

**STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE**

**BUREAU OF MONITORING AND
QUALITY IMPROVEMENT**

Annual Compliance Report

**Outward Bound Scottsmoor
North Carolina Outward Bound School
(Contract Provider)
3500 Sunset Boulevard
Mims, Florida 32754**

Review Date(s): February 11-13, 2020



Promoting Continuous Improvement and Accountability
in Juvenile Justice Programs and Services



Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions which do not result in reduced or substandard service delivery; or systemic exceptions with corrective action already applied and demonstrated.
Limited Compliance	Systemic exceptions to the requirements of the indicator; exceptions to the requirements of the indicator which result in the interruption of service delivery; and/or typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator which typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

The Bureau of Monitoring and Quality Improvement 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:

Paul Czigan, Office of Program Accountability, Lead Reviewer (Standard 1)

Teresa Andersen, Office of Program Accountability, Deputy Regional Supervisor (Standard 2 and 3)

Peter Keelan, Office of Education, Regional Education Coordinator (Standard 3 and 4)

Gustavo Mazon, Office of Program Accountability, Regional Monitor (Standard 2 and 3)

Stephanie Norton, DJJ Probation, Circuit 18, Juvenile Probation Officer Supervisor (Standard 4)

Program Name: Outward Bound Scottsmoor
Provider Name: North Carolina Outward Bound School
Location: Brevard County / Circuit 18
Review Date(s): February 11-13, 2020

MQI Program Code: 1283
Contract Number: 10099
Number of Beds: 150
Lead Reviewer Code: 77

This review was conducted in accordance with FDJJ-2000 (Contract Management and Program Monitoring and Quality Improvement Policy and Procedures) and focused on the areas of (1) Management Accountability, (2) Assessment Services, (3) Intervention Services, and (4) Services, which are included in the Outward Bound Standards (September 2014).

Overall Rating Summary

Overall Rating Summary
All indicators have been rated Satisfactory and no corrective action is needed at this time.

Standard 1: Management Accountability Outward Bound Rating Profile

Indicator Ratings

Standard 1 - Management Accountability		
1.01	* Initial Background Screening	Satisfactory
1.02	Five-Year Rescreening	Satisfactory
1.03	Initial Training	Satisfactory
1.04	Annual Training	Satisfactory
1.05	Episodic/Emergency Services	Satisfactory
1.06	Medication Management - Verification, Delivery, and Storage	Satisfactory
1.07	Cleanliness and Sanitation	Satisfactory
1.08	Administration	Satisfactory
1.09	*Incident Reporting (CCC)	Satisfactory
1.10	*Abuse-Free Environment	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Standard 2: Assessment Services Outward Bound Rating Profile

Indicator Ratings

Standard 2 - Assessment Services		
2.01	Medical Screening	Satisfactory
2.02	Intake Conference and Orientation	Satisfactory
2.03	Mental Health/Substance Abuse Screening*	Satisfactory
2.04	Outward Bound School/F.I.N.S Program Needs Assessment or (PAT)	Satisfactory

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Standard 3: Intervention Services Outward Bound Rating Profile

Indicator Ratings

Standard 3 - Intervention Services		
3.01	Individualized Performance Plan (IPP)	Satisfactory
3.02	Individualized Performance Plan Reviews and Revisions	Satisfactory
3.03	Supervisory Reviews	Satisfactory
3.04	Individualized Performance Plan Summary	Satisfactory
3.05	*Non-violent Physical Crisis Intervention and Reporting*	Satisfactory
3.06	Behavior Management System	Satisfactory
3.07	Transition Plan/Contract	Satisfactory
3.08	Follow-up	Satisfactory

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Standard 4: Services Outward Bound Rating Profile

Indicator Ratings		
Standard 4 - Services		
4.01	Disaster Preparedness	Satisfactory
4.02	Fire Prevention and Evacuation Procedures	Satisfactory
4.03	Water Activities	Satisfactory
4.04	Boating Activities	Satisfactory
4.05	Food Services	Satisfactory
4.06	Transportation	Satisfactory
4.07	Life Management Skills	Satisfactory
4.08	Supervisory Reviews	Satisfactory

* The Department has identified certain key critical indicators. These indicators represent critical areas that require immediate attention if a program operates below Department standards. A program must therefore achieve at least a Satisfactory Compliance rating in each of these indicators. Failure to do so will result in a program alert form being completed and distributed to the appropriate program area (detention, residential, probation).

Program Overview

North Carolina Outward Bound School, Inc. provides a short-term wilderness expedition course for youth. The base camp program is located in Scottsmeer, Florida, in Brevard County. The program has a program director, human resources, compliance coordinator, logistics manager, associate program director, assistant logistic manager, course director, family programs manger, family coordinator, apprentices, and interns. There were no vacancies reported by the program at the time of the annual compliance review.

The course consists of a twenty-day wilderness expedition and follow-up case management services for twenty days to six months after the expedition. The program is responsible for determining these services in its service area. Case management services are currently available in Central Florida counties and an office in Hollywood, Florida. Youth receive academic credit for course completion through the Brevard County Schools.

The program accepts female and male youth, between the ages of twelve and seventeen, who are willing to participate in the program. The criteria for admission to the program includes youth who have a history of exhibiting behaviors such as a history of running away from home, behavioral issues in school, or truancy. Youth must be cleared by a physician prior to admission. The program conducts a needs assessment on each youth prior to the river expedition. Information gathered from the assessment is utilized to create the individualized performance plan (IPP). The staff assists the youth and parent/guardian with the development of the IPP. Each youth's overall program behavior and progress is discussed during weekly reviews.

