



SUNCOAST REGION

DEPARTMENT OF CHILDREN AND FAMILIES

FOSTER CARE LICENSING EVALUATION

**HILLSBOROUGH COUNTY DEPARTMENT OF CHILDREN
SERVICES**

LAKE MAGDALENE FACILITY

OCTOBER 20, 2009

HILLSBOROUGH COUNTY DEPARTMENT OF CHILDREN SERVICES LAKE MAGDALENE FACILITY

EXECUTIVE SUMMARY

PURPOSE

Over the last sixty days, the Department of Children and Families has received information regarding allegations of unsafe conditions for the children residing at the Lake Magdalene Facility located in Hillsborough County. A number of allegations surfaced including a lack of supervision of the children, deteriorated living conditions for the children, the use of physical restraint on children and inadequate training for staff, low employee morale and high turnover, and an ineffective management team who failed to consider therapeutic needs of the children residing at the facility. Senator Ronda Storms had also identified previous concerns in 2006 when serving on the Hillsborough County Commission, which resulted in an evaluation conducted by Dr. Lise Fox in September 2006. Those findings were consistent with the current allegations being addressed in this review.

ACTIONS TAKEN

Based on these concerns, the Department initiated a multi-disciplinary team to conduct an evaluation of the facility and overall system of care. Interview teams were developed and included DCF Program Director, Mike Carroll, DCF Family Safety Program Administrator, Lisa Mayrose, DCF Regional Licensing Manager, Kris Emden, Regional Quality Assurance Manager, Kathy Newcomb, DCF Licensing Specialist, Melissa Leggett, DCF Substance Abuse/Mental Health Specialist, April May, HKI Director of Licensed Care and Placement Services, Jennifer Brown, and HKI Manager of Licensed Care, Miranda Kuykendall. In addition, four (4) Child Protective Investigators from the Hillsborough County Sheriff's Office conducted unannounced evening visits to the campus to observe the supervision of the children at the facility.

TEAM CHARGE

The team's charge was to conduct an evaluation into the care of children residing at the facility in regard to their safety and well-being. Recommendations resulting from this evaluation shall provide a blueprint that will include both short and longer term actionable strategies for improving services and outcomes for children and families served at Lake Magdalene.

BACKGROUND

The Lake Magdalene facility is located in Hillsborough County and serves foster children in a residential setting through an array of therapeutic and mental health services including Behavioral Health Overlay Services and individual and group counseling. At this time, the facility has programs on campus licensed through the Department of Children and Families (DCF). These programs include the Family Treatment Program, the Emergency Shelter Care program and the Child and Family Counseling Residential program. The facility has a long-standing history in Hillsborough County with one of its programs initially licensed in 1976.

The review team made a total of eleven on-site visits to the facility during a six-week period to interview staff at all levels and in all programs, review child and employee files, interview all children residing at the facility, and conduct a review and analysis of incident reports and abuse reports, programmatic correspondence, meeting minutes, policy and procedural reviews, and a review of client satisfaction data. Seven of the eleven on-site visits were unannounced.

FINDINGS

The evaluation team completed a comprehensive review of the facility which included 38 current and former staff interviews, interviews with all children residing at the facility, a review of incident reports and abuse reports, analysis of client satisfaction information and results from exit interviews, assessment of current policies and protocols, a review of child and staff files, meeting minutes and staff correspondence, training curricula, and eleven visits to the facility to observe its physical appearance as well as staff and child interactions. As a result of the six week evaluation, the team has determined the following findings.

1. Facilities

The facility was observed to be well-maintained in regard to both the exterior appearance of the buildings and the interior observations of the children's home environment. The cafeteria was observed to be clean, with ample space for seating children during meal times. New construction was observed on the campus which should be completed by February, 2010 and safeguards were observed to deter any children from entering the construction site. The dormitories/shelters were observed to have ample space for the children and their belongings. Although bunk beds allow for two children per room, each child currently has their own bedroom. Modern age appropriate reading material and personal computers were observed in the main living areas, along with numerous activities for the children including pool tables, games and televisions. There is also a gymnasium on-site where assemblies and sporting activities are held for the children on a regular basis. No safety concerns related to the facilities were identified by the review team.

