

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Volusia Halfway House
Henry and Rilla White Youth Foundation, Inc.
(Contract Provider)
1047 Madison Avenue
Daytona Beach, Florida 32114

Review Date(s): August 2-4, 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: Volusia Halfway House
 Provider Name: Henry and Rilla White Youth Foundation, Inc.
 Location: Volusia County / Circuit 7
 Review Date(s): August 2-4, 2011

QA Program Code: 1116
 Contract Number: R2026
 Number of Beds: 24
 Lead Reviewer Code: 91

Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	10
1.02	Provision of an Abuse Free Environment	7
1.03	Incident Reporting	8
1.04	Protective Action Response (PAR)	7
1.05	Pre-Service/Certification Requirements	7
1.06	In-Service Training Requirements	10
1.07	Logbook Maintenance	7
1.08	Internal Alert System	7
1.09	Escapes	5
1.10	Youth Records	8
1.11	Community Partnerships	7
1.12	Facility Integration and Stability	7
Acceptable		75%

2. Intervention and Case Management		
2.01	Classification	7
2.02	Assessment	8
2.03	Intervention and Treatment Team	7
2.04	Performance Plan	7
2.05	Performance Review and Reporting	8
2.06	Parent/Guardian Communication	7
2.07	Transition Planning and Release	7
2.08	Grievance Process	8
2.09	Gang Prevention and Intervention	10
2.10	Staff Characteristics	8
2.11	Delinquency Programming	8
2.12	Gender-Specific Programming	10
2.13	Vocational Programming	10
Commendable		81%

3. Mental Health and Substance Abuse Services		
3.01	Designated Mental Health Authority	7
3.02	MH and SA Admission Screening	8
3.03	MH and SA Assessment/Evaluation	8
3.04	Treatment Plan/Team and Service Delivery	7
Acceptable		78%

3. Mental Health and Substance Abuse Services (cont.)		
3.05	Suicide Prevention	5
3.06	Mental Health Crisis Intervention	7
3.07	Emergency Services	7
3.08	Specialized Treatment Services	7
Acceptable		70%

4. Health Services		
4.01	Designated Health Authority	7
4.02	Healthcare Admission Screening	8
4.03	Comprehensive Physical Assessment	7
4.04	Sexually Transmitted Diseases	7
4.05	Sick Call	7
4.06	Medication Administration	5
4.07	Medication Control	8
4.08	Infection Control	7
4.09	Chronic Illness Treatment	8
4.10	Episodic and Emergency Care	7
4.11	Consent and Notification	7
4.12	Prenatal/Neonatal Care	NA
Acceptable		71%

5. Safety and Security		
5.01	Supervision of Youth	7
5.02	Key Control	8
5.03	Contraband and Searches	8
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
Acceptable		78%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	90	120	75%			X		
2. Intervention and Case Management	105	130	81%				X	
3. Mental Health and Substance Abuse Services	56	80	70%			X		
4. Health Services	78	110	71%			X		
5. Safety and Security	62	80	78%			X		

Overall Program Performance

Acceptable 75%

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 | 2 # Case Managers | 1 # Maintenance Personnel |
| <input checked="" type="checkbox"/> DJJ Monitor | 2 # Clinical Staff | 2 # Program Supervisors |
| <input type="checkbox"/> DHA or designee | 1 # Food Service Personnel | _____ # Other (listed by title): _____ |
| <input checked="" type="checkbox"/> DMHA or designee | 1 # Healthcare Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 5 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 5 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> PAR Reports | 4 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 5 # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Escape Notification/Logs | <input checked="" type="checkbox"/> Sick Call Logs | 5 # Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Telephone Logs | |

Surveys

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

Observations During Review

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

Comments

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

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:

Ashley Davies, Lead Reviewer, DJJ Bureau of Quality Assurance
Donna Connors, Program Administrator, DJJ Bureau of Quality Assurance
Pamela Graves, Review Specialist, DJJ Bureau of Quality Assurance
Caroline Sanchez, Program Monitor, DJJ Residential Services, North Region
Dahlia Kaplan, Licensed Clinical Specialist, Orange Youth Academy
Glyvona Hall, Administrative Assistant, St. Lucie Regional Juvenile Detention Center

