

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR**

**Pompano Substance Abuse Treatment Center
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
3090 Powerline Road
Pompano Beach, Florida 33069**

Review Date(s): July 26-28, 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: Pompano Substance Abuse Treatment Center
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 Location: Broward County / Circuit 17
 Review Date(s): July 26-28, 2011

QA Program Code: 1172
 Contract Number: R2067
 Number of Beds: 24
 Lead Reviewer Code: 104

Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	10
1.02	Provision of an Abuse Free Environment	8
1.03	Incident Reporting	8
1.04	Protective Action Response (PAR)	8
1.05	Pre-Service/Certification Requirements	10
1.06	In-Service Training Requirements	8
1.07	Logbook Maintenance	7
1.08	Internal Alert System	7
1.09	Escapes	10
1.10	Youth Records	8
1.11	Community Partnerships	7
1.12	Facility Integration and Stability	8
Commendable		83%

2. Intervention and Case Management		
2.01	Classification	7
2.02	Assessment	7
2.03	Intervention and Treatment Team	7
2.04	Performance Plan	5
2.05	Performance Review and Reporting	7
2.06	Parent/Guardian Communication	10
2.07	Transition Planning and Release	7
2.08	Grievance Process	8
2.09	Gang Prevention and Intervention	5
2.10	Staff Characteristics	7
2.11	Delinquency Programming	7
2.12	Gender-Specific Programming	7
2.13	Vocational Programming	7
Acceptable		70%

3. Mental Health and Substance Abuse Services		
3.01	Designated Mental Health Authority	8
3.02	MH and SA Admission Screening	10
3.03	MH and SA Assessment/Evaluation	7
3.04	Treatment Plan/Team and Service Delivery	7

3. Mental Health and Substance Abuse Services (cont.)		
3.05	Suicide Prevention	8
3.06	Mental Health Crisis Intervention	8
3.07	Emergency Services	8
3.08	Specialized Treatment Services	8
Commendable		80%

4. Health Services		
4.01	Designated Health Authority	10
4.02	Healthcare Admission Screening	8
4.03	Comprehensive Physical Assessment	7
4.04	Sexually Transmitted Diseases	8
4.05	Sick Call	8
4.06	Medication Administration	8
4.07	Medication Control	8
4.08	Infection Control	8
4.09	Chronic Illness Treatment	8
4.10	Episodic and Emergency Care	7
4.11	Consent and Notification	8
4.12	Prenatal/Neonatal Care	NA
Commendable		80%

5. Safety and Security		
5.01	Supervision of Youth	8
5.02	Key Control	10
5.03	Contraband and Searches	7
5.04	Transportation	8
5.05	Tool Management	7
5.06	Disaster/Continuity of Operations Planning	8
5.07	Flammable, Poisonous, and Toxic Items	8
5.08	Water Safety	NA
5.09	Behavior Management System	8
5.10	Behavior Management Unit	NA
5.11	Controlled Observation	NA
Commendable		80%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	99	120	83%				X	
2. Intervention and Case Management	91	130	70%			X		
3. Mental Health and Substance Abuse Services	64	80	80%				X	
4. Health Services	88	110	80%				X	
5. Safety and Security	64	80	80%				X	

Overall Program Performance

Acceptable 78%

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, (3) Mental Health and Substance Abuse Services, (4) Health Services, and (5) Safety and Security, which are included in the Residential Standards (July 2011).

Persons Interviewed

<input checked="" type="checkbox"/> Program Director <input checked="" type="checkbox"/> DJJ Monitor <input type="checkbox"/> DHA or designee <input checked="" type="checkbox"/> DMHA or designee	1 # Case Managers 1 # Clinical Staff 1 # Food Service Personnel 1 # Healthcare Staff	1 # Maintenance Personnel _____ # Program Supervisors 4 # Other (listed by title): Advisory Board Members
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------