2. Cultural Change

The organization has faced unprecedented resource challenges due to county-wide budget cuts, which have resulted in a \$2.5 million dollar budget reduction and the need to restructure organizationally with less staff. At the same time, the organization has been challenged in shifting its focus to serve a changing older population of children in out of home care due to fundamental changes in child welfare practice statewide. The Department of Children and Families has an on-going initiative to reduce the overall number of children in care, including those being served in group care settings in which staff work varied schedules and shifts (commonly referred to as shift care), and to eliminate placements for young children ages 0-5 years old in shift care environments. These changes have resulted in a 32% reduction in the number of kids in care statewide and a 20% reduction in the number of children in residential group care. One year ago, Lake Magdalene was serving twelve children under the age of thirteen. At the time of this review, only two children placed at the facility were under the age of thirteen. With this trend expected to continue, the organization's census will continue to be comprised of more teens being served who have historically been unsuccessful in traditional foster homes and who demonstrate behaviors that are more challenging.

In addition, the role of direct care staff has changed as a result of becoming a Medicaid provider and the implementation of Behavioral Health Overlay Services (BHOS). Historically, the primary function of direct care staff was to provide supervision of children. Currently, the focus has shifted to providing appropriate behavioral interventions to meet the treatment needs of the children at the facility. These changes have also led to the need for additional skills-based staff training related to the manner in which they interact with the children, increased documentation to meet Medicaid requirements, and a change in many staff's schedules and shifts to ensure appropriate staffing

levels for all of the residents. The cumulative work place changes have led to some level of stress and resentment among some staff which has at times been exacerbated by a lack of effective communication from leadership regarding the need for change and the future direction of the organization.

3. Management

Direct care staff reported they feel communication on all levels needs improvement. With the numerous changes and challenges faced by the organization, staff appear to be uninformed regarding the reasons for these changes. Several staff reported they were encouraged by the changes while others seemed resistant to the transition in their role.

With the shift to a greater emphasis on meeting the therapeutic needs of its residents, the Clinical Services Division was expanded to include licensed clinical psychologists and a psychiatrist as part of the treatment team. The review team found the relationship between Operations and Clinical staff to be somewhat strained and not always collaborative. Some of the disconnect was the result of the organization's transition to a fully integrated, clinically based, residential program (see Integration of Clinical Services). However, personality conflicts among top level managers contributed to some of the dissention between operations and clinical services. According to each of these groups, the relationship has progressed over the last couple of months and lines of communication between the two have considerably improved.

4. Child Safety

The primary focus of this evaluation was to assess the safety of children residing at this facility. All children currently residing at the facility and 19 out of 21 children who completed an exit interview upon discharge reported they felt safe while at the facility and expressed an overall satisfaction rate of 84% at the time of this review.

Interviews with both current and former staff indicated their concern regarding safety and well-being of children was specifically related to children who exhibited runaway behaviors. This will present as an on-going struggle for the facility based on the older population of children entering the program. Although a need to address this issue surfaced some months ago, the organization has just recently begun implementing its strategies to meet this challenge. The team also found a lack of distinction for direct care staff between Absent Without Official Leave (AWOL) behaviors of children who are visible by staff on campus and those children who have eloped from campus without permission.

Frustration and confusion by direct care staff and the children regarding normalcy appears to be adding to the defiant behaviors of the children. There is an inconsistent approach to the development and implementation of these plans with both case management and direct care staff. Consideration must be given to the age-appropriateness of specific activities and the therapeutic treatment needs of the children when considering what should be included in the child's plan. While direct care staff were aware of the normalcy plan as a concept, some responsible for the care of children had never been provided copies of the children's plan, and therefore, were not aware of what had been approved for certain children. This in turn has led to several of the children being frustrated and has contributed to their feelings of being treated unfairly.

5. Integration of Clinical Services

A continued focus on the full integration of Clinical Services from a child's intake/orientation until discharge will be imperative in meeting the needs of this child population. According to staff interviews, there is a history of strained relationships between clinical services and administration.

