



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**

**SMA Beach House
3875 Tiger Bay Road
Daytona Beach, FL 32124**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for SMA Beach House for the FY 2020-2021 at its program office located at 3875 Tiger Bay Road Daytona Beach, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. SMA Beach House 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 are funded with General Revenue Funds effective for July 2020 through June 30, 2021.

The review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from SMA Beach House present for the entrance interview were: Andrew Williams, Senior Director; Pam Palmer, Director of Residential Adolescent Services; and Jessica Szymczyk, LMHC Clinical Director. The last onsite QI visit was conducted November 13 and 14, 2019.

In general, the Reviewer found that SMA Beach House is in compliance with specific contract requirements. **SMA Beach House received an overall compliance rating of 100% for achieving full compliance with eleven indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit; however, no recommendation was made for an indicator rated as conditionally acceptable.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 12-2-2020

Agency Name: SMA Beach House					Monitor Name: Ashley Davies, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 3875 Tiger Bay Road, Daytona Beach, FL		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 2 - 3, 2020		
	Explain Rating						
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program currently has at least two staff members certified as DJJ QI Peer reviewers. One of the staff members has participated as peer reviewer this season.	No recommendation or Corrective Action.
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency provided a list of six additional contracts for FY2020- 2021. The list includes: the Name of Contract, Contract Period, and Contract Amount. The program also maintains interagency agreements and Memorandums of Agreement (MOUs) with schools, mental health, and substance abuse providers. All of the agreements reviewed had current contract/agreement dates.	No recommendation or Corrective Action.
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through Philadelphia Indemnity Ins Co., for limits of	No recommendation or Corrective Action.

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			Explain Unacceptable or Conditionally Acceptable:						
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Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV							coverage \$1,000,000 each \$3,000,000 aggregate, and \$20,000 medical, effective 6/30/20-6/30/21. Workers Comp insurance through Accident Fund Insurance Company of America for limits of coverage \$1,000,000 each accident, effective 4/1/2020 – 4/1/2021. Automobile insurance through Philadelphia Indemnity Ins Co. for combined limits of liability/property damage for \$1,000,000 each and aggregate. Policy effective for 6/30/2020-6/30/2021. Professional Liability Claims insurance through Philadelphia Indemnity Ins Co., for limits of coverage \$1,000,000 each/aggregate effective 6/30/2020-6/30/2021. Florida Network is listed on the Worker's Compensation certificate as certificate holder.		
External/Outside Contract Compliance			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A –	No recommendation or Corrective Action.

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a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE							During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.		
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Fiscal Policies and Procedures are contained in the Financial Services Policy and Procedures Manual. The manual is divided into eight sections with subsections in each one. The procedures reviewed appear to be consistent with GAAP and provide for sound internal controls. All policies have a revision date of May 2019.	No recommendation or Corrective Action.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Detailed General Ledger for the current FY, through November 17, 2020. Agency maintains a detailed general ledger that is structured to track all funding sources as well as activities for the CINS/FINS program.	No recommendation or Corrective Action.
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) -ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observation/Documentation: No change in practice was reported for the agency since the last onsite program review in November 2019. Reviewed petty cash Policy and Procedure was conducted. The Petty Cash fund does not exceed the	No recommendation or Corrective Action.

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							established minimum. Petty cash is stored in a secure locked location in the building. Petty cash is reconciled on a consistent basis (monthly/quarterly) by designated staff and reviewed by the Supervisor. Disbursements and invoices are approved by the Program Supervisor as required.		
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation and Observation: Reviewed Bank Statements and Bank Reconciliations for the past six months for one account held with Wells Fargo. Financial Statements are reported on a monthly basis and were found to be current. Bank reconciliations are conducted each month for the activities and bank statements for the preceding month. Reconciliations signed by two individuals with signing authority. Invoices are submitted on a monthly basis with supporting documentation. The agency maintains individual vendor files.	No recommendation or Corrective Action.
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.	No recommendation or Corrective Action.

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equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE									
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Agency Provided documentation, through print-outs from the EFTPS website, that payroll taxes were paid each pay period for the last six months.	No recommendation or Corrective Action.
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Agency provided a Budget to Actual statement, as of September 30, 2020, with budget comparison for the current FY. A review of these documents was conducted. Report shows program budget and variances with YTD Total Budget. Variances in budget are monitored on a regular basis and approved by management.	No recommendation or Corrective Action.
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Financial audit conducted for year ending June 30, 2020 and 2019 was completed by James Moore, C.P.A. and Consultants. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor. A copy of the audit was submitted to the FNYFS.	No recommendation or Corrective Action.

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i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Documentation: Procedures relating to confidentiality and data backup are found in the Financial Services Policy and Procedure Manual. The policies were reviewed and appear to provide for sound internal control. The agency has an IT department that maintains strict control over the security of all computers and laptops. All documents are shredded after seven years.			No recommendation or Corrective Action.	

