noted at the time of this CQI site visit.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The Sarasota YMCA CINS/FINS Policy Manual was last reviewed and revised in July of 2013 and was signed by the President of the Sarasota YMCA, and Nichole Hartsock, the program's Shelter Director.

The program completes the standardized CINS/FINS Intake Form upon admission to the shelter which contains the necessary information to determine the appropriate bed assignment for each youth. Beds are assigned based on the dynamics of the current population, occupancy rates and other physical and behavioral criteria list on the Intake Form.

The shelter has two large dorm rooms, one for females and one for males, so the room placement option is not really possible as it is in many other shelter facilities unless the staff decide it is necessary to utilize one of the two "isolation rooms" at the shelter. There are two rooms that may be used for youth on sight and sound supervision for suicide risk or for youth who may have an illness or are significantly younger in age than the other youth at the facility.

A review of 8 client case files (four open, four closed) was completed during this CQI site visit. Of the eight client case files reviewed, seven had the bed assignments documented in their case files. Bed assignments are also documented on the dry erase board in the staff office and on the bed check form used by staff during overnight room checks.

An interview with the Shelter Supervisor and one Behavior Coach was conducted that determined that agency policy was being followed consistently during the room assignment process.

The program completes the standardized CINS/FINS Intake Form upon admission to the shelter which contains the necessary information to determine the appropriate bed assignment for each youth. Beds are assigned based on the dynamics of the current population, occupancy rates and other physical and behavioral criteria list on the Intake Form.

Some exceptions were noted. Of the eight client case files reviewed, seven had the bed assignments documented in their case files. One of the eight client case files reviewed was missing documentation for room assignment. No other exceptions were noted in the eight case files reviewed during this CQI review.

Behavior Management System: The program has a well-defined behavior Management system in place to help promote positive behaviors, encourage good decision-making and reduce negative, disruptive or dangerous behaviors among youth admitted to the shelter facility.

The system includes rewards and consequences and opportunities to earn points through appropriate behavior on a daily basis. Youth are also able to file a grievance if they feel they lost points unfairly or were not given points they feel that they earned. The staff is trained in the point system and also shadow more experienced behavior coaches.

Rewards include outings, "in house store purchases", choosing chores first, and team leadership. The shelter store is located in the Director's office and has various items that can be purchased using shelter points and can earn up to \$10 dollars for trips to local stores or restaurants as a reward for positive behaviors.

Level 1 - 375 points needed

Level 2 - 550 points

Level 3 - 700 points - Role model / leader

Level 4 - Masters level - Role model / leader

Points are earned by performing chores, cooperating with rules and staff direction, participating in groups and demonstrating appropriate behavior. Group sessions and house meetings/life skills meetings are also part of the daily schedule and are activities for which youth may also earn points. The system includes rewards and consequences and opportunities to earn points through appropriate behavior on a daily basis.

Youth are also able to file a grievance if they feel they lost points unfairly or were not given points they feel that they earned. The staff is trained in the point system and also shadow more experienced behavior coaches.

A behavior coach was interviewed to confirm the behavior management system goals and objectives. The staff member stated that the system is consistently applied to all youth by staff. At the same time there is also some flexibility built into the system to allow staff to use their own discretion when appropriate in working with different youth who have different levels of maturity or development and may require different types of interventions.

No exceptions were noted at the time of this CQI site visit.

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The Sarasota YMCA CINS/FINS Policy Manual was last reviewed and revised in July of 2013 and was signed by the President of the Sarasota YMCA, and Nichole Hartsock, the program's Shelter Director.

The Assistant Director of the shelter completes a weekly staff coverage schedule approximately 6 weeks in advance of the actual schedule date. There are 20 Behavior Coaches that are scheduled over three shifts: 6:30 to 3:30, 3:00 to 11:30 and 11:30 to 7:30. Eight of the Behavior coaches have a college degree (AA or BA).

The facility is licensed by DCF for 20 beds however interviews with staff indicated that the facility rarely goes over 18 youth at any given time. During our CQI site visit there were 10 youth (8 CINS, 2 DCF) at the facility on both days of the review.

Typically there are three staff members on the morning and afternoon shifts and two staff on the over-night shift. There are 7 full-time and 13 part-time staff at the shelter. Several staff work "split shifts" during the daytime hours to cover transportation, appointments and supervision of youth.

A review of the past six months of staff schedule was conducted during this CQI site visit. This review demonstrated that there is a male and female scheduled for each shift. Over the last six months there has been only one occasion when the male/female requirement was not met.