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

The Department of Juvenile Justice contracts with the Henry and Rilla White Foundation, Inc. to operate the Volusia Halfway House. The White Foundation has operated Volusia Halfway House since November 2006. The program is a moderate risk residential program for boys, providing beds for twenty-four youth in Daytona Beach, Florida. At the time of the quality assurance review, all twenty-four beds were full. The program is comprised of four permanent buildings that house the administrative offices, the youth's dorms, a dining hall and education classrooms. In addition to indoor recreational areas, there is a softball field and a basketball court for the youth. The management team consists of a Program Director, an Assistant Program Director, two Behavioral Health Overlay Services (BHOS) Counselors, and three shift supervisors, in addition to oversight provided by the program's corporate office. The program employs two food service staff; the food service manager is employed full-time, and the food service worker is employed part-time. The part-time food service staff also serves as the culinary arts instructor. At the time of the quality assurance review, the program did not have any staff vacancies.

The program has current policies and procedures that are reviewed annually. The training for the program staff is completed through a combination of web-based and instructor-led courses. The Program Director is involved in providing some of the training to the staff, as well as providing oversight for the provision of the training. The program has an advisory board in place; there were some noted deficiencies with recruitment and involvement of certain members, however the board has helped youth in the program gain culinary experience, complete community service hours and create a cookbook. The board members also assisted the program in obtaining chairs and cushion that were needed, and provided motivational speaking to the youth.

The program had an escape in June 2011. All youth surveyed reported feeling safe in the program, and that staff treat them professionally and with respect.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

- The program conducts drug tests, local law enforcement checks and driver's license checks on all staff prior to hire.

1.02: Provision of an Abuse Free Environment

Acceptable (7)

- A majority of the youth responding to the survey reported hearing staff use profanity. Three youth reported hearing staff use profanity once, and one reported hearing profanity occasionally.
- One staff responding to the survey reported hearing another staff member use profanity occasionally.

1.03: Incident Reporting

Commendable (8)

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

1.04: Protective Action Response (PAR)

Acceptable (7)

- One of five Protective Action Response (PAR) reports reviewed documented a supervisory review, but did not document whether or not the use of PAR intervention techniques were in compliance with the PAR policy and the PAR training curriculum.
- Another PAR report documented that the report had not been completed by the end of the staff member's shift, but was completed the following day. This report also documented that the Program Director review was completed by the first shift supervisor, who was the same person who completed the supervisory review.

1.05: Pre-Service/Certification Requirements

Acceptable (7)

- One of the two files reviewed for pre-service training requirements did not document receipt of training on DJJ: The Organization.
- The other file reviewed did not document receipt of training on gangs, communication skills, or DJJ: The Organization.

1.06: In-Service Training Requirements

Exceptional (10)

- Three training files were reviewed for in-service training requirements; the three files documented 87.5, 44.5 and 90.5 hours of in-service training.
- The three files documented completion of all required training topics, as well as additional topics.
- One of the three files was also reviewed for supervisory training hours, which documented thirteen hours of supervisory training.
- The three files reviewed revealed that a majority of the trainings received were instructor-led.

1.07: Logbook Maintenance

Acceptable (7)

- Several logbooks were reviewed; errors were not consistently struck through with a single line, dated and initialed by person correcting the error.

1.08: Internal Alert System

Acceptable (7)

- The program did not consistently place medical alerts on the alert list in a timely manner, and did not update the alert list as changes were made.

1.09: Escapes

Minimal (5)

- The program had one escape since the last quality assurance review. There was no documentation the Notification of Escape had been faxed to local law enforcement.
- The parental notification was made beyond the two-hour timeframe.

1.10: Youth Records

Commendable (8)

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

1.11: Community Partnerships

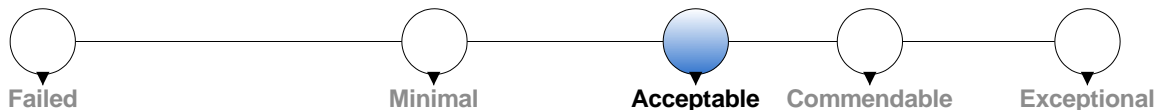
Acceptable (7)

- The Program Director reported that a representative from the judiciary, and a parent of a child previously in the program were members of the advisory board, however, neither member had attended any of the meetings, nor was there documentation of any recruitment efforts.
- The meeting minutes reviewed reflected the Program Director speaking to the board, telling the members what was going on within the program, but did not document any recommendations from board members or provide any information on how the board has helped the program.