Upon completion of the expedition, the staff completes an IPP summary and follow-up to inform the youth, parent/guardian, referring agency, school, and other parties of the youth's performance, overall adjustment, and progress made during the expedition. The follow-up plan focuses on the youth's issues at home and school.

The program provides a safe environment for a variety of outdoor activities including boating, swimming, course planning, goal setting, communication, and life skills instruction. Program staff are trained on the proper use of vehicles and trailers, and are responsible for ensuring each youth's safety. All youth and staff are required to wear seat belts while a vehicle is in operation. During the course expedition, youth are provided with nutritional meals, snacks, and fluids to maintain hydration. While youth are on a course expedition, each youth works on life management skills, leadership skills, communication, and coping mechanisms. The expedition director is required to make on-site visits to ensure youth are making progress on their Individualized Performance Plan goals and action steps.

Standard 1: Management Accountability

1.01 Initial Background Screening (Critical)	Satisfactory Compliance
<i>Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern. An Annual Affidavit of Compliance with Level 2 Screening Standards is completed annually.</i>	

The program has a policy and procedures to address background screening. There were sixteen staff records reviewed for background screening prior to hire. One of the reviewed staff records revealed the staff was re-hired to the program; however, their gap in service was not long enough to require a new background screening. Each of the fifteen applicable records reviewed had a completed pre-employment assessment with a passing score. Informal interviews with administration revealed a passing score was fifty. There was documentation in each of the staff records indicating each of the fifteen staff received a criminal history report review, the staff were added to the program Clearinghouse list, and the Central Communications Center (CCC) Person Involvement History report, Staff Verification System (SVS) module, and Florida Department of Law Enforcement Automated Training Management System results were reviewed by hiring staff prior to hire.

Three of the fifteen newly hired staff were hired prior to completion of a background screening from the Clearinghouse. Two staff were hired the day prior to the program receiving the eligible background screening and one staff was hired five days prior to receiving the background screening. A review of training documentation revealed three staff were not in contact with youth prior to receiving an eligible background screening. The program completed the Annual Affidavit of Compliance with Level 2 Screening Standards January 14, 2020.

1.02 Five-Year Rescreening	Satisfactory Compliance
<i>Background screening/resubmission is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth and confidential youth records. Employees and volunteers are rescreened every five years from the initial date of employment.</i>	

There were no staff eligible for a five-year background rescreening during the annual compliance review period; however, the program has a written policy and procedures in place to ensure eligible staff submit a background rescreening within the required timeframe.

1.03 Initial Training	Satisfactory Compliance
<i>Contracted non-residential Outward Bound staff are trained in accordance with Outward Bound policy. Contracted non-residential staff who have not completed essential skills training and untrained interns do not have any direct, unsupervised contact with youth.</i>	

The program has a policy and procedures to address initial staff training. Five staff records were reviewed for initial staff training. All five staff completed the pre-service training required by the program's policy, including web-based and instructor-led trainings. The program documented web-based trainings on the Department Learning Management System (SkillPro). Each of the five staff records documented completion of the Nonviolent Physical Crisis Intervention Training

(NCPI), cardiopulmonary resuscitation, first aid, automated external defibrillator, suicide prevention, emergency disaster preparedness plan, emergency response plan, Prison Rape Elimination Act (PREA), information security awareness, Department's child abuse/incident reporting, Continuity of Operations Plan (COOP), grievance procedures, trauma-informed care, equal employment opportunity, human trafficking 101, and sexual harassment. In addition, four of the five staff completed a wilderness first responder (WFR) course. All five also completed the program's safe driver course and exam.

1.04 Annual Training	Satisfactory Compliance
<i>Contracted non-residential Outward Bound direct contact staff must complete forty hours of annual in-service training, beginning the calendar year after the staff has completed pre-service training.</i>	

The program has a policy and procedures to address annual staff training. Five staff records were reviewed for annual training. Four of the five staff records documented completion of the Nonviolent Physical Crisis Intervention Training (NPCI), cardiopulmonary resuscitation (CPR), first aid, automated external defibrillator, suicide prevention, emergency disaster preparedness plan, emergency response plan, Prison Rape Elimination Act (PREA), information security awareness, the Department's child abuse/incident reporting, Continuity of Operations Plan (COOP), grievance procedures, trauma-informed care, equal employment opportunity, human trafficking 101, and sexual harassment. A review of one staff record confirmed the staff held a current certification in CPR and first aid; however, there was no documentation the staff received annual practice of CPR skills or the other optional annual trainings listed below. Of the five records reviewed, one was a supervisor; however, there were no required supervisory specific trainings. The program documented the required Department web-based trainings on the Department Learning Management System (SkillPro).

The contract indicates annual staff training may include the following: administrative procedures, overall program goals, understanding of children's emotional needs and problems which affect and inhibit their growth, identification of and reporting responsibilities regarding child abuse and neglect, principles and practices of childcare, and management, emergency and safety procedures. Four of the five staff records documented most of these areas of training. There was no documentation any of the five staff received annual refresher training in family relationships and impact of separations. One of five staff did not receive any of the following optional annual training: administrative procedures and overall program goals, understanding of children's emotional needs and problems which affect and inhibit their growth, identification of and reporting responsibilities regarding child abuse and neglect, principles and practices of child care, and management, emergency, and safety procedures.

The program responded these trainings are optional. Also, the staff with gaps in annual training have been working on developing a focus on other training areas to enhance the overall performance of the team.

1.05 Episodic/Emergency Services**Satisfactory Compliance**

The program shall have a comprehensive process for the provision of episodic care, first aid, and emergency care. The program shall be capable of facilitating an appropriate response to an emergency situation.