An interview with the Assistant Director revealed that at the current time the program is fully staffed and that the coverage of various shifts and days of the week is very stable. Recommendation: The review team strongly recommends that the lights in the common area room are left on during the overnight shift for safety, supervision and video surveillance.

No exceptions were noted at the time of this CQI review.

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this CQI indicator. The Sarasota YMCA CINS/FINS Policy Manual was last reviewed and revised in July of 2013 and was signed by the President of the Sarasota YMCA, and Nichole Hartsock, the program's Shelter Director.

During this CQI site review two Domestic Violence Respite cases were selected for review. Both cases met all of the criteria listed in the CQI indicator for Special Populations.

Both cases, one male and one female, met criteria for the DVR program (evidence of arrest), were approved by the Florida Network for placement, stayed less than 7 days and the male youth had a service plan that addressed the issues that led to the DVR placement (included Anger Management and Improved Communication with Family).

NOTE: The female youth only stayed for a 24 hour period and was discharged prior to the completion of the Psycho-Social and the service plan.

NOTE: The agency is not contracted to provide Staff Secure Shelter (SSS) at this site. The closest sites for SSS are Bartow, Clearwater and Fort Myers.

During this CQI site review two Domestic Violence Respite cases were selected for review. Both cases met all of the criteria listed in the CQI indicator for Special Populations.

No exceptions were noted during this CQI site review.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The Sarasota YMCA residential program provides screening, counseling and mental health assessment services. The agency has a Program Director and Assistant Program Director that oversee the daily operations. The program has direct care staff member members are that are trained to screen, assess and notify all employees of conditions and risks of all youth admitted to both residential and non-residential CINS/FINS programs. The agency provides risk screening and identification methods to detect youth referred to their programs with mental health and health related risks. Specifically, the agency utilizes screening and a CINS Intake form to determine eligibility and various screening methods to determine the presence of risks in the youth past mental health status, as well as their current status. The agency also screens for the presence for acute health issues and the agency's ability to address these existing health issues. The agency also uses a general alert board and colored writing and symbol system to inform all staff members on each shift of the health and mental health status of all youth in residential youth shelter.

The YMCA CINS/FINS program assists in the delivery of medications to all youth admitted to the youth shelter. The agency operates a detailed medication distribution system. The agency provides medication distribution training to all direct care staff members, first aid response, CPR, first aid, fire safety, emergency drills and exercises and training on suicide prevention, observation and intervention techniques. During this on site QI review, the agency provided an up to date list of agency staff members that have received medication distribution training and are authorized to provide distributed medication to residential clients. Agency staff members are also required to notify parents/guardians in the event that a resident has a health injury. At the time of this onsite Quality Improvement review, the agency has two (2) staff members that are licensed clinicians. These staff members are involved in the review of all assessments completed on residential clients that screen positive for suicide risk.

The agency employs both male and female staff members across all three (3) work shifts. Agency training files indicate that direct care staff members received annual crisis intervention, first aid, CPR, suicide prevention and medication distribution training. The agency also has several measures in place to address emergency, accidents, injuries and safety and security events. The agency has disaster plans, knife-for-life, wire cutters, and first aid kits that are located in the youth work station. A medical and mental health alert system with general alerts is in place. The system is practical and staff interviewed onsite have are familiar with the alert system and understand it well. Staff members are also trained to provide first aid as needed when emergencies occur.

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator. The policy manual was last reviewed in August 2013 and it was signed by the agency's CEO and the program's clinical director.

A total of six (6) residential files were reviewed (3 active and 3 closed files). There is evidence in all 6 files that the program performs preliminary health screening for each youth. The preliminary health screening includes but not limited to current medications, existing (acute & chronic) medical conditions, allergies, recent injuries or illnesses, presence of pain or other physical distress, observation for evidence of illness, injury, physical distress, difficulty moving and observation for presence of scars, tattoos, or other skin markings. There is also evidence in all 6 files that there is screening for diabetes, recent head injuries, asthma, tuberculosis, hemophilia, cardiac disorders etc. There is a referral process for medical care.

All 6 files also show evidence for screening of mental health issues. No exceptions were noted during this CQI site visit.

4.02 Suicide Prevention

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure the addresses all of the key elements of this CQI indicator. The policy manual was last reviewed in August of 2013 and was signed by the CEO and the Clinical Director. A total of 8 closed files were reviewed for this indicator.

Of these files, 7 of the 8 files showed the clinical director's signature on the clinical assessment which is typically performed by the shelter counselor. The staff or clinical director would then make an entry into the communication log noting that youth had been removed from watch once the clinical director had made this decision.