CONCLUSION

SMA Beach House has met the requirements for the CINS/FINS contract as a result of full compliance with eleven applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen indicators were not applicable because: 1) the provider does not have any outstanding corrective action item(s) cited by an external funding source, and 2) does not have any current inventory purchased with DJJ/FN Funds. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendation is made as a result of the contract monitoring visit. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATIONS

Recommendation

There were no recommendations as a result of this review.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of SMA Beach House
CINS/FINS Program

December 2 -3, 2020

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

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	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 85.71%

Percent of indicators rated Limited: 14.29%

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 & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity/ Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Not Applicable

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 & Special Populations

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Video Surveillance	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: 96.43%

Percent of indicators rated Limited: 3.57%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

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.
Not Applicable	Does not apply.

Reviewer

Members

Ashley Davies - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Mike Marino - Department of Juvenile Justice

Stephanie Ware – Orange County Family Counseling

Aleundro McCray – Boys Town

Cindy Starling – CDS Family & Behavioral Health Services, Inc.



Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

Persons Interviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input 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 | <u>0</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | <u>1</u> # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | <u>0</u> # Food Service Personnel |
| <input checked="" type="checkbox"/> Clinical Director | <input checked="" type="checkbox"/> Counselor Licensed | <u>2</u> # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input type="checkbox"/> Case Manager | <u>0</u> # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | <u>0</u> # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input checked="" type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Youth Handbook |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <u>5</u> # Health Records |
| <input checked="" type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | <u>5</u> # MH/SA Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | <u>13</u> # Personnel /Volunteer Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | <u>7</u> # Training Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | <u>10</u> # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | <u>3</u> # Youth Records (Open) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> List of Supplemental Contracts | <u>NA</u> # Other: _____ |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports | |

Surveys

9 # Youth 5 # Direct Care Staff 0 # Other: _____

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 checked="" type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Signage that all youth welcome |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |
| <input checked="" type="checkbox"/> Census Board | | |

Comments

Due to COVID-19, this review was conducted virtually.

Overview

Monitoring Purpose:

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and non-residential services.

Strengths and Innovative Approaches

SMA Beach House had a challenging year due to the COVID-19 pandemic but luckily the shelter did not see a reduction in youth coming into the shelter or admissions to non-residential CINS/FINS services.

Starting March 12th, 2020, the program implemented all COVID-19 restrictions per DJJ, DCF, and the Governor. As a result, they discontinued face to face visitation and CINS/FINS service managers conducted screenings, sessions, and admissions via phone or video conferencing for all non-residential youth. They also stopped all off-campus activities and no outside community groups, or volunteers were allowed on campus. All youth admitted to SMA Beach House were screened prior to admission and screened daily by the nurse. The agency implemented a rigorous daily cleaning regimen in the shelter. They also screened all staff prior to their shift and anyone who reported a fever or screened yes to any questions, was sent to the nurse who sent the staff home to be cleared and tested for Covid-19.

In July and into August, the program did struggle when they had two youth and two staff test positive in July. As a result, one staff was out for a month and the other staff was out for two months. Eventually one staff had to resign due to health issues resulting from Covid-19. Since July, they have not had any youth or staff test positive for Covid-19.

On July 23, 2020 State Attorney, RJ Larizza and his team toured the SMA Beach House shelter and on November 11, 2020 the Mayor of Daytona Beach, Derrick Henry, came out to the campus for a tour. This was great publicity for the shelter and the services they provide.

The SMA Beach Nurse, Colleen Colandrea, was named Pandemic Hero of 2020 by the Florida Behavioral Health Association. She went over to help the agency's Men's Residential Unit when their nurses resigned at the same time and she ended up staying due to several of the male clients testing positive for Covid-19. In order to prevent the spread of Covid-19 to the Beach House campus she chose to stay and work on the Men's Residential Unit helping them through the crisis for several months while still supporting the other Registered Nurse (RN) at Beach House.

Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

Beach House implemented weekly staffing's with the treatment team and each youth in order to improve communication, provide feedback to the youth regarding their behaviors in the milieu and school, and develop a plan for the youth when they discharge. This allows the youth to receive instant feedback and treatment work to address a specific issue they have going on.

The agency has increased incentives for staff, they now have Employee of the Month and that employee has a designated parking spot. They have Employee Appreciation Week and they also provide coffee, snacks, breakfast, cakes, and other treats throughout the year. They have a personal leave buy back, where an employee can cash in up to 40 personal leave hours to receive a check in November. They also have the employee referral program set up by the Human Resources department. If you refer someone for a job and they remain with the company for 90 days, the referring employee receives \$100.00 and if they stay past 6 months, they will receive another \$100.00.

SMA Beach House also have Occupational Therapist interns on campus that conduct groups with the youth. They teach the youth independent living skills, coping skills, and many other important life skills.