Documents Reviewed

<input type="checkbox"/> Accreditation Reports <input checked="" type="checkbox"/> Affidavit of Good Moral Character <input checked="" type="checkbox"/> CCC Reports <input type="checkbox"/> Confinement Reports <input checked="" type="checkbox"/> Continuity of Operation Plan <input checked="" type="checkbox"/> Contract Monitoring Reports <input checked="" type="checkbox"/> Contract Scope of Services <input checked="" type="checkbox"/> Egress Plans <input checked="" type="checkbox"/> Escape Notification/Logs <input checked="" type="checkbox"/> Exposure Control Plan <input checked="" type="checkbox"/> Fire Drill Log <input checked="" type="checkbox"/> Fire Inspection Report	<input checked="" type="checkbox"/> Fire Prevention Plan <input checked="" type="checkbox"/> Grievance Process/Records <input checked="" type="checkbox"/> Key Control Log <input checked="" type="checkbox"/> Logbooks <input checked="" type="checkbox"/> Medical and Mental Health Alerts <input checked="" type="checkbox"/> PAR Reports <input checked="" type="checkbox"/> Precautionary Observation Logs <input checked="" type="checkbox"/> Program Schedules <input checked="" type="checkbox"/> Sick Call Logs <input checked="" type="checkbox"/> Supplemental Contracts <input checked="" type="checkbox"/> Table of Organization <input type="checkbox"/> Telephone Logs	<input checked="" type="checkbox"/> Vehicle Inspection Reports <input checked="" type="checkbox"/> Visitation Logs <input checked="" type="checkbox"/> Youth Handbook 8 # Health Records 5 # MH/SA Records 3 # Personnel Records 5 # Training Records/CORE 6 # Youth Records (Closed) 5 # Youth Records (Open) _____ # Other: _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Surveys

5 # Youth	5 # Direct Care Staff	_____ # Other: _____
-----------	-----------------------	----------------------

Observations During Review

<input type="checkbox"/> Admissions <input type="checkbox"/> Confinement <input checked="" type="checkbox"/> Facility and Grounds <input checked="" type="checkbox"/> First Aid Kit(s) <input type="checkbox"/> Group <input type="checkbox"/> Meals <input checked="" type="checkbox"/> Medical Clinic <input checked="" type="checkbox"/> Medication Administration	<input checked="" type="checkbox"/> Posting of Abuse Hotline <input checked="" type="checkbox"/> Program Activities <input type="checkbox"/> Recreation <input type="checkbox"/> Searches <input type="checkbox"/> Security Video Tapes <input checked="" type="checkbox"/> Sick Call <input type="checkbox"/> Social Skill Modeling by Staff <input checked="" type="checkbox"/> Staff Interactions with Youth	<input checked="" type="checkbox"/> Staff Supervision of Youth <input checked="" type="checkbox"/> Tool Inventory and Storage <input checked="" type="checkbox"/> Toxic Item Inventory and Storage <input type="checkbox"/> Transition/Exit Conferences <input checked="" type="checkbox"/> Treatment Team Meetings <input type="checkbox"/> Use of Mechanical Restraints <input checked="" type="checkbox"/> 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 FDJJ-1720:

Exceptional (10)	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.
Commendable (8)	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.
Acceptable (7)	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.
Minimal (5)	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.
Failed (0)	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.

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:

Patrice A. Starks, Lead Reviewer, DJJ Bureau of Quality Assurance
Patrick Morse, Program Administrator, DJJ Bureau of Quality Assurance
Shandria Striggles, Review Specialist, DJJ Bureau of Quality Assurance
Thomas Mahoney, Review Specialist, DJJ Bureau of Quality Assurance
Sophia Ifill, Program Monitor, DJJ Residential Services, South Region
Evanjalyst Harris, Juvenile Probation Officer Supervisor, DJJ Probation, Circuit 17
Latoya Jackson-Singletary, Assistant Facility Administrator, Thompson Academy

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>.

