BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Frances Walker Halfway House
Center for Drug Free Living, Inc.
(Contract Provider)
5332 Riveredge Drive
Titusville, FL 32780

Review Date(s): May 10-12, 2011

PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY IN JUVENILE JUSTICE PROGRAMS AND SERVICES

WANSLEY WALTERS, SECRETARY
JEFF WENHOLD, BUREAU CHIEF
Residential Performance Rating Profile

Program Name: Frances Walker Halfway House
Provider Name: Center for Drug Free Living, Inc.
County/Circuit #: Brevard/18
Review Date(s): May 10 - 12, 2011

Program Performance by Indicator/Standard

<table>
<thead>
<tr>
<th>Indicator/Standard</th>
<th>Max. Score</th>
<th>Program Score</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Management Accountability</td>
<td>10</td>
<td>76</td>
<td>84%</td>
</tr>
<tr>
<td>2. Intervention and Treatment Team</td>
<td>10</td>
<td>76</td>
<td>84%</td>
</tr>
<tr>
<td>3. Mental Health and Substance Abuse Services</td>
<td>10</td>
<td>75</td>
<td>94%</td>
</tr>
<tr>
<td>4. Health Services</td>
<td>10</td>
<td>97</td>
<td>81%</td>
</tr>
<tr>
<td>5. Safety and Security</td>
<td>10</td>
<td>71</td>
<td>89%</td>
</tr>
</tbody>
</table>

Overall Program Performance

COMMENDABLE 86%
Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards (July 2010).

Persons Interviewed

<table>
<thead>
<tr>
<th>Persons Interviewed</th>
<th>1 # Case Managers</th>
<th>1 # Maintenance Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>DJJ Monitor</td>
<td>2 # Clinical Staff</td>
<td>2 # Program Supervisors</td>
</tr>
<tr>
<td>DHA or designee</td>
<td>1 # Food Service Personnel</td>
<td>1 # Other (listed by title): Chief</td>
</tr>
<tr>
<td>DMHA or designee</td>
<td>1 # Healthcare Staff</td>
<td>Operating Officer</td>
</tr>
</tbody>
</table>

Documents Reviewed


Surveys

| Surveys  | 5 # Youth | 5 # Direct Care Staff | _____ # Other: _____ |

Observations During Review

| Observations During Review | Posting of Abuse Hotline | Program Activities | Recreation | Searches | Security Video Tapes | Sick Call | Social Skill Modeling by Staff | Staff Interactions with Youth | Staff Supervision of Youth | Tool Inventory and Storage | Toxic Item Inventory and Storage | Transition/Exit Conferences | Treatment Team Meetings | Use of Mechanical Restraints | Youth Movement and Counts |

Comments

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

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exceptional (10)</td>
<td>The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.</td>
</tr>
<tr>
<td>Commendable (8)</td>
<td>The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td>Acceptable (7)</td>
<td>The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td>Minimal (5)</td>
<td>The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.</td>
</tr>
<tr>
<td>Failed (0)</td>
<td>The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.</td>
</tr>
</tbody>
</table>

Review Team

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Ashley Davies, Lead Reviewer, DJJ Bureau of Quality Assurance
Ann Little, Review Specialist, DJJ Bureau of Quality Assurance
Pamela Graves, Review Specialist, DJJ Bureau of Quality Assurance
Monica Webb, Program Monitor, DJJ Residential Services, Central Region
Debbie Gillette, Assistant Administrator, Okeechobee Juvenile Offender Correction Center
Jennifer Rechichi, SMA Supervisor, DJJ Office of Program Accountability
Michael Baglivio, Program Specialist, DJJ Office of Program Accountability
Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at [http://www.djj.state.fl.us/QA/index.html](http://www.djj.state.fl.us/QA/index.html).