Entries pertaining to youth on sight and sound supervision are documented and highlighted in green in the log book. This is seen as a best practice as it brings to everyone's attention that a youth is on sight and sound supervision.

The observation log sheets are consistently observing youth every 30 minutes. All of the youth who were placed on sight and sound supervision signed a "Life Contract" stating they are not actively suicidal.

One (1) exception was noted. One (1) of the 8 files reviewed had a missing signature from the Clinical director on the suicide risk screening. However, this youth was not at risk for suicide at time of screening.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The agency had written procedures that include how medication addressed by the program. The agency's policy included how the program will handle the safe and secure storage, access, inventory, disposal and distribution of medication in accordance with the DJJ Health Services Manual. The current policy listed called the Sarasota YMCA Youth and Family Services Operations Policy/Procedure. The policy is documented as 4.03 Medications. The policy has been reviewed and updated as of July 2013. The file review indicated that all staff members are trained on medication distribution and documentation. There are a total of twenty-three (23) staff members that are trained and authorized to distribute medications.

Following last year's 2013 on site QI review, the policy now requires that the agency verify all prescription brought into the facility by the youth. The policy states that the verification be documented on the Medication Transfer Receipt form. The agency is conducting the verification and documenting that it is happening in all cases reviewed. The agency uses the Medication Receipt Transfer and Disposition form to conduct verification of all resident medication. The current medication verification practice captures the name of the medication, strength, quantity, pharmacy, telephone, verified (yes/no), staff name and initials. Two (2) active cases and four (4) closed cases reviewed on site indicate that the verification occurred, but does not indicate when the medication verification is being completed. It is recommended that the agency add the date and time verification was completed by the staff conducting the verification.

Following last year's 2013 on site QI review, the policy now requires that agency sharps be maintained by the agency or the frequency in which sharps will be counted on a weekly basis. The policy indicates that the sharps must be counted and documented on every shift daily.

The agency stores all medications in Behavior Coach Office in a double locked cabinet that was inaccessible to the youth. The agency maintains oral, topical and over the counter (OTC) medications that are stored in three (3) separate locked drawers. The number 3 drawer is the controlled substance drawer that contains an individual metal locked box. All controlled medications are counted by the agency once on each shift 3 times per day.

The agency also provides over the counter medications. The OTC medications are kept in drawer number 2 in the medication cabinet. The agency currently maintains Pepto Bismol, Acetaminophen and cough drops. The agency maintains a perpetual inventory with running balances was maintained for all OTC medications from July 2013 to the January 2014.

The shelter does maintain a refrigerator designated for medication. At the time of the review it was empty. The current refrigerator does not have the capability of being locked.

A total of six (6) client files were review to assess the agency's adherence to medications requirements. At the time of this onsite program review, the agency reported having two (2) current CINS/FINS youth on prescribed medications. The agency utilizes a Medication Distribution Log (MDL) to document medication distribution practice for each resident. A perpetual inventory with running balances was maintained for all medications. At the time of the review, there were no youth taking narcotics or controlled medications. Six (6) out of 6 client files had evidence that medication distribution log was completed as required.

The sharps maintained at the shelter consisted of razors, tweezers, first aid scissors, office scissors, nail clippers, knife, safety scissors and razors. The shelter maintained a daily count of the sharps at each shift change for the last six (6) months from July 2013 to Jan 2014. Sharps counts are documented in separate tabs section in a 3-ring binder. The agency provided evidence of documented sharp counts from July 2012 to January 13, 2013. The agency Sharp log indicates that staff members initial the current count of each individual sharp on all 3 work shifts.

The agency has an active self-reporting system for all incidents associated with both the residential and non-residential programs. A review of the Central Communication Center (CCC) reports indicated the agency had one (1) incident that was related to a medication error over the last six months.

Exceptions are noted for this indicator. A review of the Central Communication Center (CCC) reports indicated the agency had one (1) incident that was related to a medication error. This error involved a youth that was given medication that was prescribed to another youth on September 30, 12013. The agency suspended this staff person's ability to distribute medication to residents. The agency then required the staff person to take an additional refresher course on proper medication distribution practices. The youth involved in this incident did not suffer

any side effects or injury.

The current medication verification practice captures the name of the medication, strength, quantity, pharmacy, telephone, verified (yes/no), staff name and initials. Six (6) active cases reviewed on site indicate that the verification occurred, but does not indicate when the medication verification is being completed. It is recommended that the agency add the date and time verification was completed by the staff conducting the verification.

