



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach County

on 06/21/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	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
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
Percent of indicators rated Satisfactory:100.00%	
Percent of indicators rated Limited:0.00%	
Percent of indicators rated Failed:0.00%	

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

Rating Definitions

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

Satisfactory Compliance	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.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares, Lead Reviewer - Consultant, Forefront LLC

Gabriel Medina, Regional QI Monitor, Department of Juvenile Justice

Adriana Garcia, Quality Improvement Coordinator, Miami Bridge Youth and Family Services

Persons Interviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 1 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 0 Program Supervisors | 0 Food Service Personnel | 0 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 2 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 3 # Training Records |
| <input type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts | |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

The Urban League of Palm Beach County (UL) is contracted with the Florida Network of Youth and Family Services (FNYFS), to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

UL is located in West Palm Beach, Florida at 1700 North Australian Avenue. The agency has an annex building located at 2715 N Australian Avenue, Suite 1, that houses the offices for the CINS/FINS, Teen Outreach Program (TOP), and Youth and Educations programs; Fiscal; and Development office. The offices are fully furnished and the building consists of a lobby, conference room, bathrooms, staff offices, cubicles, and kitchenette. Adequate spacing allows for family visitation, group session, or intake in a private office.

UL received a top rating of 5 in a recent monitoring that is conducted every four years by the National Urban League. The agency offers multiple programs and services to youth and families. These services include: Crime Prevention/Intervention; School Drop-out Prevention; N.U.L.I.T.E.S. (Leadership training, academic support, life skills, and community service for youth ages 10-18); Youth Development; Support Coordination; and Comprehensive Housing Counseling, Home Buyer Education and Assistance, and Homeless Prevention Services. During the past year, the agency received a 3-year funding to operate the Senior Community Service Employment Program (SCSEP) which is the only federal program targeted to help older workers. Each year, SCSEP enables thousands of low-income seniors to earn and learn while working in local programs serving their community. UL operates the SCSEP program in Broward and Miami Dade counties with a goal to serve 200 seniors.

UL partners with Palm Beach State College to run a workforce development project that serves un/under-employed individuals through its Urban Tech Program. Cohorts of 15 participants receive a stipend and paid tuition to earn an A+/Windows Certification.

The agency also received a small grant from the City of West Palm Beach (WPB) to operate its Clean Team program that provides a salary, uniforms, equipment, and supplies to 5 unemployed individuals to clean up the neighborhood 20 hours/week. The first 5 participants were transitioned to a pilot program, working 40 hours/week for 6 months with the City of WPB.

The CINS/FINS program provides a variety of services to at-risk youth residing in Palm Beach County and provides home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive. The program offers substance abuse and life skills groups, using the school model utilized by Safety Officers, once per month.

The Teen Outreach Program (TOP) is a free program for youth, grades 6-12, to participate in weekly education and recreation groups that also allow youth to earn community service hours. Some of the topics discussed in prior groups include: relationships, communication, goal setting, values, decisions making, and peer pressure.

Standard 1: Management Accountability

Overview

Narrative

UL provides non-residential community-based services for youth and their families in Palm Beach County, Florida. The CINS/FINS program is staffed by a Program Manager and 3 full time case management staff. One of the case management positions has been vacant since February 2017.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in Sections 435.04 F.S. Personnel files and background screening for two new hires since the last onsite visit were reviewed.

The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by UL, staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in a training file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the training file. Staff are regularly scheduled by the Program Director to attend upcoming trainings as well as utilized the Florida Networks' training resources and SkillPro.

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.01 The policy was last updated on August 1, 2016.

The agency procedures require a background screening to be completed prior to hire for any employee, intern or mentor and again every 5 years after the hire date. An Annual Affidavit of Compliance with Good Moral Character is to be e-mailed to the DJJ Background screening Units by January 31st of each year.

There were two new staff members since the last quality improvement review; the VP of Education and Community Empowerment (VP) was an agency re-hire in August 2016 and the other new contracted staff previously worked for the CINS/FINS program, transferred to another program within Urban League of West Palm Beach and recently returned to the CINS/FINS program on May 1, 2017. Both files were reviewed. The VP originally had a background screening request submitted prior to hire rejected and was told the procedures had changed and subsequently requested a new background screening through the Clearinghouse in October 2016, two months after her hire date. The other staff had his background screening done on July 14, 2015, prior to the original hire date.

The provider did not have any volunteers or eligible 5-year re-screenings for program staff during the review period.

Proof of submission of the Annual Affidavit of Compliance with Level 2 Screening sent to DJJ Background Screening unit on 1/12/17 prior to the January 31st deadline was provided.