### Standard 1: Management Accountability

#### Overview

Frances Walker Halfway House provides comprehensive gender specific programming, which address and supports the developmental process of female adolescents. The youth attend school on-site that is provided by AMI Kids, Inc. The program has a mental health component that provides individual, family and group counseling. The program is part of a pilot project for Girls Moving On (GMO) to provide group sessions. The program provides a structured residential environment for the youth that offers opportunities for personal growth, social development and responsible behavior. Frances Walker Halfway House is operated by the Center for Drug Free Living, Inc., a not-for-profit contractual provider with the Department. The program serves thirty youth.

The program employs a Program Director, Administrative Assistant, Lead Counselor, Wellness Coach, Program Manager, Program Supervisor, Licensed Clinical Manager, two Senior Counselors, one Case Manager, Behavior Specialist, Registered Nurse and Maintenance staff. At the time of the quality assurance review, the program had three Program Specialist and the Transitional Care Coordinator positions vacant.

The program’s corporate office provides training for all new staff that covers orientation and the Department’s Pre-Service training requirements. In-service training is provided at the facility or at another DJJ program operated by the provider. The program does not prepare food on-site; the three meals per the youth receive each day are catered from another local facility operated by the same provider.

There were minor deficiencies in the program’s provision of an abuse-free environment and in their internal alert system.

#### 1.01: Background Screening of Employees/Volunteers

- All background screening responsibilities are completed by the program’s corporate human resources office.
- In addition to completing the Department’s background screening requirements, the program completes a driver’s license check and an FDLE background screening.
- The human resources office has a computer program into which a Data Coordinator enters all of the employee’s information; the system automatically generates a reminder forty-five days prior to the five year re-screen. The packet is sent to the program, to be filled out by the employee and submitted within the required timeframe.
• The provider’s Chief Executive Officer and Chief Operating Officer review each background screening prior to the individual being approved for hire.

### 1.02: Provision of an Abuse Free Environment

| Acceptable (7) |

• Five youth responded to the survey; a majority reported hearing staff use profanity when speaking to the youth. Three youth reported it occurs occasionally and one reported often.
• Three youth also reported that they have heard staff threaten another youth. One reported once, one occasionally and one often.
• One staff reported that they have observed a co-worker using threats, intimidation, or humiliation when interacting with the youth.

### 1.03: Incident Reporting

| Exceptional (10) |

• The program had four incident reports since the last quality assurance review. Of the four incidents, two were program generated and they were reported as required. The program had other incidents that were documented and did not require a report to the Department’s Central Communications Center (CCC).
• All incidents are reviewed at the program level and at the corporate level. Incidents are also discussed during the monthly, corporate Risk Management Committee meeting.

### 1.04: Protective Action Response (PAR)

| Exceptional (10) |

• The program had one Protective Action Response (PAR) report in the past nine months. The PAR report was completed as required and did not involve a take-down, only verbal and touch techniques.
• All youth are provided a Personal Care Plan, completed by the Lead Counselor or designee upon their admission to the program, which identifies any issues with aggression. The staff review these care plans in order to understand how to interact with the youth, therefore reducing the use of PAR.

### 1.05: Pre-Service/Certification Requirements

| Commendable (8) |

• The program consistently met all requirements for this indicator without exception.

### 1.06: In-Service Training Requirements

| Commendable (8) |

• The program consistently met all requirements for this indicator without exception.

### 1.07: Logbook Maintenance

| Commendable (8) |

• The program consistently met all requirements for this indicator without exception.
1.08: Internal Alert System

- Three suicide risk alerts were not entered in the Juvenile Justice Information System (JJIS).
- One youth was placed on a special diet; the special diet was not reflected on the program’s medical alert until eight days after being placed on the diet.
- One youth’s medical grade was changed on December 1, 2010; the revision was not reflected on the medical alert until December 14, 2010.
- One youth was identified with asthma on the date of her admission to the program; the medical alert did not reflect the chronic condition until three days after admission.

1.09: Escapes

- The program consistently met all requirements for this indicator without exception.