The shelter does maintain a refrigerator designated for medication. The current refrigerator does not have the capability of being locked. It recommended that the agency place a locking mechanism on the refrigerator to ensure that items placed in the refrigerator can be locked.

Two (2) closed client files contained incomplete sections that include reasons for giving medications. One of the 2 is missing 1 perpetual count on a MDL. The second file is missing a documentation of month, year, beginning quantity for the month.

4.04 Medical/Mental Health Alert Process

Satisfactory
 Limited
 Failed

Rating Narrative

Program has a medication/mental health alert system in place that posted a shelter log on alert which concerning has (2) youth on the programs alert system. Medication are attained in a locked cabinet, the key to the log box was located on the side of the side of cabinet for the medical box , which consist of medications for each youth. Each drawer is labeled with the specific medications for nicotates, over the counter, prescriptions. Following the logs posted the staff scheduled, list of staff that are approved/trained in handling medicals. The listing is also included in the youth files. In addition to the resources of information is provided such as the website to educate the staff. The MTR - medication Transfer Release is posted in the youth file which verifies medication, parent contact and any contact w/ doctor or pham. All allegeics are posted in the kitchen with staff signature. Program has a refrigerator for medications and waste container. All files of youth with mediactions alerts consist of a photo of each youth, dosage, times, etc. Praogram has a plan in place if youth leaves program should a youth leave he youth is contacted and if not response over a period staff then disposes of the medication. In youth's file are appropiately documented in the case notes, a copy of the MTR and the Distribution log with signatures of staff for each shift w/ supervisor's approval. A yellow form is documented to note the medical and mental health alert which notes the alerts by parents and list of medications and allergies.

Program has a written polices to address Medical/Mental health Alert process for standard 4.04 which covers safety and security of the youth in the program. The items reviewed from my worksheet were the CINS FINS manuel , (2) youth files that contain case notes of all medications, distribution log MTR and a copy of the Medical/Mental Health Alert .Fren showed the Medical Alert possting and explained the process of how information gets logged, the medication cabinet and the chart for allergies which is kept in the kitch and staff signed off. Cabniet is always locked to secured saftey and handling.

There were no exception found during this site visit.

4.05 Episodic/Emergency Care

Satisfactory
 Limited
 Failed

Rating Narrative

Program has written polices and procuedures that address practices of 4.05 standard for Episodic/Emergency care. An linterview took place with Karen on the process of emergencies in the shelter. This process included contacting the parents, contacting 911 sometimes at the same time depending on the serveness of the accident, staff travel and or follow the youth to the hospital, shelter then follows instructions from the hospital for any change or new medications, any referrals to specialist regarding the accident is the parents responsibility for contact/ follow up, and before any steps are taken a parent needs to discharge the youth for clearance before the youth can return to the shelter.

There were no reported off-site emergencies. If any emergencies should occur its reported in the communication log and if serious the accident should be reported as an incident and reported as a CCC. Reviewed the Sarasota Y's manual for polices and procedures last revisions noted 7/13 and reviewed 7/13. Reviewed the Florida Network polices and procedures which applied to emergency care sections 4 and 5, Safe enviroment, emergency medical access and rsik management.

In addition to confirming medical and emergency drill from the staff log book, checking locations of the First aide kits (Office area, all vans, kitchen and bathroom) There is a total of (6) Fire Distinshers in the shelter. The shelter has standard drills every shift three times a month, the knife -for- life is secure in a glass box in the office, a waste container which is on a high shelf above the medication cabinet for security measures. For any serious cases of emergencies are reported to CEO , directors for further actions. Training is required of all staff an maintain the staff's training file.

When asked about other sources , patterns and trends that the shelter may want to implement or explored Karen replied that Nicole had thought of having paramedics come into the shelter to provide training to staff to enhance a level of training for a more quick response. This would include handicap youth / homeless.

Program has written policies & procedures to address standard 4.5 - Episodic/ Emergency care. Shelter had no off -site emergencies reported, but has emergency services/processes in place. Karen was able to sit down with me and go over step by step the Y's shelter's process for emergencies aif when they occur.

Requirement training for direct care staff in CPR, first aid and knife-for-life completion status are maintain in staff's training log. When asked about other sources, patterns , trends the shelter may wat to implement or explored Karen replied that Nicole had been thinking about enhancing staff training through inviting the Paramedics to come out and provide training to staff to enhance their training levels for a more quick response to other medical problems /issues. This would also include how to handle handicap/homeless youth projection maybe in the future.

This standard is rated satisfactory with no exceptions.