Most notably, a feeling that recommendations made by clinical staff were not fully considered when suggestions were made for organizational improvements. With the change in leadership and organizational restructure, these relationships have improved and clinical services are now an integral part of the children's treatment teams.

RECOMMENDATIONS

The Lake Magdalene facility provides a valuable resource to the children of Hillsborough County. The intent of this review and subsequent recommendations are to provide feedback which will ensure the safety of children, and can be used to assist the organization in improving its current system of care, improving the quality of services provided to the children and families the organization serves, and to help position the organization to better meet the emerging and future needs of the children served through the dependency system in Hillsborough County. The Department's recommendations are as follows:

1. Senior leadership at the Lake Magdalene facility should review and refine its mission and vision to ensure it aligns to and supports the shift in child welfare practices in Florida. In doing so, the organization should review current and future services and programs to ensure these services continue to effectively meet the needs of the changing demographics of children entering residential shift care programs (older children with more challenging behavioral issues).
2. The Department strongly recommends that the organization make a concerted effort to better articulate to its direct care and clinical staff the organization's future direction and the recent changes within the county and throughout the state (both budget and practice-related), that have necessitated a refinement to current programs and services. We suggest this be done in a manner which will encourage two-way communication and foster a better understanding of the need for change as well as the future direction of the facility and programs.
3. The organization should continue to aggressively pursue skills-based training for staff to ensure staff can appropriately implement all aspects of the child's treatment plan including any necessary behavioral interventions. It is strongly recommended that training be supplemented by on the job observation, coaching, and mentoring. It is also recommended that the organization consider the implementation of the Behavioral Health Technician certification program for all direct care staff and particularly supervisors to assist in building a framework for working with children with at-risk behaviors.
4. Senior leadership should work in collaboration with Hillsborough Kids, Inc. and the DCF to review and refine the facility's current policies related to runaway children and elopements. Immediate emphasis should be placed on clarifying protocols regarding children classified as AWOL. These protocols should include a distinction between the appropriate behavioral interventions and supervision required when a child is demonstrating AWOL behaviors. It is also recommended that the organization re-establish the Elopement Commission with continued support and engagement by Administration and Clinical Services to tackle the recurring issue of prevention of runaway children.
5. Senior leadership should work in collaboration with Hillsborough Kids, Inc. and the DCF to review and refine the facility's current policies related to its Normalcy protocols. Development of normalcy plans for children must take into consideration the child's age, maturity level, current extracurricular or employment activities, pattern of responsible

behavior, and any risks associated with therapeutic or mental health needs. Some children feel because they have reached a certain age, staff are required to allow them unsupervised activities off campus for up to six hours at a time. Staff feel this practice could leave children at risk for inappropriate behaviors. This confusion is compounded when case managers, who according to the children, are relating inconsistent messages regarding their privileges under their normalcy plans. This must be addressed in a collaborative approach with the Department, Hillsborough Kids, Inc., the Case Management Organizations, the children, and the facility whereby all parties have a clear understanding of the intent of normalcy plans and are implementing these plans consistently.

6. Continue to develop ongoing partnerships and enhance relationships within the community in order to provide additional structured activities for children. This may include the participation of Independent Living Specialists, local law enforcement, prospective employers, community and volunteer organizations, etc.
7. Fully integrate clinical services into the current system of care, from the centralized intake process until discharge. This will ensure that the children's treatment and normalcy plans are tailored to meet the unique needs of each individual. These assessments can also provide valuable information when evaluating and matching children's residential settings with their behavioral needs.
8. Consider the identification and creation of a youth residential advisor in each dorm/cottage. This individual will serve as a liaison for the children with staff and will be identified as a leader among the child population. This individual can also serve on teams to give the residents a voice and work collaboratively with operations to improve the system of care.