Standard 1: Management Accountability



Overview

Pompano Substance Abuse Treatment Center is a moderate-risk, staff-secure substance abuse treatment program for boys, ages thirteen to eighteen, operated by the Henry and Rilla White Youth Foundation, Inc. The program is contracted under R2067 for twenty-four slots and is located in Pompano Beach, Florida. The program management team consisted of the Program Director/Designated Mental Health Authority, two Assistant Program Directors, one Registered Nurse (RN), two un-licensed mental health/substance abuse therapists, and two case managers. At the time of the Quality Assurance review, the program had one vacant case manager and one vacant residential counselor position. The management team was responsible for the day-to-day operations of the program. The program had an active Advisory Board that provided suggestions for facility improvements and provided activities for the youth. The Advisory Board has provided tickets to the Florida Marlin baseball games, facilitated outings for youth on a monthly basis, instituted a curriculum focused on young men, and assists youth with connecting with a church in their home county upon release from the program.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

- The program conducted drug screens, local law enforcement checks, driver's license checks, and verified car insurance prior to making a hiring decision for all employees.

1.02: Provision of an Abuse Free Environment

Commendable (8)

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

1.03: Incident Reporting

Commendable (8)

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

1.04: Protective Action Response (PAR)

Commendable (8)

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

1.05: Pre-Service/Certification Requirements

Exceptional (10)

- A review of staff training files indicated that the staff exceeded the required number of training hours with the extra courses being instructor-led trainings.
- All staff are required to complete three weeks of training prior to being placed on the work schedule within the program. During the three-week training period, staff complete a minimum of 115 hours of trainings on the CORE/Learning Management System (LMS) and instructor-led trainings.

1.06: In-Service Training Requirements

Commendable (8)

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

1.07: Logbook Maintenance

Acceptable (7)

- Staff did not consistently initial all errors and write "Void" in accordance with Florida Administrative Rule.
- Documentation reviewed did not support that all staff movement with youth were consistently documented in accordance with Florida Administrative Rule.

1.08: Internal Alert System

Acceptable (7)

- There was no clear documentation to support that the current internal alert system complimented the internal alerts in the Department's Juvenile Justice Information System (JJIS) nor was there a consistent practice to correct the JJIS alert if it was currently incorrect.

1.09: Escapes

Exceptional (10)

- An escape assessment is completed on all youth upon admission as part of the intake process, and on-going as needed thereafter.
- The program discussed Escape Prevention in the Monthly Staff Meetings to identify and discuss related safety and security issues and to keep staff alert and vigilant.
- Security perimeter checks were completed daily as an additional means of ensuring no safety and security risks have occurred.
- The program had two escape kits on-site in the event of an escape, which included binoculars, compasses, flashlights, extra batteries, hand sanitizer, bug repellent, ponchos, work gloves, latex gloves, whistles, antiseptic spray, bandages, flex cuffs, wire cutters, and bottled water.
- The program has had no escapes since the last quality assurance review. The program has conducted training on the Escape Prevention Plan with all staff and has conducted four escape drills during the review period.

1.10: Youth Records

Commendable (8)

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

1.11: Community Partnerships

Acceptable (7)

- There was no documentation to support that the advisory board had a representative from a law enforcement agency and a parent/guardian of a former youth.

1.12: Facility Integration and Stability

Commendable (8)

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

Standard 2: Intervention and Case Management**Overview**

Oversight of the program’s case management services is the responsibility of the Clinical Director that is also an Assistant Program Director. The program provides for two case managers; however, one position was vacant at the time of the Quality Assurance review. The case managers are responsible for initial classification, assessments, performance plan development, performance summaries and transitional planning. The program utilizes the Residential Positive Achievement Change Tool (R-PACT) at admission and for re-assessments. The program develops a Performance Plan for all youth and conducted treatment team meetings twice a month. Youth have access to weekly visitation, telephone calls and religious activities. There was a grievance system in place for the youth as well. All youth are provided educational services and youth have the opportunity to complete a General Equivalency Diploma (GED) while in the program. The program has had nineteen youth graduate with high school diplomas since March 2010. Youth who have completed the high school educational requirements are eligible to complete college credits through the Test Drive College Online (TDCO) and/or the Broward College entrance exam. The program requests educational funding through the Youth Investment Award application. The program had a culinary arts program for the youth who could achieve the Safe Staff certifications that will assist them in being hired in the restaurant industry.

2.01: Classification

Acceptable (7)

- The program’s classification process did not consistently include all issues identified on the Juvenile Justice Information System (JJIS) alerts to include emotional disturbance issues and affiliations.