The program has a policy and procedures to address emergency and episodic care. Procedures include emergency equipment, first-aid kits, knife-for-life, and wire cutters, located in designated areas inaccessible to youth, monitored monthly, and replenished, as needed. A review of documentation revealed emergency equipment is filled prior to each expedition and replenished when needed including when the course director visits the team during one or more of the three required visits to the expeditionary team. Informal interviews indicated staff maintain emergency equipment during the expedition and youth are not allowed access to the equipment. Base camp staff interviews indicated the staff resupply all first-aid kits between expeditions and recheck them when checked out to the next expeditionary team. A review of three first aid kits revealed there were no expired items.

Five youth records were reviewed for provision of episodic/emergency services. Each of the three applicable youth records documented staff provided on-site care and in all three occasions, the youth were taken off the expedition for medical care. Each episode was documented in the youth chronological notes, including parent/guardian notification with follow-up upon return.

The program documented fourteen fire drills at the base camp. Drills were conducted at various times of the day, at least monthly, and addressed various emergency situations. The program conducts three training reunions for staff annually during which staff practice cardiopulmonary resuscitation (CPR) skills. In addition, the program provided documentation of emergency drills for the past six months in which CPR is practiced. The program documented six in the first quarter of the calendar year 2020, and six in the third quarter of the 2019 and sixteen in the last quarter of 2019. The procedures address incidents involving death or serious adverse medical events including a root-cause analysis at the program level and informing all staff on a routine basis of potential emergency situations which may arise. During the annual compliance review period, the program responded to the potential of a hurricane. Reviewed documentation confirmed all staff were alerted of the conditions and dangers, and administration took appropriate action.

Five staff were interviewed regarding emergency communication during wilderness expeditions. All five staff reported the team is issued a cellular telephone for outside contact. All five staff reported they can contact 9-1-1 in case of an emergency. Additional comments added the staff would call the base camp afterwards, have a sheet of emergency contacts, and have additional cellular telephone batteries.

1.06 Medication Management – Verification, Delivery, and Storage of Medications**Satisfactory Compliance**

The program shall determine a youth’s medication regimen upon admission to the program.

The program has a policy and procedures to address medication management – verification, delivery, and storage of medications. All staff were trained by a registered nurse from the Department’s Office of Health Services (OHS). Training included areas to address the following, the application of the Six Rights of Medication Administration, only staff trained in medication

delivery shall be assigned the task of assisting with youth self-administration of medications, staff providing self-administration assistance assist no more than one youth at a time, washing hands prior to medication delivery, removing the prescription container from the storage area, maintaining control of the container at all times, directing the youth to approach the area for medication administration when called, and comparing the youth with the photograph attached to the Medication Distribution Log (MDL). Both youth and staff verify the medication to be taken, confirm any allergy status of the youth, discuss any side effects, remove the medication from the container, hand the youth the exact amount of ordered medication, directly observe the youth swallow the medication, and document on the MDL by both youth and staff. Procedures also include a perpetual inventory, daily inventory of all controlled substances with documentation verified by two staff simultaneously, a weekly accountability of the stored prescription and non-prescription medications and reporting criteria, and methods of management and investigation of inventory discrepancies.

A review of storage devices revealed the program uses a watertight plastic container with two separate locks. The container is designed for separate spaces to store controlled substances, oral topical, liquids and over the counter medications securely. Informal interviews with staff revealed the program sends one of these containers on each expedition.

Interviews with OHS staff revealed during the training at the base camp, the nurse also reviews selected youth records for compliance with medication procedures. There were no exceptions noted by the OHS nurse.

A review of five youth records revealed two were applicable for medication distribution. The program supplied another applicable youth for review. All three records documented the youth and parent/guardian were interviewed at admission regarding current medications, only medications from a licensed pharmacy with a current patient-specified label intact were accepted into the program, and each medication was accompanied by a Medication Distribution Log (MDL). Reviewed MDL records verified staff and youth initialed the log consistently throughout the expedition, inventories were reviewed upon return from the expedition, and medication was returned to the parent/guardian. A review of the course director log and the course log revealed the course director performs a medication inventory verification weekly on each expedition. Medication inventories were unable to be observed, as the expedition was still in the field and unavailable for review.

Five youth were interviewed regarding medication distribution and storage. Each of the five youth described consistent practice on medication distribution and storage. Youth reported medications are carried in a red bag containing a locked box, youth initial sheet before taking medication and afterwards sign the sheet, staff observe youth checking the tongue, put finger in mouth and blow, drink water, and take youth somewhere apart from the group to distribute medication. One youth indicated staff checked back with the youth an hour after taking medication regarding how the youth was feeling.

1.07 Cleanliness and Sanitation	Satisfactory Compliance
<i>The program provides a safe and appropriate treatment environment in a wilderness setting including maintenance and sanitation of the campsites.</i>	

The program has a policy and procedures to address cleanliness and sanitation. The team was provided a tour of the base camp area during the annual compliance review. The facility was clean, neat, and well maintained. The program has acquired, through various grants, several

renovated shipping containers to better organize equipment, supplies, and provide additional office space. Each of the areas reviewed was in good material condition. There was no graffiti found on the walls, doors, or windows.

A review of the course logs revealed campsites were consistently inspected for safety and sanitation hazards and this information was documented upon arrival. Documentation was reviewed confirming the team inspected all required equipment, validating the equipment was in good working order prior to embarking on each expedition. The items inspected included emergency lights, cellular telephone, personal flotation devices, throw bags, stove, maps/charts, tents, first-aid kits, weather radios, canoe flotation, hypo bags (in season) repair kits, and compass. Each inspection was documented on a form in which staff sign an Attestation of Safe Gear.

A review of course logs did not identify an occasion in which there was the need to repair equipment or get equipment replaced. Informal interviews revealed staff were aware of the process for repair and replacement of faulty equipment. One staff member described a recent course in which the stove broke and was replaced by administration the same day. A review of equipment check-out revealed flashlights were included provide light for youth after dark.