**HILLSBOROUGH COUNTY
DEPARTMENT OF CHILDREN'S SERVICES
LAKE MAGDALENE
EVALUATION SUMMARY**

ISSUE:

On August 28, 2009, Senator Rhonda Storms contacted the Department of Children and Families (DCF) in regard to concerns related to the care of children at the Hillsborough County Department of Children's Services' Lake Magdalene facility. Senator Storms' concerns were similar to those raised through several other sources including statements from current and former employees. A number of issues were identified which needed to be assessed and included:

- The physical condition of the living and common areas including a lack of operational computers, current reading material for children, and other age-appropriate activities
- The use of physical restraint on the children at the facility/number of incident reports
- Lack of supervision resulting in elopements and inappropriate child interactions
- Inadequate training for direct care staff
- Failure of management to consider clinical recommendations for children
- Staff disengagement and high employee turnover

METHODOLOGY

The Department responded to these concerns with the implementation of a multi-disciplinary review team that would be charged with assessing the facility and the specific concerns raised in the community. The review team included participation by the staff from the Department of Children and Families (Family Safety Program Office, Licensing, Quality Assurance, and Substance Abuse/Mental Health), Hillsborough Kids, Inc. (HKI), and the Hillsborough County Sheriff's Office, Child Protection Division.

Interview teams were developed and included DCF Program Director, Mike Carroll, DCF Family Safety Program Administrator, Lisa Mayrose, DCF Regional Licensing Manager, Kris Emden, Regional Quality Assurance Manager, Kathy Newcomb, DCF Licensing Specialist, Melissa Leggett, Substance Abuse/Mental Health Specialist April May, HKI Director of Licensed Care and Placement Services, Jennifer Brown, and HKI Manager of Licensed Care Miranda Kuykendall. In addition, four (4) Child Protective Investigators from the Hillsborough County Sheriff's Office conducted unannounced evening visits to the campus to observe the supervision of the children at the facility.

A total of eleven on-site visits were conducted from September 1, 2009 through October 12, 2009 by the Hillsborough County Sheriff's Office Child Protection Investigations staff and the interview teams. Seven of these visits were unannounced. Thirty-seven former and current staff (representing all programs and operational levels) were interviewed in addition to each child residing at the facility during the evaluation period (total of sixteen). A review of seven staff files were reviewed to identify if appropriate background checks and training requirements were met as well as six child files to determine if appropriate treatment and normalcy plans were included.

A review of all abuse reports and incident report information was conducted for the last twelve months to identify patterns regarding appropriate discipline and supervision of the children residing at the facility. Results of exit interviews with children discharged from the program were reviewed and case managers whose children were placed at the facility were interviewed to obtain their feedback on the care and safety of children while at the facility.

The team also reviewed job descriptions, employee turnover data, runaway and elopement data and information, meeting minutes, training curricula, client satisfaction surveys, the HKI contract for service provision, activities calendars, information on Non-Abusive Psychological & Physical Intervention (NAPPI) instruction, staff schedules, findings from Dr. Lise Fox's report in September 2006, and all information contained within the licensing file.

ADMINISTRATION AND ORGANIZATION:

Thomas Papin is the Director of Hillsborough County Department of Children's Services. Children's Services manages a wide range of residential and non-residential services for at-risk children and parents. Prior to the restructure of the organization, William Hogan was the Program Manager of Child and Family Counseling Residential (CFCR) program; Barry Drew was the program manager for Family Treatment Program/Suttles Hall (FTP/SH); and Terri Balzer was the Program Manager for the Emergency Shelter Care (ESC) Program.

County budget shortfalls totaling approximately \$2.5 million dollars and a need to re-evaluate its overall operation of a changing child population at the facility, Lake Magdalene has been challenged with restructuring its management team. This reorganization has resulted in a reduction from the three Program Managers to one Program Manager (Terri Balzer) and the transition from seven Senior Treatment Counselors to two General Managers (Maria Gillis and Danielle Husband) in order to support the Program Manager with the daily operations of all programs at the facility. The new General Managers will assume their roles in early November.

In addition, a new Director of Clinical Services was promoted during this evaluation period. Dr. Tamra Williams was selected to lead the team of clinical staff who play a vital role in meeting the therapeutic needs of the residents at the facility.