Narrative Summary

SMA Beach House is contracted by the Florida Network of Youth and Family Services to provide CINS/FINS services to youth and families in need. The program provides residential and non-residential counseling and case management services over two counties, Volusia and Flagler, across Circuit 7. The program is managed by a Director of Adolescent Services who oversees a Manager of Operations. The youth shelter operates 24 hours a day, 365 days a year and is licensed for up to ten CINS/FINS shelter beds.

Standard 1: This standard has a total of seven indicators regarding management accountability. Six of the seven indicators were rated satisfactory. Indicator 1.04 Training Requirements was rated a limited due to staff missing several required trainings and missing required training hours. There was an exception noted in indicator 1.01 Background Screening due to the program not currently using a pre-employment suitability assessment.

Standard 2: This standard has a total of ten indicators that relate to intervention and case management. Nine of the ten indicators were rated satisfactory. Indicator 2.10 Stop Now and Plan (SNAP) was rated not applicable due to the program not being a SNAP provider. There were exceptions noted in indicators 2.02 Needs Assessment, 2.04 Case Management and Service Delivery, and 2.09 Special Populations. The exception noted in 2.02 was due to one file missing a new or updated Needs Assessment. The exception in 2.04 was due to some files missing 30 and 60 day follow-ups after exit. The exception noted in 2.09 was due to the program not having procedures in place for Staff Secure services and Domestic Minor Sex Trafficking services.

Standard 3: This standard has a total of seven indicators regarding shelter care. All seven indicators were rated satisfactory. There was an exception noted in 3.06 Staffing and Youth Supervision due to three nights in the last six months staff schedules showed only one staff member on duty.

Standard 4: This standard has a total of five indicators regarding mental health and health services. All five indicators were rated satisfactory with no exceptions noted.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

Standard 1: Indicator 1.04 Training Requirements was rated a limited due to staff missing several required trainings and missing required training hours.

Quality Improvement Review

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Employee Eligibility Background Check. The policy was last reviewed in February 2020 by the Director of Adolescent Services.	Exception: The policy states an applicant must successfully pass a pre-employment suitability assessment but does not identify the assessment tool or the pass rate, score, or measure.
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of four new staff were hired since the last onsite QI review.	Exception: An employee suitability prescreening assessment was not completed on any of the four newly hired staff. The Director of Adolescent Services reported the Human Resources Department for the agency was in the process of finding a new suitability assessment to replace the one that was being used during the last QI review. At the time of the review the agency was no longer using the previous suitability assessment and had not yet replaced it with a new one.
b. Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of four new staff and six interns were hired since the last on-site QI review. All ten staff were background screened prior to hire.	
c. Five-year re-screening completed every 5 years from initial date of hire	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three staff due for a five-year rescreening during this review period. All	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						three had had a rescreening completed prior to the initial hire date.	
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 1/22/2020.	
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation of approval of E-Verify work eligibility was provided for all four new staff hired.	
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has multiple policies addressing an abuse-free environment, all of which were reviewed by the Director of Adolescent Services. The titles and review dates of the policies are: Provision of an Abuse Free Environment, reviewed July 1, 2020; Code of Ethical Conduct, reviewed February 2020; Abuse Reporting, reviewed August 1, 2020; Client Rights, reviewed August 2020; Client's Complaint and Grievance Process, reviewed August 1, 2020; and Legal Actions Regarding Clients, reviewed August 1, 2020.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program maintains a code of conduct which prohibits the use of physical abuse, profanity, threats, or intimidation that all staff must adhere to. This is reviewed with staff at hire.	
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse telephone number was observed posted in the lobby and the	

Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						dayroom of the shelter during the virtual tour of the facility.	
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five residential files reviewed documented the youth were informed of the Abuse Hotline number during orientation.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program reported there were no incidents of abuse or threats identified and/or reported during the review period needing management action.	
Grievance Process							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Client's Complaint and Grievance Process.	
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour it was observed that the program has an accessible grievance box, that is locked and located in the dayroom of the shelter. The supervisor is the only person who has a key to this box. The box was opened and checked during the virtual tour and it was empty.	
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five grievances filed since the last QI review. All five grievances were reviewed and signed by the supervisor.	
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All five grievances were resolved the same day the grievance was written. Grievances were signed by the youth and staff indicating a resolution was reached.	
e. Grievance maintained on file for a minimum of 1 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has binder where all grievances are maintained. Grievances from previous years were in the binder.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has two policies in place to address incident reporting, which are	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						Administrator on Call and Incident Reporting (reviewed June 25, 2020), and Occurrence Reporting (reviewed July 1, 2020). Each policy was reviewed by the Director of Adolescent Services.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program had twelve incidents reported the CCC since the last on-site review. All twelve were reported within the two-hour time frame.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All follow-up tasks were completed as required in all twelve CCC reports.	
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A sample of five CCC reports were reviewed for documentation in the program's log book. All five were documented in the log book. The program also uses an Occurrence Report spreadsheet. Ten of the twelve CCC reports were documented on this spreadsheet. All twelve reports were documented on incident reporting forms.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All incident reports were reviewed and signed by program leadership.	
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Training Requirements. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
First Year Direct Care Staff							
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three direct care staff training files reviewed.	Exception: All three staff were missing trainings required during the first 120 days