Exception:

The background screening for one new re-hire who was separated for over 180 days was not completed

prior to the re-hire date.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.02. The policy was last updated on August 1, 2016.

The agency's employee handbook includes a guideline of "Ethical Conduct" which includes the prohibition of any discrimination, harassment or inappropriate behavior. The agency requires staff to complete training on Child Abuse reporting. The agency requires staff who has knowledge of or has reasonable cause to suspect child abuse, neglect or abandonment to report to the Florida Abuse Hotline and document the call. If the act occurs on facility property, staff are also required to report to the CCC. Staff are required to make a phone accessible in a timely manner if a child requests to call the Abuse Hotline. The agency requires youth to have access to file a formal grievance. The agency requires management to immediately address incidents or physical and/or psychological abuse verbal intimidation, use of profanity, and/or excessive use of force.

Both program staff completed child abuse reporting training through the DJJ Skillpro portal since the last QI Review. The newly re-hired staff has not completed child abuse reporting training but is still within the one hundred and twenty (120) day deadline. This reviewer observed the abuse hotline number posted in four (4) different places throughout the facility including the room where CINS/FINS intakes are completed.

The agency maintains a binder with: instructions on how to report abuse allegations; forms to fax in child abuse reports; and a log for each month where calls or reports made are listed. However, since the last QI review there have not been any calls or reports made to verify practice.

The agency has grievance forms available in four (4) different places throughout the facility. There is not a box to deposit the forms. On the grievance form, clients are instructed to send the grievance form via e-mail to the Vice President of Programs and/or the President of the agency. When this reviewer asked the program director where clients may submit the form he indicated it may also be submitted to him, the VP, or via e-mail. The agency maintains a binder with a log for each month to document grievances made. However, since the last QI review there have not been any calls or reports made to verify practice.

Per the Program Director, no staff has been disciplined in the past year for incidents of abuse, verbal intimidation, use of profanity, and/or excessive use of force.

Exception:

There is not a grievance box for clients to deposit grievance forms at the program office.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.03. The policy was last updated on August 1, 2016.

The agency requires staff to notify the CCC within 2 hours of an incident and to complete the incident report form. The agency is required to complete any follow-up required by the CCC in order to close the case and assure the incident has been fully addressed.

The agency has the CCC phone number posted in four (4) different areas of the facility. There is a binder with instructions, proof of training, blank incident report forms, and a log to keep track of any incidents. The agency requires the Program Director and Vice President to review and sign off on all incident report forms. However, since the last QI review there have not been any calls to the CCC or reports made to verify procedure is followed. Both program staff completed incident report training, titled "It's all About Reporting" through the DJJ Skillpro portal since the last QI Review.

No exceptions.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.04. The policy was last updated on August 1, 2016.

The agency requires all newly hired direct care staff to complete a minimum of 80 hours of trainings including those identified by the Florida Network QI Florida Network QI Indicator 1.04 within the first 120 days of hire and annually. The agency also requires in-service staff to maintain up-to-date certification with CPR, First Aid, suicide prevention and fire safety training. The agency is required to maintain a log with dates and proof of completion.

Three (3) training files were reviewed for one re-hired and two in-service staff. The contracted interim case manager used to work for this program and was recently transferred back into the program on May 1, 2017. This reviewer noted no training has been record since the re-hire date; however it is still within the 120 days deadline.

The training files for two in-service staff were reviewed for annual training. Both completed the training requirements for Suicide Prevention, CPR, First Aid, Fire Safety Equipment, and Prison Rape elimination Act. One of the staff completed 31 hours of training and the other has completed 32 hours of training; both staff have exceeded the 24 hours required annually.

Exception:

The contracted interim case manager used to work for this program and was recently transferred back into the program, his hire date is documented as May 1, 2017. This reviewer noted no orientation training has been recorded since the hire date; however it is still within the 120 days deadline.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has policy 1.05 in place for analyzing and reporting information that was last reviewed on August 1, 2016. The procedures minimally address the program's review of case records; review of incidents, accidents and grievances; and review of monthly NetMIS data reports. Procedures for the review of customer satisfaction data and review of outcome data was not addressed in the current policy and procedures.

Per the existing procedures, case record reviews are conducted on a monthly basis by the CINS/FINS program director, the contracted licensed mental health counselor, and staff. Florida Network monthly NetMIS data reports are reviewed monthly during staff meeting to address performance outcomes and

NetMIS data regarding benchmarks. Corrections are made if needed. The program director reviews incidents, accidents, and grievances quarterly.