1.08 Administration	Satisfactory Compliance
<i>The Outward Bound program provides a safe and appropriate treatment environment including administrative and operational oversight.</i>	

The program has a policy and procedures to address administration responsibilities. The program provided the monthly reports sent to the Department for the last six months. A review of documentation revealed reports of incidents are consistently documented, population data including admissions and terminations. A review of five open and five closed records, including a comparison with the Department's Juvenile Justice Information System (JJIS), revealed consistent correlation of admission and termination dates. A review of course logs revealed staff documented program activities, events and incidents with brief and legibly written entries in ink. Errors were consistently corrected as required. A review of reportable incidents and course logs revealed incidents were consistently documented in the course log.

1.09 Incident Reporting (CCC) (Critical)	Satisfactory Compliance
<i>Whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident.</i>	

The program has a policy and procedures to address incident reporting. During the annual compliance review period, the program had eleven incidents reported to the Central Communications Center (CCC). Five reports were selected for review. All five incidents were reported to the CCC within the required time frame. A review of course logs and course director's logs determined there were no incidents which were not reported to the CCC.

The program keeps a CCC log, documenting each incident, reporting time, and type of incident. However, the CCC log does not include a column indicating the time the program became aware of the incident. Four of the five reviewed incidents documented the time the program became aware of the incident. One did not document the time administration became aware of the incident; however, the call to CCC was made within the required time frame.

Five staff were interviewed regarding procedures and practice for incident reporting. Each of the five staff indicated they allow any youth access to the telephone to call the Florida Abuse Hotline when requested. Staff indicated they are allowed to call the Florida Abuse Hotline if they felt it was necessary.

Five youth were interviewed regarding procedures and practice related to access to the Florida Abuse Hotline. None reported making a call or needing to make a call.

1.10 Abuse-Free Environment (Critical)	Satisfactory Compliance
<i>Any person who knows, or has reasonable cause to suspect, a youth is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the youth's welfare, as defined by Florida Statute, or a youth is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.</i>	

The program has a policy and procedures to address an abuse-free environment. A review of five incidents reported to the Central Communications Center (CCC) did not reveal any incidents involving alleged child neglect or abuse. None of the documents reviewed revealed any allegations of child neglect or abuse. Interviews with staff revealed there were no allegations of child neglect or abuse in the annual compliance review period.

A review of five open youth records revealed each youth and parent/guardian was informed of the resource of the Florida Abuse Hotline during orientation. The telephone number to the Florida Abuse Hotline and the Department's CCC were prominently posted in the base camp buildings. All staff are trained upon hire and annually for the child abuse reporting requirements. Each of the reviewed new hire staff records contained a signed code of conduct.

Five staff were interviewed regarding procedures and practice for incident reporting. Each of the five staff indicated they allow any youth access to the phone to call the Florida Abuse Hotline when requested. Staff indicated they are allowed to call the Florida Abuse Hotline if they felt it was necessary. Staff indicated all youth and the parent/guardian receive information about and access to the Florida Abuse Hotline during orientation.

Five youth were interviewed regarding procedures and practice related to access to the Florida Abuse Hotline. None of the five reported being denied access to the Florida Abuse Hotline. None of the five youth reported having the desire to call. Each of the five youth reported feeling safe in the program. Some of the things staff did to make them feel safe included staff were always watching them, while canoeing and swimming, they never left them alone, staff are respectful to youth, staff never use profanity, yell, threaten, and staff call them by their name.

Standard 2: Assessment Services

2.01 Medical Screening	Satisfactory Compliance
<i>Upon receipt of a student's referral packet, the program shall perform shall schedule an interview and complete a medical screening for the youth.</i>	

The program has a policy and procedures requiring the scheduling of interviews and the completion of a medical screening for each eligible youth referred to the program. Each of the five reviewed youth records documented program staff scheduled interviews and ensured appropriate medical screenings were conducted on each youth. The Department's Facility Entry Physical Health Screening form and Program's Outward Bound four-page Medical Record Screening form were both used and included in the medical file of each youth. The forms identified acute illness/injury, chronic health conditions, prescribed medications, and any required processes to follow, if applicable. All five youth records indicated the parent/guardian of each youth were contacted to schedule face-to-face interviews prior to admission. The notifications and communication were properly documented in each youth's chronological sheet. The chronological sheet indicated notification of the parent/guardian regarding the acceptance of each youth into the program after the medical screening and interview process was complete.

2.02 Intake Conference and Orientation	Satisfactory Compliance
<i>The program shall perform an interview with both the youth and parent(s)/guardian(s) and, at a minimum, review the following:</i>	
<ul style="list-style-type: none">• <i>Video, if applicable</i>• <i>Parent/guardian commitments and responsibilities</i>• <i>Successful completion criteria as defined in Facility Operating Procedures</i>• <i>Overview of program expectations and wilderness expedition realities</i>• <i>Clothing list</i>• <i>Consent to release information</i>• <i>Youth rights</i>	

The program has a policy and procedures outlining the intake conference and orientation process. The procedures include provision of an overview of the program, the responsibilities and commitments of the parent/guardian and youth, criteria for successful completion, expectations, clothing lists, consent to release records, and youth rights. All five youth records reviewed had a checklist acknowledging they were informed and understood the following: emergency evacuation procedures, off-limit areas, contraband policy, daily schedule, needs assessment, dress code, hygiene, access to medical/dental care, performance planning process, correspondence, conduct rules, search policy, behavior management system, photo release, acknowledgement/assumption of risks and liability, release and indemnity agreement, and individual determination report for program receiving National School Lunch Program (NSLP) form.