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
							of employment. Two staff were missing three required trainings and one staff was missing five required trainings.
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There were three direct care staff training files reviewed.</p> <p>Two of the three staff have completed their first year of employment and documented the required training hours. The third staff still had six months left in their training cycle and had documented 65.8 hours so far. This staff had four required trainings left to receive in the next six months.</p>	Exception: The two staff who had completed their first year training cycle were each missing required trainings. One staff was missing three trainings and the other staff was missing four trainings.
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There were no applicable staff during this review cycle.	
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There were no applicable staff during this review cycle.	
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (<i>40 hours if the program has a DCF child caring license</i>).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four in-service direct care staff training files were reviewed.	Exception: None of the four staff documented the required 40 hours of in-service training. The staff documented 22, 17, 37, and 19.5 hours with approximately three weeks left to receive additional hours. Two staff were also missing four required trainings and two staff were missing one required training. These staff had until December 31, 2020 to receive these required hours and trainings.

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all training files there was a spreadsheet with all trainings, date completed, and hours. Also, training files included training certificates and training worksheets.	
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Analyzing and Reporting Information. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A sample of case records are reviewed each month and discussed at the Quality Program and Review Committee meetings. The last six months of these meetings were reviewed and confirmed this practice.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incidents, accidents, and grievances are reviewed monthly at the Quality Program and Review Committee meetings. The last six months of these meetings were reviewed and confirmed this practice.	
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Customer satisfaction data is reviewed monthly at the Quality Program and Review Committee meetings. The last six months of these meetings were reviewed and confirmed this practice.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outcome data is reviewed monthly at the Quality Program and Review Committee meetings. The last six months of these meetings were reviewed and confirmed this practice.	
Monthly Reviews							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program reviews two reports received from the FNYFS each month.	
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program leadership review the two reports received from the FNYFS each month to ensure youths information in each system is correct. If any changes are needed, they are made at that time.	
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was documentation through monthly all staff meeting minutes that findings are communicated to staff and stakeholders. These meeting minutes were reviewed for the last six months to confirm this practice.	
c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corporate Compliance Review Committee meetings were reviewed, which address program compliance and ensure corrective action is taken for any issues identified. The last six months of these meetings were reviewed, and documented strengths and weaknesses and any improvements or corrective actions needed.	
1.06: Client Transportation							
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
 Lead Reviewer: Ashley Davies

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						The agency has a policy in place titled Transporting Clients. The policy was last reviewed August 1, 2020 by the Director of Adolescent Services.	
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a list of staff approved to transport clients.	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff have a valid Florida driver's license and are covered under company policy.	
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Transporting Clients.	
b. In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any single client transports since the last QI review.	
c. The 3 rd party an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All transports reviewed included a 3 rd party that was either another agency staff or youth.	
Transportation documentation							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mileage logs were reviewed for the last six months for four different vehicles. All logs were filled out in their entirety and included the date, the name of the driver, the destination/purpose, mileage, time in, time out, total passengers, vehicle performance comments, and staff initials.	
1.07: Outreach Services							

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Interagency Agreements and Outreach Services. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a representative from the program attend the Circuit 7 Department of Juvenile Justice Circuit Advisory Board Meetings for Volusia and Flagler counties. There were meeting minutes and agendas from these meetings for the last six months, June through November 2020.	
b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach activities were reviewed for the last six months, June through November 2020. There were multiple events conducted each month. There was a presentation given and flyers handed out at each event.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Interagency Agreements were reviewed and current. The program had agreements with local mental providers, sheriff's office, and schools. These agreements allow for a comprehensive referral process.	
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						The agency has a policy in place titled Screening and Intake. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (all closed) and five non-residential (all closed). All ten had eligibility screening completed within seven calendar days of referral.	
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (all closed) and five non-residential (all closed). All ten files documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (all closed) and five non-residential (all closed). All ten files documented the youth and parents received all required information at intake.	
2.02: Needs Assessment							
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Needs Assessment. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed (all closed). The Needs Assessment was initiated within 72 hours in all five files.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Explain						
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b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five non-residential youth files were reviewed (all closed). The Needs Assessment was completed within 2 to 3 face-to-face contacts in four out of five files.	Exception: One file had a previous Needs Assessment over six months old and a new Needs Assessment was not completed.
c. Needs Assessment is conducted by a bachelor's or master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All Needs Assessments were conducted by a bachelor's or master's level staff member.	
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A supervisor's signature was present on all Needs Assessments reviewed.	
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth identified with an elevated risk of suicide as a result of the Needs Assessment.	
b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the files reviewed documented the youth identified with an elevated risk of suicide as a result of the Needs Assessment.	
2.03 Case/Service Plan							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Case/Service Plans. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were ten files reviewed, five residential (all closed) and five non-residential (all closed). Nine out of ten files had a Service Plan developed within seven days of the Needs Assessment. One file did not have an updated Needs Assessment completed; however, the	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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						Service Plan was developed on the day of admission.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files included all elements required by the indicator.	
Case/service plans are reviewed for progress/ revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five Service Plans applicable for 30-day reviews. All five documented all reviews were completed as required.	
2.04: Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Case Management and Service Delivery. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the ten files reviewed showed a counselor was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs Coordinates service plan implementation 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files established referral needs and coordinated referrals for services. All ten files coordinated service plan implementation. All ten files monitored the youth's and family's progress in services.	Exception: Two files did not provide follow-up after 30 days of exit. Three files did not provide follow-up after 60 days of exit.