2.02: Assessment

Acceptable (7)

- Documentation reviewed found that two of the four applicable Needs Assessment Summaries were late (seventeen days and two days respectively) and one of the three applicable Residential Positive Achievement Change Tool (R-PACT) re-assessment was late (four months).
- One youth's R-PACT Exit Assessment was not completed when the youth was released from the program.

2.03: Intervention and Treatment Team

Acceptable (7)

- Documentation reviewed indicated that all treatment team members did not consistently attend the treatment team meetings.
- There was no documentation to support that the Performance Plan was discussed in all treatment team meetings.
- There was no documentation to support that the Residential Positive Achievement Change Tool (R-PACT) reassessment were discussed during the treatment team meetings.

2.04: Performance Plan

Minimal (5)

- One of the four applicable Performance Plans reviewed did not have signatures or dates from all responsible parties.
- None of the four applicable performance plans reviewed were completed within the required thirty-day timeframe. The Performance Plans were ten to fifteen days late.
- Documentation reviewed indicated that one of the four performance plans was sent to the assigned Juvenile Probation Officer outside the required timeframe.
- Three of four Performance Plans reviewed documented modifications towards the youth's progress on the plan.

2.05: Performance Review and Reporting

Acceptable (7)

- One of the three applicable performance review summaries was completed within the required timeframe.
- Two of three performance review summaries contained all required elements of the summary as outlined in Florida Administrative Rule.
- One of the three performance review summaries did not document the significant positive and/or negative events and whether or not the youth was able to review the summary prior to sending it out to all required parties.

2.06: Parent/Guardian Communication

Exceptional (10)

- The program conducted a Family Day once a quarter and holidays in which the parents/guardians are invited to visit the youth.
- During the Family Day, the program had a therapist available to discuss the youth's progress in the program and facilitate therapy/education sessions.

- Invitations to the Family Day were sent to the parents/guardians in English, Spanish, and Creole.

2.07: Transition Planning and Release

Acceptable (7)

- There was no documentation to support that the Transition Plan, Exit Plan, and supporting documentation were sent to the parties who had responsibilities with transition services.

2.08: Grievance Process

Commendable (8)

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

2.09: Gang Prevention and Intervention

Minimal (5)

- A review of the gang prevention and intervention practices did not clearly support that when a youth was identified as a gang member or a suspected gang member the program shared the information with the local law enforcement for their review or with the local school district or the youth's Juvenile Probation Officer and/or aftercare provider.

2.10: Staff Characteristics

Acceptable (7)

- Observations of staff-to-youth interactions did not support that all staff were utilizing Motivational Interviewing skills consistently.
- Staff-to-youth interactions did not consistently support that positive-to-negative feedback from staff was consistent with positive reinforcement.

2.11: Delinquency Programming

Acceptable (7)

- The program has attempted to involve the youth with applying for and interviewing for a position with the Youth Advisory Board; however, no youth was interested in participating. Therefore, at the time of the Quality Assurance review, the Youth Advisory Board was not in place.

2.12: Gender-Specific Programming

Acceptable (7)

- There was no clear programming identified to provide parental skills to those youth identified as being fathers.

2.13: Vocational Programming

Acceptable (7)

- Eligible youth are not provided with work-related experiences such as internships and/or school-based enterprises with the exception of the culinary arts program.

- The program does not have a current agreement with the local One Stop Center; however, there is a working relationship with Job Corps and documentation and interviews with staff support that they have been on-site a couple of times within the last year.