The course director consolidates the information gathered on each youth/family and prepares a face sheet/biography. This is provided to instructional staff and contains significant information about each youth and the family, prioritized issues/goals identified in the needs assessment, medical, mental health/substance abuse history, or any current conditions to be aware of while each youth is in the program.

2.03 Mental Health/Substance Abuse Screening (Critical)	Satisfactory Compliance
<p><i>Youth are screened for mental health/substance abuse issues at the time of admission to determine if the youth has any conditions requiring further assessment and/or immediate attention. Screening may be performed by non-licensed staff during the admission process. The screening includes a review of available information and completion of a validated suicide risk screening instrument. The program ensures referral for further assessment of the youth, or immediate intervention, as indicated by the mental health/substance abuse screening. (For the entire indicator statement, please reference the Monitoring and Quality Improvement FY 2015-2016 Outward Bound indicators.)</i></p>	

The program has a policy and procedures to address mental health and the substance abuse screening process for each youth entering the program. None of the five records reviewed were applicable for psychotropic medications, which is a requirement to be permitted into the program. Documentation in all five youth records indicated staff reviewed the referral packets for mental health issues and completed the screening prior to the admission date. No youth showed any existing mental health/substance abuse issues or suicide risk factors which would require reporting to clinical or administrative staff. Each of the five youth records contained a completed Outward Bound suicide risk screening instrument, Suicide Behavior Questionnaire-Revised (SBQR), none of the reviewed records indicated a referral for further assessment was required.

2.04 Outward Bound School/F.I.N.S Program Needs Assessment or Prevention Assessment Tool (PAT)	Satisfactory Compliance
<p><i>The Outward Bound School/F.I.N.S Program Needs Assessment or the PAT is completed by program staff for all youth, regardless of risk to reoffend, during the intake interview.</i></p>	

All five reviewed youth case management records had a completed Prevention Assessment Tool (PAT) and an Outward Bound Needs Assessment form. The PAT was administered during the intake interview and was part of the needs assessment found in each of the five reviewed youth records. This information was entered into the Department’s Juvenile Justice Information System (JJIS) within seventy-two hours of each youth starting the program. The Outward Bound Needs Assessment form was also completed during the intake process for each of the five reviewed youth records. The PAT and Outward Bound Needs Assessment forms have information regarding youth needs, strengths, limitations for both the youth and their family, and the needs of each youth were prioritized.

Standard 3: Intervention Services

3.01 Individualized Performance Plan (IPP)	Satisfactory Compliance
<i>Program staff shall complete an Individualized Performance Plan for each youth during the admission interview or within seven calendar days from the youth's admission. The plan includes written performance plan goals, and action steps documented on corresponding Performance Goal forms. Staff shall document through the performance planning process individualized goals and objectives for each student stressing, at a minimum, social skills, education, transition, and family needs. The IPP shall include two or more, as indicated by assessment and screening, behavioral goals, family concerns, education and vocational goals, family living skills and family relations.</i>	

The program has a policy and procedures in place to address Individualized Performance Plans (IPP). All five reviewed youth records documented the IPP was developed within seven days of each youth's admission or during the initial interview. Each of the five reviewed IPPs documented strengths and challenges for the youth and family, measurable and specific performance plan goals, action steps based on the prioritized needs from the Comprehensive Needs Assessment, and defined target dates. Each of the IPPs distinguished responsibilities for both youth and program staff and each specifically addressed transition activities. Each IPP was developed and signed by the youth, parent/guardian, staff member who prepared the plan, and the course director. Each youth's individualized goals and objectives were utilized in the wilderness program and during follow-up to measure their progress. This information was documented on each youth's IPP. Information pertaining to progress for each of the five youth was shared with their family members during parent/guardian meetings, documented in each youth's performance summary, and in the chronological notes.

3.02 Individualized Performance Plan Reviews and Revisions	Satisfactory Compliance
<i>The Individualized Performance Plan shall be reviewed and revised as necessary at least once a week during the wilderness expedition. The review shall include renegotiation of the IPP to ensure the services provided to the youth while in the program compliment and support the youth's reintegration into the home and community.</i>	

The program has a policy and procedures in place to address Individualized Performance Plan (IPP) reviews and revisions. Each of the five reviewed youth records documented an IPP review was completed once a week for a total of three times for each youth, while the twenty-day wilderness course was taking place. The review was documented on a chronological note and in the IPP for each youth. The course director (CD) completed each review for each youth and ensured the action steps met the needs identified during the admission process. Each youth's progress meeting addressed the status of the youth and their goals. During each visit to the wilderness course, the CD documented on the Course Director Log, any directives given to staff and follow-up with the directives. A review of the course log revealed each staff member signed an acknowledgement of the CD's directives.

3.03 Supervisory Reviews	Satisfactory Compliance
<i>The course director shall visit the course at least twice during the wilderness expedition to review each youth's progress on his/her Individualized Performance Plan. The supervisor ensures instructional staff are reviewing any instructions given during the review, and ensures any directives were followed during the subsequent review.</i>	

The program has a policy and procedures in place to address supervisory reviews. The course director (CD) visits the course twice while the youth are in the wilderness, once to conduct a river visit and once during the solo part of the course. During these visits, the CD completes the supervisory reviews. In addition, the CD completes a third supervisory review at the end of the wilderness course. Two separate wilderness course trips were reviewed to verify this practice. The visits and details of the visits were noted in the Course Director Log for each course reviewed.