### Standard 2: Intervention and Case Management

<table>
<thead>
<tr>
<th>Failed</th>
<th>Minimal</th>
<th>Acceptable</th>
<th>Commendable</th>
<th>Exceptional</th>
</tr>
</thead>
</table>

#### Overview

The program has one case manager who completes all admission paperwork on the youth admitted to the program. The case manager also reviews commitment packet paperwork, and immediately contacts the youth’s Juvenile Probation Officer (JPO) for any missing documents. Youth are provided a client handbook, which explains all the rules of the program. The case manager completes the orientation process with the youth, the initial mental health and substance abuse screening and any referrals that are needed. The nurse is responsible for the initial healthcare screening. The case manager is responsible for all performance planning, case management and currently all transition services. The program has transitional care coordinator position, that is responsible for all transition services, that was vacant at the time of the quality assurance review.

All youth are placed on a high security status the first fourteen days in the program and are required to sleep in the dayroom. After fourteen days, the youth are re-classified and assigned to the most appropriate room. Formal treatment team reviews are conducted every two weeks for every youth. The program held numerous events and special visitation days for the youth and their families. Special activities are planned for holidays, and the program has an agreement with a local hotel to provide a place for families who live far from the program to stay overnight.

The program has a grievance process in place; some of the youth surveyed reported they do not feel the process is effective. All grievances reviewed were answered in a timely manner and indicated the youth was satisfied with the outcome. There were noted deficiencies identified in performance plans and performance review and reporting that were due to glitches within the Juvenile Justice Information System (JJIS) that were beyond the program’s control.
2.01: Classification

- Each youth is reclassified fourteen days after admission to the program to determine the most appropriate room placement.
- Youth are reclassified prior to moving up to the next level in the behavior management system, to determine whether the youth is ready.
- A room assignment log is used to inform staff of which youth is occupying each room. The form includes the youth’s age and whether the youth is a gang member.
- A management room tracking log is used when considering room changes due to conflicts or reclassification purposes.

2.02: Assessment

- Five files were reviewed; none of the files identified the youth’s potential sexually violent predator (SVP) eligibility as part of the initial assessment documentation.

2.03: Intervention and Treatment Team

- The program conducts formal treatment team reviews for each youth every two weeks.
- The program conducts a pre-staffing prior to the treatment team reviews for team members to discuss important information regarding the youth’s treatment in all areas.
- A representative from the Brevard County School Board attends treatment team meetings once a month who specializes in those youth with an Individual Education Plan (IEP) and also provides input for all other youth.

2.04: Performance Plan

- Four of the five performance plans reviewed did not include the youth’s court-ordered sanctions.

2.05: Performance Review and Reporting

- Performance summaries did not include the youth’s status on each performance plan goal.

2.06: Parent/Guardian Communication

- The program conducts special family events for holidays.
- Special visitation sessions are conducted for youth who have children.
- The program has agreements with local hotels to house families who travel long distances for visitation and other events.
- At the youth’s admission to the program, all parents or guardians are sent a parent handbook, along with initial welcome letters.
- The program conducts family reunification groups once a month, prior to visitation.
• The program has a web camera that can be used for conducting visitation or family counseling sessions for parents or guardians who are unable to come to the program.
• The program completes monthly address verification with all parents or guardians to ensure the most current address is on file.

2.07: Transition Planning and Release  
Commendable (8)

• The program consistently met all requirements for this indicator without exception.

2.08: Grievance Process  
Acceptable (7)

• Five youth responded to the survey; a majority of the youth rated the program’s grievance process either poor or fair.

2.09: Gang Prevention and Intervention  
Exceptional (10)

• Each youth is screened at admission for gang involvement. If identified as a gang member, the youth is entered into the facility gang log to alert staff.
• A gang profile is created for all youth identified as a gang member.
• The program has a gang unit that consists of program staff.
• A gang awareness binder is located in the staff control room and the classroom that includes gang training information, a sample of gang writings and drawings.
• Searches are completed randomly to ensure that gang graffiti and communication are not present in the program.