PROGRAM DESCRIPTION, COMPOSITION, AND SERVICES:

The Lake Magdalene Campus is comprised of several programs including the Child and Family Counseling Residential Program, the Emergency Shelter Care Program, and the Family Treatment Program, all of which are licensed through the Department of Children and Families. The Clinical Services Division provides direct supervision, consultation, and psychological testing for child care and treatment throughout all residential programs of the Department. Non-residential, or "outpatient counseling" is also provided to the community through the Clinical Services Division. Clinical consultation is provided regarding clinical direction and service quality for all Department programs. The Dorothy Thomas School, a center-based school for children eligible for the Severely Emotionally Disturbed (SED) Program, is also located on the campus.

The Child and Family Counseling Residential Program (CFCR), a program of Hillsborough County government, was previously known as the Haven W. Poe Runaway Shelter and the CINS/FINS Program. CFCR is currently licensed until September 7, 2010 with a capacity of six (6) residents in each of its two shelters. The program provides care and services for up to twelve male and female teenagers who are runaways, ungovernable, homeless, or otherwise in need of services. Some children are court ordered into the program. Residents are provided on-site counseling services to reunite families and prevent runaway behavior. From January 1, 2008 through December 31, 2008, CFCR had a total of 516 admissions. There were 4002 total child care days, with an average length of stay of 7.8 days.

The Emergency Shelter Care Program (ESC) is an emergency shelter/child caring agency and was originally licensed as a child caring agency in 1976. ESC's current license expires on August 1, 2010. The facility has a licensed capacity of forty (40) residents. The Emergency Shelter Care (ESC) program is a residential program which provides an array of therapeutic and mental health services in addition to medical care for children in foster care aged 6-17 placed by Hillsborough Kids, Inc. (HKI). The program provides 24-hour/seven day a week emergency shelter care and twenty-four hour awake supervision for boys and girls ages 6-17. ESC also provides temporary placement for difficult to place foster children. Services provided include an array of therapeutic and mental health services, including Behavioral Health Overlay Services (BHOS). The current average length of stay is two-hundred fifty (250) days. Programs such as teen wellness, anti-smoking, domestic violence and others are offered to residents on a consistent basis. The local Health Department, the American Lung Association, and the Spring, a local domestic violence shelter, are some of the program presenters utilized by ESC to promote positive behavior changes in residents.

The Family Treatment Program/Suttles Hall (FTP/SH) was originally licensed as a child caring agency in 1982 as a non-secure, five-day per week (Monday through Friday) residence for students referred by school personnel or parents. This has historically been an intensive program for families with elementary-aged children who are experiencing emotional and behavioral difficulties. Currently, FTP/SH provides services to boys and girls, ages 6 to 16. Children in the FTP stay in a dormitory setting Monday through Friday, attend school on campus, and return home each weekend. The goal of the program is to strengthen the family and keep families together.

During the October 8th Hillsborough County board meeting, Mr. Papin announced their proposal to Hillsborough Kids, Inc. (HKI), the lead Community Based Care child placing agency in Hillsborough County, to begin utilizing 12 FTP/SH beds. This new agreement with HKI would expand the entry requirements of FTP/SH to include youth in the foster care system. FTP/SH will accept youth ages 6-16 that are having emotional difficulties and historically have been difficult to place in other placement settings. FTP/SH will work with these youth and attempt to re-establish a connection with their birth or foster family or help them develop the needed skills and desire to assist in new foster or adoptive placements. Some of these children will go home on holidays and vacations from school and others will reside at FTP/SH full time. FTP/SH will provide a home-like, yet therapeutic environment for those who spend holidays and non-school days in residence. FTP/SH will attempt to locate a kinship caregiver, foster placement or adoptive placement for these children. FTP/SH is looking at being a preventative program to keep children out of psychiatric in-patient programs. The length of stay will be based on each child's treatment plan, however, there will be a target of 6-12 months.