3.04 Individualized Performance Plan Summary	Satisfactory Compliance
<i>An Individualized Performance Plan Summary will be completed on each youth at the end of the wilderness expeditionary program, and follow-up, to inform the youth, parent/guardian, referring agency, school, and other pertinent parties the youth performance and status on his or her Individualized Performance Plan and overall adjustment and progress during the program.</i>	

The program has a policy and procedures in place to address Individualized Performance Plan (IPP) Summaries. Five closed youth records were reviewed, and each documented the status of the youth's IPP, overall program behavior, and any significant incidents which may have occurred. After the follow-up sessions with each of the five youth, the family coordinator completed a letter and sent it to the parent/guardian addressing the performance and completion of the follow-up sessions, and documented recommendations in each youth record. Four of the five youth summaries were signed by the course director (CD), one youth summary was not signed due to the CD not being on-site. In this case, the CD typed their name and date on the summary. Each of the five summaries and follow-up letters were sent to each youth's parent/guardian. In addition, one summary was provided to the youth's school guidance counselor who referred the youth.

3.05 Non-Violent Physical Crisis Intervention and Reporting	Satisfactory Compliance
<i>Outward Bound staff will use only Non-violent Physical Crisis Intervention Techniques (NPCI) by the Crisis Prevention Institute (CPI) to manage a potentially violent youth. Any staff member using physical interventions must be certified in the use of NPCI. Any physical intervention technique will be documented in an incident report within forty-eight hours of the incident and turned in to a base staff member at the next face-to-face meeting.</i>	

The program has a policy and procedures in place to address Non-violent Physical Crisis Intervention (NPCI), which states it will be used as a last resort when the following conditions are met: safety of youth or staff is in jeopardy, all verbal means of managing the situation have been exhausted, or the potential negative consequences of not using the physical intervention are equal to or greater than the potential negative consequences of using the physical intervention. Each direct-care staff is trained and valid for two years; however, staff are trained annually. The policy states on-call staff and/or the course director will be notified as soon as

possible and within twenty-four hours after completion of the post-intervention process and reentry into the group. Any physical intervention technique will be documented on an Incident Report form within forty-eight hours of the incident and provided to a base staff member at the next face-to-face meeting. The program director (PD) was interviewed and validated her knowledge of the process, policy, and procedures of NPCI. The PD stated each youth's parent/guardian is notified after a NPCI is utilized. All NPCI incident reports are reviewed by the PD. There were no NPCIs utilized during the last six months.

3.06 Behavior Management System	Satisfactory Compliance
<p><i>The program utilizes a behavior management system providing privileges and consequences to encourage youth to fulfill programmatic expectations. Consequences are fair and directly correlate with the behavior problem or demonstrated level of responsibility. Disciplinary procedures are carried out promptly. Youth are not allowed to have control over or discipline other youth. All significant behavior problems, and movement between Training, Main, and Final phases are documented in the course log.</i></p>	

The program has a policy and procedures in place to address the behavioral management system (BMS). The program's BMS has three phases which are training, main, and final. The BMS provides privileges and consequences, which include hard core points, progressive responsibilities/privileges through the training, main and final phases, step backs, separations, and behavioral contracts. The youth earn hard core points and can use these points to purchase items from the program's shopping list, such as snacks, drinks, candy, face masks, fragrance spray, later wake-up time, and kick back and relax (KBAR) time.

Each youth is encouraged to request a voluntary "step back" to reflect on their actions when faced with a challenging situation, which can last five to thirty minutes. Each youth is required to separate from any individual if they are not responding in a positive manner with the group or with another individual. If step backs and separations are not productive, the youth may be placed on a behavioral contract.

Through review of the course logs, it was confirmed consequences are carried out promptly, are fair, and consistent. The course logs documented any significant behavioral issues and movement from one phase to the next; each course log is signed and dated by staff daily.

A review of the course log validated the course schedule is followed as planned. The schedule included outdoor recreation, leisure, and educational activities. All non-negotiable rules are reviewed with youth during orientation and was validated by each youth's signature in the five youth records; the youth handbook also documents the non-negotiable rules.

Five youth and five staff were interviewed, and all were able to explain the program's BMS and provide details of the process. Each of the five youth provided information regarding the infractions related to the program's BMS, and each youth can explain their behavior, discuss the consequences, and explore alternative behaviors. Each of the five youth interviewed indicated consequences were consistent, and each further stated youth are not permitted to punish other youth. The five interviewed staff indicated youth can discuss their consequences, as there are many opportunities for open discussions. The program director was interviewed and was able to explain the program's BMS in detail.

3.07 Transition Plan/Contract**Satisfactory Compliance**

Program staff shall assist in the development, with the youth and parent/guardian, of a Transition Plan/Contract to focus on issues at home and in school utilizing tools learned during the wilderness expedition and parent/guardian meeting.

The program has a policy and procedures in place to address transition plans/contracts. Five closed youth records were reviewed, and each contained a written Initial Transition Plan (ITP). All five reviewed ITPs were signed by the youth, parent/guardian, and program staff, who mediated the plan, and by doing so, agreed to the terms of the plan. A review of chronological notes and direct documentation sheets for each youth validated the ITP was reviewed during the home visits and updated, as necessary, to ensure all goals were met.

3.08 Follow-up**Satisfactory Compliance**

Outward Bound staff shall conduct follow-up visits with the youth at school and in the home to monitor the completion of the youth's Transition Plan/Contract goals and objectives.