Standard 3: Mental Health and Substance Abuse Services

The program’s treatment staff includes a Clinical Manager, who also serves as the Designated Mental Health Authority (DMHA), three Master’s level counselors, a psychiatrist and one intern. At the time of the quality assurance review, there was one counselor out on maternity leave. The Clinical Manager is on-site at least five days a week for forty hours, and is on-call twenty-four hours a day, seven days a week. The program director is also a Licensed Mental Health Counselor (LMHC) and is available to provide services and coverage when needed. The Clinical Manager provides supervision for the unlicensed treatment staff for approximately one and a half hours each week.

The program uses several screening instruments on the youth at admission, including the Massachusetts Youth Screening Instrument Second Version (MAYSI-2), an Assessment of Suicide Risk (ASR), the Inventory of Suicide Orientation (ISO-30), the Substance Abuse Subtle Screening Inventory (SASSI), the American Society of Addiction Medicine (ASAM) and the Pediatric Symptom Checklist-Youth Report. The Clinical Manager also completes an extensive
face-to-face interview and develops a Personal Care Plan with each new youth. The counselors and Clinical Manager provide individual counseling for the youth on a bi-weekly basis or more frequently if needed. The psychiatrist conducts a psychiatric evaluation on each youth and prescribes, monitors and adjusts psychiatric medication as needed.

Every youth admitted to the program receives a comprehensive mental health and substance abuse evaluation. The program had two Baker Acts in the last six months. All thirty beds are designated for Behavioral Health Overlay Services (BHOS). Substance abuse treatment is provided under a Department of Children and Families (DCF) license for Outpatient Treatment and Level II Prevention. The program received a score of 100% on their most recent monitoring report completed by DCF in regards to their substance abuse licensure. The program uses a library of evidenced-based and promising practice curricula, which all counselors have been trained on, to facilitate and to meet the youth’s specific needs.

There were minor deficiencies noted in the program’s documentation of suicide alerts.

### 3.01: Designated Mental Health Authority (DJJ Program)  Exceptional (10)

- Supervisions are provided weekly for all unlicensed counselors for approximately one and a half hours.
- The program director is also a Licensed Mental Health Counselor (LMHC) and is available twenty-four hours a day, seven days a week, in case the clinical manager cannot be reached.
- The clinical manager completes intake interview with each new youth, and after considering the youth’s background, presenting problems, apparent personality, problem areas and strengths, makes a determination as to the best match with the appropriate counselor and program big sister.
- The clinical manager is knowledgeable of all the youth in the program, their diagnoses and course of treatment. The clinical manager also carries a caseload of youth.

### 3.02: Mental Health and Substance Abuse Admission Screening  Acceptable (7)

- There were three suicide risk alerts that were not entered into the Juvenile Justice Information System (JJIS).

### 3.03: Mental Health and Substance Abuse Assessment/Evaluation  Exceptional (10)

- A new comprehensive mental health and substance abuse evaluation is completed on each youth within twenty-one days of admission to the program.
- Diagnostic impressions and recommendations are discussed at a treatment team during the youth’s first initial treatment team evaluation.
- A psychological evaluation is completed on every youth, which is also summarized and discussed in the comprehensive evaluations.
- All evaluations include results, and very thorough discussions of each screening and assessment completed on the youth at admission and prior to admission.
### 3.04: Treatment Plan, Treatment Team, and Service Delivery

- The program consistently met all requirements for this indicator without exception.

### 3.05: Suicide Prevention

- An assessment of suicide risk (ASR) is completed every twenty-hours while the youth is on suicide precautions.
- The program maintains five-minute observations of the youth the entire time the youth is on close observation.
- An ASR is completed each time a youth is transitioned from close to standard supervision.
- All staff receive between eight and ten hours of suicide prevention training annually.

### 3.06: Mental Health Crisis Intervention

- The clinical manager developed a follow-up crisis assessment that is used on the days following the completion of the crisis assessment, for those youth who do not require any extra supervision, to ensure the youth remains stable.
- Each youth completes a 'My Personal Stress Management Plan' upon intake, in which the youth identifies anger triggers, as well as coping mechanisms. This form is placed in the crisis intervention binder for all staff to review.