Due to the structural realignment of the Emergency Shelter Care program and the Family Treatment Programs under the leadership of one Program Manager, an FTP Transition Team was

developed to plan for the changes needed to facilitate a successful transition. This team consisted of Dr. Tamra Williams, Dr. Richard Cipriano, Danielle Husband, Joyce Poklemba-Jory, Leah Saker, Dan Kronk and Terri Balzer. The proposal from the team to Mr. Papin included recommendations to cross-train all staff to increase skills and allow for support in all programs and assign clients to living areas based upon established criteria.

The girls' Shelter Dorm would continue with a capacity of sixteen children. The West Side would house clients that demonstrate higher adaptive behaviors, fewer behavioral/mental health issues, are older, able to work, etc. The East Side would provide for girls needing closer supervision due to behavioral and/or mental health issues and that have less adaptive behaviors. The boys' dorm, Suttles Hall, would house eight residents on each of three wings and establish the same criteria regarding needs and behaviors as for girls.

Three additional buildings would house three distinct youth populations including young, co-ed children (those from the Family Treatment Program), another building would provide for Independent Living/Transitional services for boys at a capacity of 6 or 7; and the third cottage would provide for younger boys and/or those with possible developmental delays.

Clients would have the opportunity to "progress" from one living area to another based on behavior, age, ability, maturity, etc. This would be seen as an incentive and would reinforce and motivate improvements in desirable behaviors by the residents. The team felt that physical separation of the clients will be essential to successful implementation of the prescribed therapeutic services.

PHYSICAL OBSERVATION OF FACILITY:

Child and Family Counseling Residential program (CFCR) is located at the back of a 33 acre campus in Northern Tampa that is commonly referred to as "Lake Mag." The Dorothy Thomas School and two additional Hillsborough County Department of Children's Services (HCDCS) programs (Family Treatment Program and Emergency Shelter) are also located on this campus. HCDCS continues to make changes to the property, such as demolitions, new construction, and building renovations. A new dining facility and three additional shelters are being built on campus. The target date of construction completion is February of 2010.

Generally, the review team found the grounds are well-kept, the gymnasium is spacious and allows for many activities. The dining facility is clean and well-organized and similar to a traditional school cafeteria. The children's living quarters had ample space for two children per room; however, at the time of this review, each child had their own bedroom. The Department licensing specialist conducts ongoing monitoring and observation of the facility to ensure the facility meets licensing codes and requirements.

The Child and Family Counseling Residential program is a shelter for boys and is located at 13505 N. Lincoln/Building 60 and the girls' shelter is located at 13507 N. Lincoln/Building 61. Each shelter has a direct care staff office area, administrative and counseling offices, kitchen, laundry room, bathroom facilities, living rooms, and three bedrooms. Each bedroom has two beds and two locking closets for storage of the residents' personal property. There is sufficient living space for two clients per bedroom.

The dormitories in the Emergency Shelter Program have two wings to accommodate the space needed for the children. Both sides have five bedrooms, a large common area, and a smaller common area just outside the bedrooms. Each bedroom has bunk beds and tall cabinets to store the residents' personal belongings. The residents decorate their bedrooms to their liking. As noticed in other licensed child caring agencies in the SunCoast Region, the girls tend to decorate more than the boys. In the common areas, there are modern computers, televisions, video games, contemporary books, couches, tables, and chairs available. The facility has an agreement with the Public Library system that allows the facility to receive age-appropriate and current reading materials for the children. Video and other games for the children were observed to be appropriate for their age groups.

Each side of the dormitory has a large bathroom with sinks, showers, urinals, and/or toilets. Some of the bathroom facilities are handicap accessible and all are spacious and were observed to be clean. During one of the unannounced visits, one of the doors in the boy's bathroom was off of the hinge and a work order had been submitted to fix the problem. There is a large laundry room where excess belongings, emergency clothes, washers, dryers, and cleaning supplies are kept. This room is kept locked at all times. A staff office is located in the middle of the dormitory. Each wing does have an exit door leading to the outside. If staff were in the common area of the dorm, they would not be alerted to a child exiting out of one of these doors. Therefore, the recommendation has been made that alarms be placed on these doors to prevent children from leaving the residence without direct care staff knowledge. At the time of this report, those alarms are being installed at the request of Administration.