The program has a policy and procedures in place to address follow-up with each youth upon completion of the wilderness course. Five closed youth records were reviewed and validated the program's follow-up process. The chronological notes and direct documentation sheets for each youth validated the Initial Transition Plan (ITP) goals were reviewed during the home and school visits and revised, as necessary. All five youth and parents/guardians were present for each of the home visits. Four of the five youth received a minimum of eight direct contacts, as required; however, one youth did not complete the program and received four direct contacts during follow-up. The family coordinator made multiple attempts to reach the fifth youth's family, with no success. The family coordinator sent the family a letter indicating the youth did not successfully complete the program. Three of the five youth received school visits; one youth did not complete the program successfully and the other youth was not in school due to the timeframe of the follow-up in the summer. During the three school visits conducted, one for each youth, the family coordinator met with the school guidance counselor to discuss each youth's ITP and school re-entry. Four of the five youth completed a minimum of twelve collateral contacts with the family coordinator; however, one youth was unsuccessful and had four of the eight required collateral contacts documented.

Standard 4: Services

4.01 Disaster Preparedness	Satisfactory Compliance
<i>Outward Bound shall have detailed safety policies and procedures.</i>	

The program has a written policy and procedures to address disaster preparedness. The program has a detailed disaster preparedness plan outlining safety policies and procedures. The program's Continuity of Operations Plan (COOP) contains the emergency/disaster preparedness plan, which is reviewed by the first day of July annually. The current COOP was reviewed on June 21, 2019. The current emergency/disaster preparedness plan contains sections on procedures for severe weather, hurricane, and tornado warnings, flooding, major disturbances, fire, hostage situations, shooting, chemical spills, bomb threat, and wilderness emergencies. Additionally, the program's COOP contains a specific section to address at-risk exposure to address communicable disease outbreaks. The exposure control plan addresses the treatment and control of common communicable medical conditions, such as Methicillin Resistant Staphylococcus Aureus (MRSA), common cold and flu, measles, mumps, chickenpox, tuberculosis, lice, and scabies. Emergency transportation procedures are addressed in the COOP, which includes contact information for the emergency response team, delegation of responsibilities, vehicle readiness, and emergency checklists to utilize in the event of an evacuation or emergency transport.

4.02 Fire Prevention and Evacuation Procedures	Satisfactory Compliance
<i>The program provides a safe and appropriate treatment environment including fire prevention and evacuation procedures.</i>	

The program has a written policy and procedures to address fire prevention and evacuation procedures. The program has a fire prevention plan approved by the fire marshal on March 29, 2019 and reviewed annually for approval by the fire marshal. The fire prevention plan outlines the policy and procedures pertaining to documentation of fire prevention programs, location of fire equipment, evacuation, and egress plans, emergency egress drills, fire drills, and evacuation of buildings. The plan specifies all staff will be trained annually on evacuation and fire drill procedures. The plan further specifies fire drills will be conducted monthly, egress drills will be conducted bi-monthly, and the program will post evacuation/ egress plans in the buildings. The evacuation/egress plans must include a pictorial diagram of the location of the building, location of first aid equipment, location of fire extinguishers, and arrows indicating the best method of evacuating the building in the event of an emergency.

Fire extinguishers were found in each building and reviewed regarding compliance with annual inspections. One fire extinguisher in building "I" was expired; however, staff replaced the expired fire extinguisher immediately.

A review of the drills confirmed the program held monthly base-camp fire drills and bi-monthly egress drills. The drill logs included the attendee list, date and time of the drill, amount of time the drill took, the number of youth on campus during the drill, name of staff who completed specific tasks during the drill, the supervisor, and any problems occurred during the drill. The drills occurred at various times and shifts.

A review of five staff training records confirmed each staff received annual training in December 2019 on the Continuity of Operations Plan (COOP), to include fire prevention and safety. New

staff receive COOP training, to include fire prevention and safety within fourteen days of hire and youth receive safety training upon initial orientation.

The evacuation/egress plan was posted throughout each building, including a picture drawing of the building layout, identified location of exits, first aid equipment, fire extinguishers, and arrows indicating the best route of evacuation.

The program holds monthly safety meetings. The meetings include discussion of the emergency response plans, driving safety, equipment safety, weather safety, and various other safety-related topics.

4.03 Water Activities	Satisfactory Compliance
<i>The program provides a safe and appropriate treatment environment including procedures for water activities. All youth will complete a Water Comfort Assessment prior to participating in any water-related activity. Non-swimmers will wear an approved Personal Flotation Device (PFD) at all times when on or near the water.</i>	

The program has a written policy and procedures to address water activities. Five reviewed youth records revealed each youth was given a water comfort assessment/swim test prior to the start of water activities. Two of the five youth were assessed as non-swimmers. The five reviewed youth records were on two separate floats, two from one float and three from the second float. The course gear check-out log for each float was reviewed and each youth on the float received a personal flotation device (PFD). Three of the youth received swim assessment/test at the Goodland Boat Ramp and two youth received swim assessment/test at the Edgewater Aqua Park.

In the five reviewed youth records, two separate course directors (CDs) conducted the swim assessment/test. The training records for each of the two CDs revealed each one conducting the swim assessment/test was certified in wilderness first responder (WFR) a certification equivalent to lifeguarding for the professional rescuer.

The water safety plan was reviewed and included all required elements. The program has written policy and procedures located in the administrative policy, to address the procedures of notifying each youth's parent/guardian in the event of serious illness, injury, or death. There were no applicable instances found in the annual compliance review period.

4.04 Boating Activities	Satisfactory Compliance
<i>Outward Bound programs will provide ample canoe training to the students throughout the wilderness expedition and the instructional team will make periodic assessments to determine when additional training is needed, e.g. tidal changes, high water levels, open water, fast moving water, high winds, and actual student abilities.</i>	

The program has a written policy and procedures to address boating activities. Five youth records were reviewed, indicating each of the youth were swim tested prior to participating in water-related activities. The five youth records reviewed were on two separate floats, two from one float and three from the second float. Each float course log included swimming, canoeing, and water-related activities. The course log for each float revealed each youth canoed over various types of water, to include rivers, lagoons and intracoastal waterways.