Standard 3: Mental Health and Substance Abuse Services



Overview

Pompano Substance Abuse Treatment Center provides a comprehensive array of mental health and substance abuse services with a focused emphasis on substance abuse treatment services. The program was pre-certified in October 2010 to provide Behavioral Overlay Health Services (BHOS). Services are provided by one Licensed Mental Health Counselor (LMHC) and three non-licensed therapists. Services include mental health and substance abuse screening, comprehensive mental health and substance abuse evaluation/assessments, substance abuse treatment planning, daily substance abuse therapeutic services (substance abuse education, skills training and/or relapse prevention activities, substance abuse coping skills, interpersonal problem-solving skills, life skills, symptom management and steps to recovery), crisis intervention, suicide prevention, emergency mental health and substance abuse services and gender-specific services. The LMHC serves as the Designated Mental Health Authority and the Executive Director of the program and is responsible for the overall implementation of the mental health and substance abuse services. The program has an independent contract agreement with a licensed physician to provide psychiatric services. The psychiatrist is on-site at least every two weeks and meets with the DMHA to discuss each youth in the facility receiving psychiatric services. The DMHA and the psychiatrist develop an Addendum to the Biopsychosocial when there is a discrepancy between the DMHA's diagnosis and that of the psychiatrist's psychiatric evaluation. Both the DMHA and psychiatrist collaborate in agreement of the youth's diagnosis and the justification for the diagnosis. The youth's Individualized Treatment Plan is then developed or revised based on the youth's diagnosis. The program has a working agreement with University Pavilion to provide emergency psychiatric evaluations/assessments and crisis stabilization.

3.01: Designated Mental Health Authority (DJJ Program)

Commendable (8)

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

3.02: Mental Health and Substance Abuse Admission Screening

Exceptional (10)

- In addition to the Massachusetts Youth Screening Instrument – Second Version (MAYSI-2) the program consistently screened each youth utilizing the Children's Functional Assessment Rating Scale (CFARS), American Society of Addiction Medicine – Level

One (ASAM) Substance Abuse Risk and Protective Factors, and the Assessment of Suicide Risk (ASR).

- Documentation reviewed validated that the results of the screenings conducted were utilized in the Biopsychosocial Assessment, Initial Treatment Plan and the Individual Treatment Plan.

3.03: Mental Health and Substance Abuse Assessment/Evaluation

Acceptable (7)

- One youth psychiatric evaluation treatment recommendations indicated that the youth needed a follow-up evaluation; however, there was no documentation to support that the evaluation was completed.

3.04: Treatment Plan, Treatment Team, and Service Delivery

Acceptable (7)

- A review of the Individual Treatment Plans found that staff were not consistently updating dates each month when target dates expired and the youth had not achieved the goal's objective.

3.05: Suicide Prevention

Commendable (8)

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

3.06: Mental Health Crisis Intervention

Commendable (8)

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

3.07: Emergency Services

Commendable (8)

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

3.08: Specialized Treatment Services

Commendable (8)

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

Standard 4: Health Services



Overview

Pompano Substance Abuse Treatment Center has contracted with VALUECARE Medical to provide a licensed physician to serve as the Designated Health Authority (DHA). This individual is on-site once a week, and there was evidence in the medical records of the DHA providing numerous medical services. These services were evident in the completion of health assessments and periodic evaluations, reviewing off-site care orders, monitoring medications prescribed for health concerns, and referring youth for testing (as necessary). As of August 31, 2010, the DHA contract was amended to include DHA obligations and the delegation of clinical duties between the DHA and an additional physician. There is one Registered Nurse (RN) providing medical services on-site forty hours per week. Duties of the RN include, but are not limited to; conducting sick call Monday through Friday from 1:30 PM to 3:30 PM. The RN completes the Facility Entry Physical Health Screening and Health Related History (HRH) forms for all new admissions. In addition, the RN is responsible for documenting all medical services being provided for a maximum daily population of twenty-four youth. The admissions screening revealed some youth with chronic conditions, and, as such each youth was referred to the DHA for evaluations and follow up services. Youth were also clinically screened for Sexually Transmitted Diseases (STDs) and when indicated a referral was provided for further evaluation. Testing is provided by the Broward County Health Department for any youth requiring testing for STD or Human Immunodeficiency Virus (HIV). Youth are oriented to the health services available at admission, and there was evidence that nursing staff complete health care education with all youth. Topics include disease prevention, infection control, male health issues, and healthy hygiene practices. The facility has a clearly written medication administration protocol, and all medications are provided by a licensed healthcare professional or trained direct care staff. The program utilizes PharAmerica Pharmacy in Ft. Lauderdale, Florida for the procurement of medications. The prescriptions are sent to them via facsimile and PharAmerica Pharmacy delivers directly to the program. The program contracts with a licensed psychiatrist to provide pharmacological oversight of youth on prescribed psychotropic medications. The program utilizes North Broward Medical Center for emergency healthcare services. The facility is approximately two miles from the Medical Center. In an effort to minimize risk, only a limited amount of over-the-counter (OTC) medications are stored at the facility. There were current inventories for OTC medications and there was evidence of routine shift-to-shift inventories for controlled medications. Finally, the facility had accurate inventories for sharps and other medical supplies.