### 3.07: Emergency Services

- The clinical manager assists staff with transporting youth to the Crisis Stabilization Unit (CSU) and meets the staff in order to relay pertinent information.
- The clinical manager contacts the CSU staff each day to assess the youth’s progress.
- A Juvenile Hold Form was created outlining the requirement that the youth be released only to program staff. The form is signed by the staff at the CSU and the clinical manager.
- An alert form is sent with the youth to the CSU that outlines restrictions for the youth while in the CSU, such as who the youth is allowed to contact.

### 3.08: Specialized Treatment Services

- The program provides substance abuse groups at least five days per week.
- All youth receive individual counseling approximately two times per month as required by the youth’s individualized treatment plan.
- The program completes the Massachusetts Youth Screening Instrument Second Version (MAYSI-2), the Substance Abuse Subtle Screening Inventory (SASSI) and the American Society of Addiction Medicine Patient Placement Criteria for the Treatment of Substance-Related Disorders (ASAM) on each youth admitted to the program.
- The clinical manager has developed a library of evidenced-based and promising practice curricula, which all counselors have been trained on, to facilitate and to meet the youth’s specific needs.
The program received a score of 100% on their most recent monitoring report completed by the Department of Children and Families (DCF) in regards to their substance abuse licensure.

**Standard 4: Health Services**

- **Failed**
- **Minimal**
- **Acceptable**
- **Commendable**
- **Exceptional**

**Overview**

The Center for Drug Free Living, Inc. has a contract with a psychiatrist to provide on-site psychiatric services and act as Designated Health Authority (DHA) for Frances Walker Halfway House. The psychiatrist is on-site one day a week to conduct psychiatric evaluations, prescribe psychiatric medications, and monitor youth on psychiatric medications. As DHA, the psychiatrist is also responsible for oversight of medical care, reviewing and signing off on facility operating procedures and nursing protocols. On-site clinical responsibilities have been delegated to an Advanced Registered Nurse Practitioner (ARNP), who is also employed by The Center for Drug Free Living. The ARNP visits the program once a week to complete comprehensive physical assessments, periodic evaluations and sick call referrals. The program employs one full-time Registered Nurse (RN) to provide services on-site Monday through Friday, and one part-time Medical Assistant. The provider has another RN that serves as the Nursing Supervisor to oversee medical services at this and two other residential programs operated by the provider.

There is an Automated External Defibrillator (AED) located in the medical clinic; emergency boxes are located in the medical clinic, kitchen and dormitory areas that contain a knife-for-life, wire cutters, and first aid kit. Three fanny packs are available to staff, which are equipped with band-aids, gauze, tape, antiseptic towelettes, CPR mask, disposable gloves, and a biohazard waste disposable bag. This fanny pack is carried by staff for quick access throughout the day. HIV education and services are provided on-site through the corporate provider; dental care is provided through off-site referrals and by a mobile dental van; and eye exams are provided on-site periodically depending on the number of youth requiring services.

There were deficiencies noted in the medical administration and medication control practices of the program.

**4.01: Designated Health Authority**

- The Designated Health Authority last documented a review of the Nursing Protocols and Medical and Emergency Protocols over a year prior to the quality assurance review.
4.02: Healthcare Admission Screening  Acceptable (7)

- Of the five files reviewed, each had a Facility Entry Health Screening Form completed on the date of the youth’s admission to the program, however one youth documented a “yes” answer to question number four in the first section on the second page of the screening form requiring the DHA/Program Director to be notified that the youth must be medically evaluated for tuberculosis within twenty-four hours; there was no documentation to support this occurred.

4.03: Comprehensive Physical Assessment  Commendable (8)

- The program consistently met all requirements for this indicator without exception.

4.04: Sexually Transmitted Diseases  Exceptional (10)

- A review of five files revealed that all screened for sexually transmitted diseases upon admission to the program and tested for Gonorrhea, Chlamydia, Syphilis, and Hepatitis A, B, and C. Testing results were filed in the youth’s individual health care record and recorded on the Infection and Communicable Diseases Form. Treatment and referrals for additional services were provided as needed and documented in the health care record.
- The corporate infection control nurse is generally on-site twice each month; once to provide health education and once to offer HIV counseling and testing services.
- The Human Papillomavirus (HPV) vaccine is consistently offered to all youth admitted to the program, upon receiving the appropriate signed consent, and documented on the youth’s immunization record.