1.12: Facility Integration and Stability

Acceptable (7)

- The program's corporate office sends exit surveys to the youth and the youth's parent upon the youth's release from the program. This information is compiled and provided to the program on a yearly basis. There was no documentation how this information is used within the program.

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

The program has two case managers who are responsible for completing the needs assessments, developing the performance plans, writing performance summaries, conducting

treatment teams and completing all transition documentation. Upon the youth's arrival at the program, the assigned case manager contacts the youth's parents or guardians, and communicates regularly with the youth's parents during their stay at the program. A classification form is completed by the Case Management Supervisor, for the placement of the youth into sleeping rooms. During their admission to the program, the youth are provided an orientation that includes the program's philosophy, available services and how to access them, program rules, information on the behavior management system and the procedures for visitation, mail and telephone usage.

At the time of the quality assurance review, the majority of the staff had been trained on the Thinking for a Change (T4C) curriculum and Motivational Interviewing (MI) techniques. The program conducts Residential Positive Achievement Change Tools (RPACTs) on all youth, as well as Youth Needs Assessment Summaries (YNAS). The program has an effective formal grievance process, as well as a less formal 'request to speak' process, that allows the youth to speak to a staff member on an issue that may not be considered a grievable action. During their admission process, the youth are presented with a brochure that describes the program's grievance process, which the youth sign. The program conducts a gang assessment on youth as part of their admission to the program, and forwards the assessment of any youth involved in a gang to the Volusia County Sheriff's Office. The program photographs any tattoos that the youth have, and places the pictures in a binder; the tattoos are observed upon the youth's return from a home visit, to ensure that there have been no additions to the tattoos. The program has a culinary arts program, which offers the youth the opportunity to learn how to cook, do prep work and to work in a banquet setting. The youth are provided educational services through an agreement with Volusia County Schools. All of the youth responding to the survey reported receiving a copy of their treatment plans, being involved in the development of the plan, and were aware of the goals on which they were working.

There were minor deficiencies in the program's classification documentation, treatment team reviews, parent communication process, and performance plans.

2.01: Classification

Acceptable (7)

- Five files were reviewed. The classification form for one youth noted an allergy to penicillin during his admission on March 22, 2011; the allergy was added to the program's alert list April 14, 2011.
- Another youth was diagnosed with Osgood Schlatter's disease; this was noted on the first page of the admission classification form, however the second page of the form documented 'no medical needs'. This youth was never placed on the program's alert list.
- A third youth was admitted to the program with asthma, however this was not listed on his classification form.
- There is no documentation regarding what factors are used to determine the placement of a youth into a room.

2.02: Assessment

Commendable (8)

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

2.03: Intervention and Treatment Team

Acceptable (7)

- All five files that were reviewed contained documentation of formal and informal treatment teams being conducted. The formal treatment teams were conducted monthly; each file contained instances in which the treatment team was not held every thirty days.
- There was no documentation of an informal treatment team for one youth in May 2011.

2.04: Performance Plan

Acceptable (7)

- Five files were reviewed, and all five youth had treatment plans; three of the five Individual Performance Plans (IPP), did not reference the youth's treatment plans.

2.05: Performance Review and Reporting

Commendable (8)

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

2.06: Parent/Guardian Communication

Acceptable (7)

- Three files were reviewed for transition planning; there was no documentation that the youth's parent or guardian were invited to participate in the transition process, or to attend the transition staffing.

2.07: Transition Planning and Release

Acceptable (7)

- Three files were reviewed for transition planning; there was no documentation of the youth's parent or guardian being provided with information on the youth's release, either verbally or in writing.
- The transition plans did not include targeted completion dates for goals, or the names of persons responsible for completing the goals.
- In the 'transition goals and objectives' section on a transition plan, 'drugs and alcohol' were listed as a goal. There were no measurable goals or objectives for any items listed.
- In the three files reviewed for transition planning, the program was not sending the original release summary with the Pre-release Notification (PRN) but was instead sending a copy and maintaining the original in the youth's file.