4.01: Designated Health Authority

Exceptional (10)

- The Program Director meets with the Designated Health Authority (DHA) on a monthly basis, instead of quarterly, to complete the Continuous Quality Improvement Meetings.
- The DHA completes a new Comprehensive Physical Assessment (CPA) on all youth within seven days of admission into the facility.

4.02: Healthcare Admission Screening

Commendable (8)

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

4.03: Comprehensive Physical Assessment

Acceptable (7)

- Although the Additional Reviews to Comprehensive Physical Assessment form were completed during the quality assurance week, the changes to the medical grade were late when documented in the medical file (from one to two months).

4.04: Sexually Transmitted Diseases

Commendable (8)

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

4.05: Sick Call

Commendable (8)

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

4.06: Medication Administration

Commendable (8)

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

4.07: Medication Control

Commendable (8)

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

4.08: Infection Control

Commendable (8)

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

4.09: Chronic Illness Treatment

Commendable (8)

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

4.10: Episodic and Emergency Care

Acceptable (7)

- There was no clear documentation to support that a mock medical emergency drill was conducted on each shift at least quarterly.

4.11: Consent and Notification

Commendable (8)

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

4.12: Prenatal/Neonatal Care

Non-Applicable (NA)

- This is a boy's program; therefore, this key indicator is not applicable for this program during this reporting period.

Standard 5: Safety and Security**Overview**

The Assistant Program Director is responsible for the oversight of safety and security provided at the program (tool management, and flammable, poisonous and toxic items). The program employs a full-time Maintenance Specialist to maintain the safety and physical plant areas. The program had video surveillance to record the daily activities of the program. The program operates on three eight-hour shifts per day (6:00 am - 2:00 pm; 2:00 pm - 10:00 pm; 10:00 pm - 6:00 am). Staff communication is accomplished by logbooks and shift reports maintained by direct care staff. The program's behavior management system is founded on cognitive behavioral principles. It is a multi-stage system with privileges available to the youth at each succeeding stage and includes elements to achieve the desired one-to-four punishment-to-reward ratio. Consequences are imposed by staff and reviewed by the treatment team. The program does not utilize room restriction, controlled observation or maintain a behavior management unit.

5.01: Supervision of Youth

Commendable (8)

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

5.02: Key Control

Exceptional (10)

- The program had a color code system to identify keys and a color picture to identify each type of key within the facility.
- The key system was inventoried on a monthly basis to ensure there were no missing or damaged keys and to ensure staff maintained their keys according to the facility policy.
- The key reference file maintained by the program detailed the number of keys and a picture of the employee who was responsible for the key ring identified on the key reference file.

5.03: Contraband and Searches

Acceptable (7)

- Documentation reviewed and interviews with the youth did not validate that the program staff opened incoming mail in the presence of the youth.

5.04: Transportation

Commendable (8)

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

5.05: Tool Management

Acceptable (7)

- There was no clear documentation in place to support that the youth working in the culinary arts program in the kitchen were trained to use the tools prior to utilization. However, during the quality assurance review week the program created a tracking system to document how and when the youth are trained.

5.06: Disaster and Continuity of Operations Planning

Commendable (8)

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

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)

- It was evident by the documentation, surveys, and observations that this key indicator is not applicable as the program does not participate in water-related activities.

5.09: Behavior Management System

Commendable (8)

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

5.10: Behavior Management Unit

Non-Applicable (NA)

- It was evident by the documentation, surveys, and observations that this key indicator is not applicable as the program does not utilize a Behavior Management Unit.

5.11: Controlled Observation

Non-Applicable (NA)

- It was evident by the documentation, surveys, and observations that this key indicator is not applicable as the program does not utilize Controlled Observation.

Overall Program Performance
Acceptable 78%