Quality Improvement Review

SMA Beach House – December 2-3, 2020
 Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Monitors youth's/family's progress in services Provides support for families Monitors out-of-home placement (if necessary) Makes referrals to the case staffing to address problems and needs of the youth/family Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 						<p>All ten files provided support for families.</p> <p>None of the files were applicable for monitoring out-of-home placement.</p> <p>None of the files were applicable for referrals to the case staffing committee.</p> <p>None of files were applicable for accompanying the youth or parent to court hearings or appointments.</p> <p>All ten files referred the youth/family for additional services when needed.</p> <p>One applicable file provided case monitoring and reviewed court orders.</p> <p>All ten files provided case termination notes.</p> <p>Seven out of nine applicable files provided follow-up after 30 days of exit.</p> <p>Six out of nine applicable files provided follow-up after 60 days of exit.</p>	
2.05: Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Counseling Services. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Service plans and/or case notes maintained demonstrated all ten youth received individual counseling services as identified during the assessment process.	
Shelter Program							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files reviewed. All five demonstrated individual and/or family counseling was offered.	
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to five residential files. All five files documented group sessions at least five days per week.	
Group counseling sessions consist of: <ul style="list-style-type: none"> • Length of at least 30 minutes • Opportunity for youth engagement • Clear and relevant topic (informational/developmental/educational) • Clear leader or facilitator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group logs were reviewed from June through November 2020. Group counseling sessions consisted of a clear leader or facilitator, relevant topic, date and time of group, list of participants, an opportunity for youth to participate, and the length of groups was at minimum thirty minutes.	
Non-residential Program							
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to the five non-residential youth files. Therapeutic services provided by agency staff were documented in the case notes. Referral needs were established and provided to all five youth.	
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coordination of services was observed in all ten files reviewed.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Individual youth file was maintained for all ten youth files reviewed, marked confidential, and securely maintained.	
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files included case notes that documented services provided including counseling.	
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A sample of case records are reviewed monthly. Record reviews were reviewed for the past six months, June through November 2020. All assessments and treatment forms in all ten files reviewed were signed and reviewed by a supervisor.	
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Adjudication/Petition Process. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> Notification to youth/family no less than 5 working days prior to staffing Notification to committee no less than 5 working days prior to staffing 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
Case Staffing Committee							
Must include: <ul style="list-style-type: none"> a. DJJ rep. or CINS/FINS provider b. Local school district representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020

Lead Reviewer: Ashley Davies

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative Mental health representative 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has an established committee with regular communication.	
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Adjudication/Petition Process	
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
Case Manager/Counselor completes a review summary prior to the court hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has not had any case staffing's since the last on-site Quality Improvement review.	
2.07: Youth Records							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Youth Records. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten youth files reviewed were marked confidential.	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour, files were observed to be stored in locked file cabinets marked confidential.	
When in transport, all records are locked in an opaque container marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	When the youth files are transported offsite, they are locked in an opaque container marked confidential.	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All ten files reviewed were observed to be organized and maintained in a neat and orderly manner.	
2.08: Sexual Orientation, Gender Identity, Gender Expression							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Sexual Orientation, Gender Identity, and Gender Expression. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There have been no youth who have fallen under the requirements of this indicator since the last on-site Quality Improvement review.	
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour of the facility signage was observed in the dayroom of the shelter and the lobby area.	
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Special Populations. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	Exception: There were no procedures in place for Staff Secure services or Domestic Minor Sex Trafficking services.
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for staff secure since the last QI review.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> • In-depth orientation on admission • Assessment and service planning • Enhanced supervision and security with emphasis on control and appropriate level of physical intervention • Parental involvement • Collaborative aftercare 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Special Populations.	Exception: The program does not have procedures in place for Staff Secure services.
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift							
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for DMST since the last QI review.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Violence							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> N/A			
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were three closed DV files reviewed. All three files had a face sheet indicating a pending DV charge and youth were screened by the JAC and did not meet criteria for secure detention.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence of data entry at intake and release in all three files.	
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth exceeded 21 days in the program.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three Service Plans reviewed focused on anger management and family coping skills.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three youth received all other general CINS/FINS required services.	
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			<input type="checkbox"/> N/A			The provider has not served any youth meeting the criteria for Probation Respite since the last QI review.
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All case management and counseling needs have been considered and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				This provider is not contracted to provide ICM services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Assessments include: a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Documentation – youth record	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones							
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				The provider has not served any youth meeting the criteria for FYRAC since the last QI review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
 Lead Reviewer: Ashley Davies