2.08: Grievance Process

Commendable (8)

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

2.09: Gang Prevention and Intervention

Exceptional (10)

- The program has a two staff who are members of the Florida Gang Investigator's Association.

- The program photographs tattoos of all the youth, placing the photos in a binder. Upon their return to the program from a home visit, the youth's tattoos are photographed again, to ensure there have been no revisions to the tattoos.

2.10: Staff Characteristics

Commendable (8)

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

2.11: Delinquency Programming

Commendable (8)

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

2.12: Gender-Specific Programming

Exceptional (10)

- The program uses several gender specific curricula with the youth, including the Seven Habits of Effective Youth.
- The program had speakers from various sites, such as the football coach from Bethune-Cookman University and ROTC instructors from Embry Riddle Aeronautical University, to make presentations to the youth.
- The local HIV/AIDS outreach program visits the program twice a year to present safe sex practices.

2.13: Vocational Programming

Exceptional (10)

- The program has an extensive culinary arts program, from which the youth may receive a 'safe serve' certification.
- The youth in the culinary arts program are taken to Daytona State College, where students majoring in Hospitality Services guide them on how to properly serve food, as well as allowing the program youth to observe a college atmosphere.
- The month prior to their intended release from the program, all youth are taken to the local One Stop Career Center, where they receive instructions on completing resumes and job descriptions. The youth are provided with flash drives which contain their partially completed resumes, to allow them to complete the resumes at the program. The resumes and applications are posted on the Career Center's webpage, to allow the youth to begin looking for a job prior to being released.

Standard 3: Mental Health and Substance Abuse Services



Overview

Volusia Halfway House provides a comprehensive array of mental health and substance abuse services to all the youth. There is a Designated Mental Health Authority (DMHA) that is a Licensed Mental Health Counselor. The DMHA is on-site once a week, for approximately two hours per week, to review the counselor's paperwork and conducts weekly supervision meetings with the program's counselors. All of the youth receive a Massachusetts Youth Screening Instrument-Second Version (MAYSI 2) upon their admission to the program, as well as comprehensive evaluations. The program has two counselors to provide the mental health and substance abuse services for the youth, both of whom are unlicensed. The staff are responsible for conducting mental health and substance abuse assessments, developing treatment plans, providing Behavioral Health Overlay Services (BHOS), and other related duties. The program receives BHOS funding for twenty-four youth. A majority of the youth responding to the survey reported that the mental health/substance abuse services they are receiving are 'good or very good'.

The program had a suicide prevention plan, and a crisis intervention plan. The program had one Baker Act since the last quality assurance review. There were some deficiencies noted with the program following requirements outlined in their emergency mental health plan, and in the content of the youth's treatment plans.

3.01: Designated Mental Health Authority (DJJ Program)

Acceptable (7)

- Clinical supervisions of the unlicensed counselors were not consistently one hour in duration; the supervisions lasted an average of forty-five minutes.
- There was a two-week period in which no clinical supervisions were conducted. In addition, one counselor documented an additional three-week period with no clinical supervisions.

3.02: Mental Health and Substance Abuse Admission Screening

Commendable (8)

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

3.03: Mental Health and Substance Abuse Assessment/Evaluation

Commendable (8)

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

3.04: Treatment Plan, Treatment Team, and Service Delivery

Acceptable (7)

- One of five initial treatment plans reviewed was signed one month after completion.
- One youth file reviewed documented the youth's diagnosis on the comprehensive evaluation and treatment plan, which differed from the diagnosis on the psychiatric evaluation. The comprehensive evaluation and treatment plan listed four additional diagnoses.
- On one treatment plan reviewed, the symptoms documented did not support the substance abuse diagnosis. The symptoms documented the youth did not have a substance abuse history.
- One of two applicable files documented the youth had been placed on psychotropic medication, however an addendum to the treatment plan was not completed to address pharmacological intervention.
- Three of the five files reviewed did not provide sufficient documentation that the treatment plan was reviewed every thirty days by the treatment team.