4.05: Sick Call  Exceptional (10)

- The program conducts sick call five days a week, two times each day. Sick call is also conducted as needed, as the nurse is always available if the youth cannot wait until the designated sick call times.
- All sick call requests are conducted by a Registered Nurse (RN).
- All youth are oriented to sick call procedures upon admission to the program. A group session with all youth is also periodically conducted by the RN, to review the sick call procedures.
- All staff received training on sick call procedures and on tooth loss/dental pain.

4.06: Medication Administration  Acceptable (7)

- In one file reviewed, the medication administration record (MAR) documented the youth received thirty-one of fifty-nine doses of a prescribed over-the-counter medication. According to the program, the youth refused her medication on those dates; there was no documentation of a refusal on the youth’s, MAR or in the youth’s file. While on-site, the quality assurance team conducted an interview with the youth, who advised she had refused her medication on occasion.
• In a second file reviewed, the youth received an over-the-counter medication on February 22, 2011 which had not been recorded on the face of the MAR.

4.07: Medication Control

Acceptable (7)

• A review of the inventories revealed one controlled medication that had not been inventoried since February 2011, and the sharps inventory indicated three suture removal kits were available; however, there were no kits on-site.
• The program maintains an emergency response kit that is accounted for weekly; a review of the kit revealed two injection needles that were not documented on the list of contents. The list of contents included ammonia inhalants; however, there were no ammonia capsules in the kit.

4.08: Infection Control

Exceptional (10)

• The program provided infection control training and/or education to staff, in addition to the required blood borne pathogens training completed on CORE.
• Three fanny packs are available to staff and equipped with first aid supplies, antiseptic towelettes, CPR mask, disposable gloves, and a biohazard waste disposable bag.
• The program nurse conducts monthly infection control rounds to ensure infection control measures are in place such as hand sanitizer, hand washing instructions, posters, and available personal protection equipment.
• In addition to the providing education on infection control measures with all youth upon admission to the program, an education group was conducted with the youth on December 15, 2010.

4.09: Chronic Illness Treatment

Commendable (8)

• The program consistently met all requirements for this indicator without exception.

4.10: Episodic and Emergency Care

Commendable (8)

• The program consistently met all requirements for this indicator without exception.

4.11: Consent and Notification

Acceptable (7)

• In three files reviewed, there were multiple incidences in which the youth received dental fillings, however there was no written consent obtained from the youth’s legal guardian prior to the youth receiving the dental treatment.
• In one file reviewed, a parental notification was mailed to the youth’s guardian advising the youth was scheduled for a dental cleaning. The notification form was returned to the program with the guardian refusing the dental cleaning; documentation in the file indicates the youth did receive the dental cleaning. According to the program, the guardian was contacted via telephone verbal consent was obtained; however there was no documentation in the file to support this.
In one file reviewed in which a new psychotropic medication was prescribed, the verbal consent was not witnessed. There were also two separate incidences in which the Clinical Psychotropic Progress Note (CPPN) was sent via certified mail, however the CPPN did not document the youth’s diagnosis/target symptoms, diagnosis/clinical justification, and common side effects.

In one applicable file in which the youth was sent off-site to the emergency care center, there was no documentation to support the program notified and/or attempted to notify the legal guardian via telephone.

4.12: Prenatal/Neonatal Care

- The program consistently met all requirements for this indicator without exception.

Standard 5: Safety and Security

Overview

The Director for Finance and Operations manages all safety and security aspects of the facility. The entrance to the facility has a telephone that is answered by the administrative assistant and all visitors must identify themselves before the assistant will come out to the gate to manually unlock it. The entire program is surrounded by a twelve-foot security fence and all windows are made of Lexan. The program employs a maintenance worker who handles all repairs for the facility, and preventive maintenance inspections are consistently documented. Program staff are required to conduct facility searches, strip, frisk, or pat down searches of youth when youth return from outings, home visits, vocational projects, or when there is reasonable suspicion that contraband may be introduced in the program to ensure youth safety.