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session							
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10					<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) Not applicable		This program does not provide SNAP services.
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP Assessments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
c. TOPSE (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
d. Prevention Assessment Tool (PAT) (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP® discharge report summary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
"Class Shoot for Your Goal" sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Pre and Post Evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Standard Three – Shelter Care							
3.01 Shelter Environment The shelter's environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development.							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Shelter Environment. The policy was last reviewed October 23, 2020 by the Director of Adolescent Services.	
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the facility revealed furnishings were in good repair. The program was free of insect infestation. Grounds were landscaped and maintained. Bathrooms were clean and functional. Lighting was adequate. Exterior areas were free of debris and	

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						grounds were free of hazards. Dumpster and garbage cans were covered. Doors are secure with key access required. Egress plans were posted in several locations along with grievance forms, abuse hotline number, and DJJ Incident Reporting numbers. Agency vehicles were locked and equipped with major safety equipment including first aid kit, fire extinguisher, flashlight, glass breaker, seatbelt cutter, and airbag deflator. Interior areas of the facility did not contain contraband and were free of hazardous items. Chemicals were stored behind locks and MSDS were maintained. Chemical inventories were completed weekly as required. The washers and dryers were operational and clean of lint. Current DCF license is displayed with an effective date of December 1, 2019. Each youth has their own individual bed with clean, covered mattress, pillow, and sufficient linens.	
Fire and Safety Health Hazards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A current annual fire inspection was not available. A letter dated July 9, 2020 from the Fire Safety Inspector of Volusia County was provided which stated due to COVID-19 the agency has temporarily suspended visiting any facilities unless there is a complaint/compliance issue. At least one fire drill was completed monthly on each shift since June 2020. Mock emergency drills were completed for the last quarter on each shift. Residential Group Care and Food Service	

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						inspection was completed on July 9, 2020. Menus were posted and signed by a licensed dietician. Cold food is properly stored, marked, and labeled, and dry storage/pantry areas are clean. Refrigerators/freezers are clean, and temperatures are maintained.	
Youth Engagement							
<ul style="list-style-type: none"> Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal. At least one hour of physical activity is provided daily. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program approved books for reading. Youth are allowed quiet time to read. Daily programming schedule is publicly posted and accessible to both staff and youth. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Observed daily schedule posted during the virtual tour.</p> <p>The daily schedule reveals that youth are engaged in meaningful, structured activities seven days a week. The schedule also provides for at least one hour of physical activity. Youth are given the opportunity to participate in faith-based activities with non-punitive activities offered for those who choose not to participate in those activities. Youth are given the time and opportunity to do homework and read. The program has a library with a variety of books for the youth to read.</p>	
3.02: Program Orientation							
Provider has a written policy and procedure that meets the requirement for Indicator 3.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Program Orientation. The policy was last	

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						Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
						reviewed July 1, 2020 by the Director of Adolescent Services.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five closed residential files were reviewed. Orientation checklist was observed in all five files completed on the day of admission.	
Orientation includes the following							
a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files and covered all required elements.	
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Orientation checklist was completed in all five files and signed by the youth and staff.	
3.03: Youth Room Assignment							
Provider has a written policy and procedure that meets the requirement for Indicator 3.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Youth Room Assignment. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
A process is in place that includes an initial classification of the youths, to include:							

Quality Improvement Review

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
a. Review of available information about the youth's history, status and exposure to trauma b. Initial collateral contacts, c. Initial interactions with and observations of the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth f. Identification of youth susceptible to victimization g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five closed residential files were reviewed. The CINS Intake Screening Form was completed in all five files and documented all required information.	
An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the CINS Intake Screening Forms for the five residential files. Alerts for the youth were documented on the intake forms and the youth were appropriately entered into the shelters alert system.	
3.04: Log Books							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Log Books. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook entries were reviewed for the first week of June 2020, the second week of July 2020, the third week of August 2020, the fourth week of September 2020, the first week of October 2020, and the second week of November 2020.	