The program manager indicated that the licensed professional conducts a review of the screening, intake, assessments, and service plans and signs off on the assessments. A separate case record review is conducted regularly by the CINS/FINS supervisor and is documented on a 4 page case file review checklist. The checklist was signed but not dated by the supervisor to indicate the date the reviews were conducted. A checklist of the completed review is maintained in a binder by the supervisor. The program did not demonstrate practice of peer record reviews.

The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary; however, there were no written procedures documented that describes how the trends would be reviewed and discussed with staff should they occur.

The CINS/FINS Program staff obtains client satisfaction surveys at case closure and enters them in NetMIS. As of the date of the visit, the program maintained a record of the results entered into NetMIS but not reports of the survey results or annual reviews.

The program obtains FN Performance reports as provided by the Florida Network monthly. Per the program manager, the outcomes reports are reviewed at staff meetings upon receipt. There was evidence of receipt of 2 applicable FN reports during the past 6 months and review of the reports during the December 2016 and February 2017 staff meetings.

Monthly NetMIS data reports are submitted by the FN to the program. Evidence of monthly reviews of the NetMIS data reports was observed during monthly staff meetings for the review period.

Monthly staff meetings are held by the program supervisor with program staff. Agendas for the staff meetings include a review of the monthly FN reports as well as issues related to NetMIS. No meeting minutes were written that describes the items discussed.

Exceptions:

The program's current policy and procedures, 1.05, lacks specific procedures that address the collection and review of quarterly case records; reviews of incidents, accidents, and grievances; and monthly reviews of NetMIS data reports. There were no procedures documented for the review of customer satisfaction data annually or annual review of outcomes data.

Frequent record reviews were conducted by the supervisor separate from clinical reviews; however, program staff were not involved in conducting peer reviews. Supervisory record reviews did not document the dates the reviews were conducted by the supervisor.

The program collects and inputs consumer satisfaction surveys into NetMIS; however, as of the last onsite review, there is no practice of the completion of a compilation report of the survey results or documentation of reviewing the survey results with staff as required.

1.06 Client Transportation

Satisfactory

Limited

Failed

[Rating Narrative](#)

1.07 Outreach Services

Satisfactory

Limited

Failed

[Rating Narrative](#)

The agency has a written policy and procedure that addresses all the points of the Florida Network QI Indicator 1.07. The policy was last updated on August 1, 2016.

The agency requires the Program Director to attend the Circuit 15 DJJ Advisory Board meetings and case managers to maintain a log of their outreach efforts. In order to provide a wide range of services and referral sources the agency signs memorandums of understanding with a number of agencies.

A binder with the last year of the Circuit 15 DJJ Advisory Board meetings is kept in the program director's office. Meeting minutes for May, April and March 2017 were reviewed. There were no meetings due to the holidays in December 2016, January 2017 or February 2017; the next meeting held and attended was in March 2017. The meeting minutes include a list of attendees and confirm the agency's attendance to the meetings. The program manager and/or designated staff attended the last four (4) Circuit 15 DJJ Advisory Board meetings. An extensive log and binder is maintained of interagency agreements ranging from referral sources for mental health counseling, residential services to the West Palm Beach housing authority.

No exceptions.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The UL is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Palm Beach County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Palm Beach County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of a Program Manager and three full-time Case Managers. The Case Managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

As needed, UL 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. No case staffing requests were made in the past year by staff or parent/guardian.

During the QI review, 8 client files were reviewed for 4 open and 4 closed youth records.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

The program has a written policy and procedure 2.01, reviewed on August, 2016, that addresses all the key elements required by the CQI indicator.

The program's case managers screen each youth and family by completing the Youth Screening form, and the CINS/FINS Intake Assessment Form, that are signed and dated by the staff completing each form. The program utilizes these forms to determine youth's eligibility, and to identify presenting problems and need for referrals to other programs or additional services.

The complete review of four active and four closed youth records found that the program completed one eligibility screening for each youth within seven calendar days of the referral. The review of the files also confirmed that youth and parents/guardians received all the brochures related to actions occurring through involvement with CINS/FINS and information related to the services offered by the program and the rights and responsibilities of youth, parents/guardians, and the program staff.

No exceptions.

2.02 Needs Assessment

Satisfactory Limited Failed

Rating Narrative

The program has written policy and procedures 2.02, reviewed on August 2016, related to the completion of an individual needs assessment for each youth admitted to the program, according to the requirements of the Florida Network's Policy and Procedure Manual for CINS/FINS.

The program's procedure required that a case manager complete a needs assessment, that includes a face to face appointment, with each youth referred to the CINS/FINS program for services. Each assessment needs to be completed by a Bachelor's or Master's level staff and supervisor signature.