The program has a Continuity of Operations Plan that has been approved, and monthly COOP and disaster preparedness drills are conducted monthly on each shift. Extensive trip plans are completed for all off campus activities, as well as risk assessments on each youth and search protocols. The program has a Behavior Management System that implements a vast array of incentives for the youth to change their behavior, and rewards for them when they are successful. The program does not participate in any water related activities and does not utilize a behavior management unit or controlled observation.

There is a noted deficiency in the program’s tool management inventories.

5.01: Supervision of Youth

- The program utilizes a movement sheet on each shift that indicates the placement of youth are every fifteen minutes. Daily census information, including new admissions, releases, transfers and youth temporarily out of the program are also tracked on the youth movement sheet.
• A review of the camera recordings and written documentation revealed night checks are conducted every four to eight minutes, while the youth are in their rooms.
• Supervision needs are addressed during bi-weekly treatment team meetings, monthly All-Team meetings and management meetings.
• The logbook is color-coded to clearly identify different levels of supervision.

5.02: Key Control

 Commendable (8)

• The program consistently met all requirements for this indicator without exception.

5.03: Contraband and Searches

 Commendable (8)

• The program consistently met all requirements for this indicator without exception.

5.04: Transportation

 Exceptional (10)

• Extensive trip plans are completed prior to youth leaving the program and are required to be approved by program management.
• A risk assessment is completed on each youth prior to trips.
• Search protocol forms are completed on each youth leaving and returning to the program.

5.05: Tool Management

 Acceptable (7)

• There was no process in place for tools to be inventoried prior to being issued to the youth for a work activity and at the conclusion of the work activity.

5.06: Disaster and Continuity of Operations Planning

 Exceptional (10)

• The program has a disaster staff log that documents every staff member’s telephone number, for easy accessibility.
• All staff are divided into two teams, Team A and Team B, to ensure proper coverage during the emergency or disaster situation.
• Drills are documented at least monthly for each shift. These drills consist of different scenarios, and staff are required to respond on paper as to what would need to be done. This information is submitted to the Program Manager to provide a critique of the staff’s response.

5.07: Flammable, Poisonous, and Toxic Items

 Commendable (8)

• The program consistently met all requirements for this indicator without exception.
### 5.08: Water Safety

Non-Applicable (NA)

- The program’s policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program.

### 5.09: Behavior Management System

Exceptional (10)

- The staff utilize an “Action Behavior Report” to promote and encourage current and ongoing positive behavior. The youth has the opportunity to earn points to be used at the Point Store on a biweekly basis.
- A “Change Behavior Report” is utilized when a youth needs to change their current and/or ongoing negative behavior. Consequences are given either by the person writing the report or by the program manager that evaluates each report. Youth also have the opportunity to respond to the report in the event that they would like to provide clarification as to the consequence of their behavior.
- The youth can earn the opportunity to live in the Life House, which is a special dorm that allows more freedoms, such as curling their hair, using nail polish and other special items not offered to the other youth.
- Girls can also earn the GEM and DIAMOND honor that allows special privileges as well.
- Every Wednesday, an assembly is held to honor the accomplishments of the youth. All girls receive some type of recognition, such as Most Respectful, Most Improved, Most Insightful, and Student of the Week. New youth are encouraged to introduce themselves during this assembly and youth that are close to graduation are also encouraged to share their dreams and desires with the rest of the girls.
- The youth earn sobriety bracelets honoring the length of time they have been without drugs or narcotics.

### 5.10: Behavior Management Unit

Non-Applicable (NA)

- The program’s policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program.

### 5.11: Controlled Observation

Non-Applicable (NA)

- The program’s policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program.

### Overall Program Performance

COMMENDABLE 86%

- Failed
- Minimal
- Acceptable
- Commendable
- Exceptional