Quality Improvement Review

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						Entries that impacted the safety and security of the youth or program were observed highlighted.	
All entries are brief, legibly written in ink and include: • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All entries were brief and legible, included the date and time of the event, included names of youth and staff involved, provided a brief statement, and included the name and signature of the person making the entry.	
Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Errors were observed struck through with a single line and initialed.	
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program director or designee reviewed the logbook every week and made a note stating dates reviewed with any recommendations.	
Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervisors and all staff reviewed the logbook for at least the previous two shifts and included the dates they reviewed.	
Logbook entries include: • Supervision and resident counts • Visitation and home visits	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entries were observed for counts, visitation, and home visits.	
3.05: Behavior Management Strategies							
Provider has a written policy and procedure that meets the requirement for Indicator 3.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Behavior Management Strategies. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
The program has a detailed written description of the BMS, and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a written description of the behavior management system that is given to the youth at intake. This was	

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						confirmed in all five residential files reviewed.	
Behavior Management Strategies must include:							
a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program d. Appropriate consequences and sanctions are used by the program and consequences for behavior are logical and designed to promote skill-building for the youth e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida Network and DJJ are used if physical intervention is required) f. Only staff discipline youth. Group discipline is not imposed g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The Behavioral Management System is named the VIP (Very Important Person) Program which is based on the AYD logic model and is designed to provide a reward system for adaptive behaviors based on behavior modification and communication techniques. These methods are incorporated in family therapy and in educational groups in order to prepare the youth and family for discharge from the program. The program consists of three levels: Orientation, VIP, and Super VIP. The system uses a variety of rewards and positive incentives. Behavioral interventions and consequences are applied immediately and appropriately. The system promotes order, fairness, and safety for the youth. Disciplinary actions do not deny the youth of any of their basic rights.	
Program's use of the BMS							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff are trained on the system upon hire. This was confirmed in the three new hire training files reviewed.	

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There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Behavior Management Strategies.	
Supervisors are trained to monitor the use of rewards and consequences by their staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training files for four staff were reviewed and on-going training was documented for staff on the use of the BMS system.	
3.06: Staffing and Youth Supervision							
Provider has a written policy and procedure that meets the requirement for Indicator 3.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Staffing and Youth Supervision. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five random samples of video surveillance reviewed, November 5, 2020 from 12am – 1am, November 9, 2020 2am – 3am, November 14, 2020 4am – 5am, November 20, 2020 11:30pm – 12:30am, and November 28, 2020 2:00am – 3:00am. A review of the above video surveillance sample, staff schedules, and log book entries documented required staffing ratios were met for awake hours and sleeping hours.	
Overnight shifts must always provide a minimum of two staff present	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were five random samples of video surveillance reviewed, November 5, 2020 from 12am – 1am, November 9, 2020 2am – 3am, November 14, 2020 4am – 5am, November 20, 2020 11:30pm – 12:30am, and November 28, 2020 2:00am – 3:00am.	Exception: A review of staff schedules revealed there was only one staff scheduled on the nights on November 2, 3, and 17, 2020.

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						<p>The random sample above and staff schedules documented two staff were present on these over night shifts.</p> <p>A review of staff schedules revealed two staff were schedule on the overnight shifts for the past six months with the exception of three nights.</p>	
The staff schedule is provided to staff or posted in a place visible to staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour, the staff schedule was clearly posted on the door to the nurse's station for all staff to see.	
There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has a holdover roster with staff telephone numbers that is used when additional staff are needed.	
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>There were five random samples of video surveillance reviewed, November 5, 2020 from 12am – 1am, November 9, 2020 2am – 3am, November 14, 2020 4am – 5am, November 20, 2020 11:30pm – 12:30am, and November 28, 2020 2:00am – 3:00am.</p> <p>The random sample reviewed above documented staff observe the youth at least every 15 minutes during the overnight sleeping hours.</p>	
3.07: Video Surveillance System							
Provider has a written policy and procedure that meets the requirement for Indicator 3.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Surveillance/Security Cameras. The policy was last reviewed August 1, 2020 by the Director of Adolescent Services.	
Surveillance System							

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The agency, at a minimum, shall demonstrate: a. A written notice that is conspicuously posted on the premises for the purpose of security b. System can capture and retain video photographic images which must be stored for a minimum of 30 days c. System can record date, time, and location; maintain resolution that enables facial recognition d. Back-up capabilities consist of cameras' ability to operate during a power outage e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observed cameras and written notices during the on-site tour. Video surveillance system was viewed during the virtual tour of the program. System can capture and retain video images for up to thirty days. A review of random samples of overnight video surveillance revealed system records date, time, and location, and enables facial recognition. Cameras have back-up capabilities in case of power outage. All cameras were visible, and no cameras were located in the bathrooms or sleeping rooms.	
A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed list of designated staff who have access to video surveillance system.	
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervisory review of video included a random sample of overnight shifts and assessed the activities of the facility. Reviews were completed every 14 days as required for the last 6 months.	
Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Surveillance/Security Cameras.	
Standard Four – Mental Health /Health Services							
4.01: Healthcare Admission Screening							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (explain)