The review of four active and four closed youth files confirmed that each youth admitted to the program received a comprehensive needs assessment initiated within seventy-two hours of admission. Each needs assessment reviewed was completed, signed and dated by the counselor completing the assessment and the contracted licensed (LMHC) professional.

No exceptions.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program has written policy and procedure 2.03 related to case service plans reviewed on August, 2016. The program's policy requires that an individualized plan be completed with the youth and family within seven working days following the completion of the needs assessment.

The program procedure required that each service plan completed by the program be developed and agreed upon the program's staff, the youth, and available family members/legal guardians. Urban League develops service plans based on the requirement of the QI indicator. The service plans are developed within seven working days after the completion of the needs assessment. Each plan is built upon the needs of the family and incorporates all service plan requirements.

The review of the program's practice and four active and four closed files verify that the program completed a case/service plan for each youth within seven working days of the psychosocial assessment. Each service plan reviewed contained all the elements required by this key indicator and included individualized and prioritized needs and goals identified by the needs assessment, and contained all the applicable revisions and reviews.

No exceptions.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The program has policy and procedures 2.04 reviewed on August, 2016, to ensure each counselor follow the youth's case and ensure the delivery of the individualized identify services and referrals, according to the requirements and procedures outlined in the Florida Network's Policy and Procedures Manual for CINS/FINS.

The program assigned a counselor/case manager to each youth to follow and manage the case, follow the youth's progress and ensure delivery of the applicable services through direct provision or the completion of the necessary referrals. The Urban League coordinates services to youth through interagency agreements and makes appropriate referrals as necessary.

The review of four active youth files and four closed youth files revealed that in each case the counselor/case manager completes the needed referrals for services based upon the on-going assessment of the youth's/family's problems and/or needs, monitor the youth's and family progress in services and

provides on-going support for the family. The program's case managers also provides (in the applicable cases) termination notes and follow-ups as required.

No exceptions.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The program had written policy and procedure 2.05 in place related to counseling services to ensure that each youth and family receive counseling services in accordance with each youth care and service plan, to address needs identified during the assessment process.

The program has clear procedures in place to ensure staff follow the policies and guidelines related to targeting at-risk youth, and to identify who provides the services available. The program also has clear procedures to identify suicide risk and referral issues. Youth and families receive on-going counseling services as needed on a regular basis. There is coordination among presenting problems, needs assessment, and service plans/reviews. Follow-ups are completed in a timely manner. The program has a plan specific for mental health referrals and other plan for substance abuse referrals.

The review of four active youth files and four closed youth files confirmed that each youth and family received counseling services in accordance with the individualized case/service plans. Services provided by the program included individual and family counseling, assessments, and the on-going maintenance of case notes related to youth and family progress. All the program services are provided in the youth's home, community locations, or the program offices.

No exceptions.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedure 2.06 for Adjudication/Petition Process that was last reviewed on August 1, 2016. Program staff initiates case staffing as needed and/or requested. Urban League has not had any case staffing since June 2015.

No exceptions.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy 2.07 for Youth Records that was last reviewed on August 1, 2016.

The agency's policy indicates that the files are marked confidential, maintained in a secure room or locked file cabinet that is marked confidential, and that they will be neat and orderly. Youth records are accessible only by program staff.

Eight non-residential files (four open and four closed) were reviewed. Seven of the eight files reviewed were stamped "Confidential" on the front and back of the file. The files are all neatly organized and formatted in a consistent manner. The Non-Residential program has an opaque black aluminum case to transport files offsite. The case is equipped with a combination lock and is marked confidential.

The location of file storage was observed during the tour. Files are maintained in locked cabinets in the staff's offices.

Exception:

One of the closed files reviewed was not stamped confidential.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Shelter Environment

Satisfactory Limited Failed

[Rating Narrative](#)

3.02 Program Orientation

Satisfactory Limited Failed

[Rating Narrative](#)

3.03 Youth Room Assignment

Satisfactory Limited Failed

[Rating Narrative](#)

3.04 Log Books

Satisfactory Limited Failed

[Rating Narrative](#)

3.05 Behavior Management Strategies

Satisfactory Limited Failed

[Rating Narrative](#)

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Standard 4: Mental Health/Health Services

Overview

[Rating Narrative](#)

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

[Rating Narrative](#)

4.02 Suicide Prevention

Satisfactory Limited Failed

[Rating Narrative](#)

4.03 Medications

Satisfactory Limited Failed

[Rating Narrative](#)

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

[Rating Narrative](#)

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

[Rating Narrative](#)