3.05: Suicide Prevention

Minimal (5)

- Three reports of precautionary observation were reviewed; the safe housing areas nor the activities in which the youth can or cannot participate were identified in any of the files.
- Two of the three reports of precautionary observation reviewed did not document whether any follow-up assessments of suicide risk had been completed. The youth's counselor documented a note on the original Assessment of Suicide Risk (ASR), stating the youth's level of supervision would be reduced. There was no assessment of the youth, nor was there any documentation of a consultation with a licensed professional.
- Staff were not consistently receiving six hours of suicide prevention annually. Most staff averaged two and a half to three hours of training annually.

3.06: Mental Health Crisis Intervention

Acceptable (7)

- There were three examples of crisis assessment reviewed; one did not document whether a mental status exam had been completed.
- Another crisis assessment did not document treatment recommendations.
- A third crisis assessment did not document whether parental notifications had been made.

3.07: Emergency Services

Acceptable (7)

- The program had a youth placed in the Crisis Stabilization Unit for seventy-two hours of observation. The program's emergency mental health plan requires the program to complete a follow-up care plan within one day of the youth's return to the program; there was no documentation that a care plan had been completed.

- The emergency mental health plan requires the program to mail the youth’s parent or guardian a “Parental Notification of Health Related Care” on the day the youth is transported to the crisis unit; there was no documentation this had been completed.
- There was no documentation that program staff receive semi-annual training in emergency response procedures, including “mock” training in emergency response to a suicide attempt or incident of serious self-inflicted injury.

3.08: Specialized Treatment Services	Acceptable (7)
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- One file reviewed documented the youth was to receive individual counseling bi-weekly. There was a five-week gap in which no individual counseling was provided.
- Another youth’s treatment plan did not list individual counseling as a needed service, however the youth was receiving individual counseling sessions monthly.

Standard 4: Health Services



Overview

Volusia Halfway House provides comprehensive health services to all youth. There is a Licensed Registered Nurse (RN) on-site for thirty hours per week, to provide health services to the youth Monday through Friday. The program has a contract with a medical doctor who serves as the Designated Health Authority (DHA). The DHA is on-site once a week to provide physicals, periodical assessments, and conduct sick call that is beyond the scope of the nurse and is available to the program via telephone. The program utilizes the local Health Department for the provision of any needed immunizations, sexually transmitted disease testing, and HIV testing and educational services to the youth. The program has agreements with a local eye care center that provides optical exams and eyeglasses to the youth as needed, and an agreement with Family Dentistry to provide dental exams and appropriate dental treatment. The program utilizes the local hospital for emergency services, as well as inpatient and outpatient psychiatric services. The program also has an agreement with a mail order pharmacy and a consultant pharmacist. There is a local pharmacy from which the program orders medication that require administration sooner than twenty-four hours. The program has a contract with a psychiatrist who is on-site twice a month to conduct psychiatric evaluations, prescribe medication and to monitor the youth on medications. All of the youth responding to the surveys reported being seen by medical staff within forty-eight hours of submitting a sick call request, and all rated the medical services ‘good’.

There were deficiencies noted in the Designated Health Authority, Comprehensive Physical Assessment, Sexually Transmitted Diseases, Sick Call, Medication Administration, Infection Control, Episodic and Emergency Care and Consent and Notification.

4.01: Designated Health Authority

Acceptable (7)

- In reviewing the Physician Communication Report for the past six months, it was revealed that the Designated Health Authority (DHA) was not on-site the weeks of May 24, 2011 and July 5, 2011.

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)

- The program did not place youth on the program's alert list timely in two of the five files reviewed.
- The program did not have the correct medical grade identified for the youth on the problem list, or for two youth on the alert list.

4.04: Sexually Transmitted Diseases

Acceptable (7)

- One youth's medical file did not contain the Infectious and Communicable Disease Form.

4.05: Sick Call

Acceptable (7)

- Five files were reviewed; sick calls were not consistently documented on the Sick Call Index. It appeared this occurred when the nurse saw the youth and completed a nursing note in the youth's file.
- The Sick Call Referral Form was not consistently completed.