A review of the training records for each staff on the two floats revealed at least one staff on each float held the qualifications to facilitate canoe-related training, including completion of at-risk staff swim assessments and canoe training I, II, and III. The training records for each staff on the two floats further revealed at least one staff member was present during canoe training held a certification in emergency water safety. The course logs for each float revealed the canoe training and courses were adjusted, as needed, due to weather, or other situations. Of the five youth reviewed, there were no reports of injury caused by boating activities; however, the program has a policy and procedures in place, located in administrative policy, to address the procedure of notifying each youth's parent/guardian in the event of serious illness, injury or death.

One youth and two staff were interviewed regarding boating activities. The youth interviewed indicated the staff provided adequate canoe training throughout the expedition, including the initial training. The youth further indicated the youth canoe daily to different islands and a staff is always with them. The youth further stated youth sometimes eat lunch in the canoes. Two staff indicated canoe training is included usually on a daily basis and further trainings and assessments are provided as needed. One staff interview indicated all non-swimmers wear a personal flotation device when participating in water activities.

4.05 Food Services	Satisfactory Compliance
<i>During the wilderness excursions, staff shall provide nutritional, well-balanced meals and snacks for each youth. The menus shall follow the meal patterns of the National School Lunch Program (NSLP) preparation requirements and all Florida Department of Education guidelines.</i>	

The program has a written policy and procedures to address food services. A registered dietician reviewed and approved menus annually. A copy of two seven-day breakfast and lunch wilderness template menus were reviewed, as well as the wilderness dinner and snack menu. The base resupply wilderness menu included two options, as well as a special menu and menus for pre-SOLO, post-SOLO, vegetarian, and vegan options. All the menus were reviewed and approved by the registered dietician on August 19, 2019. The approved menus include calorie count. The reviewed menus were placed on a National School Lunch Program (NSLP) template, meeting the requirements for grades nine through twelve. The menus include three meals each day, with one meal being a hot meal, and one nutritional snack every day.

Five reviewed youth records revealed one youth had an allergy to shellfish. The course log for the float was reviewed and found the allergy was not notated on the front of the course log in the space designated for allergies. This exception was noted; however, the daily menus for this float were reviewed and found shellfish was not part of the food options during the expedition.

One interviewed youth indicated they sometimes eat lunch on the canoes and are responsible for planning and preparing meals for the float during the final phase of the expedition. The youth stated they eat enough food and have plenty of water during the expeditions, with staff reminding them often to drink water. One interviewed staff indicated water jugs are checked out at the beginning of an expedition and refilled during each resupply event. The staff stated the water is purified with either bleach or iodine, following the requirements outlined in the Local Operating Policy and Procedures for the Scottsmoor Outward Bound and the jugs are sterilized prior to each new expedition.

The group-issued gear for two floats was reviewed. The team gear list for each float included twenty-one five gallon water jugs with caps and a single one gallon water jug with a cap, per float.

4.06 Transportation

Satisfactory Compliance

The program provides a safe and appropriate treatment environment including transportation.

The program has a written policy and procedures to address transportation requirements. The program has two sedans, one truck, four vans, one flatbed, and five trailers. All vehicle log books were reviewed and revealed each contained current insurance, registration and maintenance logs, with the exception of one Ford Transit, which the program verified was recently purchased in January 2020. The maintenance logs revealed the vehicles were routinely serviced, monthly inspections conducted, and repairs addressed with follow-up maintenance as needed. Three of the vehicles were on-site for visual inspection. Each vehicle on site was equipped with working seatbelts, stocked first aid kits, and a currently inspected fire extinguisher. Each of the three vehicles appeared to be in good working condition and were locked upon starting the inspection. There were no opportunities to observe youth transports.

Five youth were interviewed. Four of the five youth interviewed regarding wearing seatbelts and revealed youth and staff always wear seatbelts. Two staff were interviewed and revealed all youth and staff wear a seatbelt and staff visually check each youth to ensure the seatbelt is on properly. One staff interview reported during a transport, the team noticed a youth continued to take the seatbelt off. Interviews confirmed staff followed procedures including staff stopped the vehicle on the side of the road until the youth complied with wearing the seatbelt appropriately. One interviewed youth confirmed the van does not move until all youth and staff seatbelts are secured.

Five reviewed staff records revealed four of the five staff had current driver's licenses on file with the program, and annual motor vehicle record checks conducted. One of the five staff had a driver's license on file expired in December 2019. The program stated this staff is not a driver and does not transport youth.

4.07 Life Management Skills

Satisfactory Compliance

The program will provide each youth with life management skills training. This shall occur on a daily basis through structured lessons/activities around identified topics and circle-ups. All groups shall spend a minimum of twenty hours in activities linked to life management skills.

The program has policy and procedures to address life management skills. As the current contract indicates in amendment ten, the language has changed from identifying this standard from Life Management skills to Peer Counseling. Currently, the program has a written policy to provide each youth in their care, a comprehensive Life Skills Curriculum/Training in the form of structured lessons and related activities dealing directly with mastering Life Management skills. Identified lesson topics include but are not limited to; Decision Making, Communication and Conflict Resolution, Anger Management, Creation of Coping Skills, and Outdoor Living Skills. At a minimum, each youth participates in these lessons and activities for at least twenty hours while participating in the program.

A review of five closed youth records, the daily education logbook, and each of the youth's daily grade book, documented the actual length of time each youth were involved in the Life

Skills/Peer Training exercises were meeting the required minutes and the instructors addressed the specific skills each youth were assigned.

Five youth were interviewed regarding the course and lessons learned. Each youth had just completed nineteen days of the twenty day course. Youth described goal setting, communication skills, and evaluation of progression. Youth indicated staff were consistent in instruction and operation of the life management process.