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						The agency has a policy in place titled Healthcare Admission Screening. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Preliminary Healthcare Screening							
Screening includes : a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five closed residential youth files. The health screening section of the CINS/FINS Intake Form was completed in all five files and included all required elements. All were reviewed by a Registered Nurse (RN) within five business days.	
Referral and Follow-up							
Youth with chronic medical conditions have a referral to ensure medical care (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the five youth presented with chronic conditions requiring a referral to ensure medical care.	
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None of the youth required follow-up medical appointments.	
All medical referrals are documented on a daily log.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any medical referrals are documented in the log book.	
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed policy titled Healthcare Admission Screening.	
4.02 Suicide Prevention There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.							
Provider has a written policy and procedure that meets the requirement for Indicator 4.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						The agency has a policy in place titled Suicide Prevention. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Suicide Risk Screening and Approval							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed five closed residential youth files. All five files contained a suicide risk screening completed during the initial intake screening process that was signed by a supervisor.	
b. The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the programs Suicide Risk Assessment tool.	
Supervision of Youth with Suicide Risk							
a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three out of the five youth were placed on sight-and-sound supervision until assessed by a mental health professional. An Assessment of Suicide Risk (ASR) was completed by a licensed professional or non-licensed professional under the direct supervision of the licensed professional.	
b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In all three files observation logs documented the youth were monitored at least every thirty minutes while on sight-and-sound supervision.	
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth were removed from sight-and-sound supervision after ASR was completed by or reviewed with the licensed professional.	
4.03: Medication							

Quality Improvement Review

SMA Beach House – December 2-3, 2020
Lead Reviewer: Ashley Davies

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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Medications. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	
Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff) b. Oral medications are stored separately from injectable epi-pen and topical medications c. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.) d. Narcotics and controlled medications are stored in the Med-Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station was completed with program staff. The Pyxis Med-Station is located in a secure room and is inaccessible to youth. All medications are stored in the Pyxis Med-Station 4000 medication cabinet. Oral medications are stored separately from topical medications located in the locked medical cabinet. There is a secure refrigerator in the medical room used only for medical purposes and maintained at 36 degrees F. All narcotic and controlled medications are stored in the Pyxis Med-Station 4000 medication cabinet.	
Medication Distribution							
a. Agency maintains a minimum of 2 Super Users for the Med-Station b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics) c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A virtual tour of the Pyxis Med-Station was completed with program staff. A list of five Super Users was provided, as well as a list of seven other staff delineated to have access to secured medication. Training documents support all applicable staff were trained in medication distribution. A review of three youth files supported they took medication while in the program. All three	

Quality Improvement Review

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e. When nurse is on duty, medication processes are conducted by the nurse f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse						files contained a Medication Distribution Log completed as required. Staff verify medication by calling the pharmacy or utilizing the Registered Nurse (RN). All staff have received training in the use of epi-pens by a RN.	
Medication Inventory							
a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication Distribution Logs reviewed documented controlled substances were inventoried perpetually and shift-to-shift. Over-the-counter (OTC) medication inventories were reviewed and documented. OTC's are inventoried perpetually and weekly. Weekly inventories of sharps were reviewed and found to be accurate. There were no syringes on-site.	
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The RN completes monthly reviews of medication management via the Knowledge Portal.	
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of the review there were no open discrepancies. Staff interviewed knew the procedures for closing out a discrepancy accurately.	
4.04: Medical/Mental Health Alert Process							
Provider has a written policy and procedure that meets the requirement for Indicator 4.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Medical and Mental Health Alert Process. The policy was last reviewed	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
						July 1, 2020 by the Director of Adolescent Services.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files were reviewed, all closed. All files had alerts documented on the front of the file and on the Emergency Information form in the front of each file.	
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five residential youth files reviewed, all closed. The staff have access to the youth's file which contains sufficient information needed for the youth's applicable alerts.	
Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Staff are provided instruction on how to appropriately recognize and respond to the need for emergency care upon hire. All staff had received training in various emergency care procedures including First Aid and CPR.	
A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that are contraindicated, or other pertinent mental health treatment information, is communicated to all staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Intake and Assessment Forms are maintained in the youth's file and document all alerts and the reasons for the alerts. Alerts are also documented on the front of the youth's file. Then the applicable color-coded dots are placed on the alert board in the Youth Specialists office for all staff to see. Alerts are also documented in the log book at intake.	
4.05: Episodic/Emergency Care							
Provider has a written policy and procedure that meets the requirement for Indicator 4.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has a policy in place titled Episodic/Emergency Care. The policy was last reviewed July 1, 2020 by the Director of Adolescent Services.	

Quality Improvement Review

SMA Beach House – December 2-3, 2020
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Off-site Emergency Services							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth requiring off-site emergency medical care in the last six months.	
b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
c. Youth's parent/guardian was notified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
d. A daily log is maintained for emergency care provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seven staff training files reviewed, and all were trained on Emergency Medical Procedures.	
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour knife-for-life and wire cutters were observed.	
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the virtual tour first aid kits in the shelter were observed to be fully stocked and inventoried.	