4.06: Medication Administration

Minimal (5)

- Two youth did not receive their medications as prescribed by the DHA. One youth was ordered a ten-day course of an antibiotic; the youth did not receive the medication for one day, however he did receive the full course of medication over eleven days.
- The second youth had an antibiotic ordered, which was to be administered four times a day for ten days. For each of the ten days, the program did not provide the youth his fourth dose, since it was to be administered at 3:00 AM; he received all of the required dosages, in sixteen days. This youth also missed two other medications in July, and there were no reasons documented for the youth not receiving the medication as prescribed.
- The program did not include the side effects for medication on the Medication Administration Record (MAR). During the quality assurance review, the nurse began placing the side effects on the MAR.

4.07: Medication Control

Commendable (8)

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

4.08: Infection Control

Acceptable (7)

- The program's Exposure Control Plan is not site-specific.
- There was no documentation that the program offers Hepatitis B immunizations for staff.

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)

- The mock medical drills were not conducted on all three shifts in a consistent manner. The drill documentation did not consistently identify staff, nor was a critique or debriefing regarding what was done correctly or incorrectly included.
- The program does not consistently document events on the Episodic Care Log.
- The program does not always send a Summary of Off-Site Care Form when a youth is transported off-site.
- The program does not consistently record incidents of first-aid care provided to the youth on-site.

4.11: Consent and Notification

Acceptable (7)

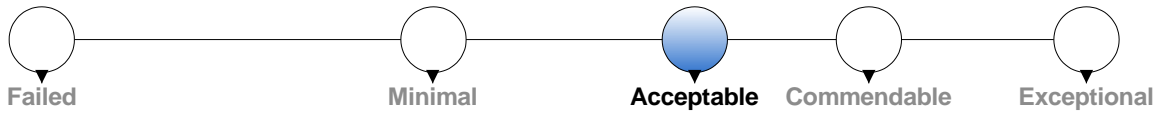
- There was no documentation in two files that parental notifications were sent, or that consent was received for the youth to receive fillings by the dentist.
- There was no documentation in another youth's file of parental notification for an emergency room visit, or for the youth being taken off-site for an MRI or X-ray.

4.12: Prenatal/Neonatal Care

Non-Applicable (NA)

- The program's policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program, as this program serves male youth only.

Standard 5: Safety and Security



Overview

Volusia Halfway House is a non-hardware secure program. The program supervisors are responsible for the oversight of most activities, to ensure supervision of youth. Program staff are required to conduct facility searches, strip, frisk, or pat down searches of youth during all movements, 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 maintenance person to oversee the custody and supervision of most tools, with the exception of the Class B tools, which are maintained in the dorm areas. The youth in the program's culinary arts program work in the kitchen and use knives and other kitchen utensils. The program maintains control of the tools, as well as the flammable, poisonous and toxic items through the use of inventories. The program submitted the Continuity of Operations Plan (COOP), and conducted training on the plan for the staff. The program does not participate in any water related activities and does not utilize a behavior management unit or controlled observation.

The program has a Behavior Management System, comprised of four levels through which the youth progress during their stay at the program. The youth's points are totaled daily, on the night shift. One Case Manager is designated to oversee the weekly point totals and operate the point store, where youth redeem points for premium hygiene products, snacks and game items. All of the youth responding to the survey reported knowing what to do in the event of a fire; a majority reported that the program's behavior management system was either 'good or very good'.

The program had some deficiencies in the ten-minute observations of the youth during sleeping hours, in that staff document the time they complete their check of the dorm and do not document an individual observation of each youth.

5.01: Supervision of Youth

Acceptable (7)

- The program had some deficiencies in the ten-minute observations of the youth during sleeping hours. The staff documents the time they complete their check of the dorm and do not document an individual observation of each youth, which does not meet the intent of the Florida Administrative Code.

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

Commendable (8)

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

5.05: Tool Management

Acceptable (7)

- There was not an inventory log to show that tools were counted prior to and after use in the kitchen.

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)

- The program's policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program as the program does not participate in water 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)

- The program's policy, procedure, and practice confirm the requirements for this indicator were not applicable for this program as the program does not operate a behavior management unit.

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 as the program does not use controlled observation.

Overall Program Performance

Acceptable 75%