Four boys are currently living in Shelter #5 at the time of this review. This home has four bedrooms with twin beds, dressers, and closets. There are three bathrooms with toilets, showers, and sinks. The residents have access to television, computers, video games, book, and toys. The home has a fully equipped kitchen and dining table that seats six. Meals are prepared in the cafeteria and delivered to the home. Laundry facilities and a staff office are located in the back of the home. There is a playground area outside which is accessible to all of the children.

The Family Treatment Program/Suttles Hall (FTP/SH) is also located on the Lake Magdalene property. FTP/SH is temporarily housed in the Emergency Shelter program's Shelters #3 and #4, as renovations are expected to take at least three additional months. Each shelter has a living room, dining room, kitchen, game area, laundry area, staff office, three bathrooms, and four bedrooms.

There are activities every day before and after school for the residents. An interest inventory is done several times a month to match up what the residents like to do with what they need to be doing. Residents earn points for positive behavior and get to spend their points on activities such as playing pool, telephone privileges, additional off-campus outings, etc. Activity calendars identify a number of activities for the residents including: track and field, walking club, fitness group, cultural and educational field trips to museums, church activities, softball and football games, community service projects, parties and dances, family nights, tutoring, flea market, skating, laser tag, library and park trips, Busch Gardens, Rays baseball games, etc.

If the children or staff are in need of funds to request an outing or need money for a campus function, they are able to submit an activity planning form which outlines the activity description, location, staff in charge, and materials needed so it can be reviewed and approved for scheduling.

ABUSE REPORTS:

A review of abuse reports received on the facility during the last licensing year was conducted for the purposes of this assessment. During this period, there were a total of seventeen abuse reports called to the Florida Abuse Hotline. Of those reports, eight were received as foster care referrals, alleging concerns related to licensing concerns with the facility. One of these reports was received as a duplicate report to another foster care referral. Six of the seven remaining foster care referrals had no concerns regarding licensing violations at the facility. One report did raise a concern regarding the use of restraint by one of the staff members toward a child and that incident was referred for a County investigation. Although there were no findings of workplace violence, the individual received a written reprimand and additional training. One report was received as a special conditions report resulting from inappropriate child on child sexual behavior. The children were separated and the aggressor child was assigned to their own bedroom.

There were nine reports which alleged abuse or neglect by the caregivers at the facility which were investigated by the Hillsborough County Sheriff's Office Child Protection Division. Eight of those reports were closed with no indicators of abuse or neglect. The remaining report was closed with some indicators of physical injury resulting from a restraint technique utilized by one of the direct care staff. This individual was provided additional training on de-escalation techniques.

In March 2009, the HKI Licensed Care Department completed a review of incident reports from December 2008 through March 2009 involving child restraint. HKI found that clients were being restrained due to non-compliance rather than immediate safety issues and that several of the incidents involved the same two staff members.

Since that time, the facility has implemented a new policy which mandates that all incidents involving staff using any hands-on approach to de-escalate a situation with the residents will result in an incident report which is signed off by the child involved in the altercation. These reports are forwarded to administration and the quality assurance specialist for review and a staffing is scheduled with the staff person involved, their supervisor, administration, clinical services, quality assurance, and a Non-Abusive Psychological & Physical Intervention (NAPPI) trainer. The incident is reviewed by the team and possible alternative techniques are discussed to assist in the learning process. Any incidents in which staff are identified as being abusive to residents results in an immediate review of administration for prompt disciplinary action. A requirement for direct care staff to utilize NAPPI techniques has become part of their job descriptions.

INCIDENT REPORTS/RUNAWAY INCIDENTS:

A review of the number and types of incidents that were recorded by staff at Children's Services during the past year revealed a significant rise in the overall number of incidents in May and July of 2009. The most common incident types included smoking on campus, Absent Without Official Leave (AWOL) episodes, runaways, physical intervention by staff, and physical aggression incidents involving the residents. During the months noted above, four residents accounted for almost half of the incident reports.

The review of the runaway incidents reflects a downward trend over the past six months. This may in part be due to the new category of AWOL which includes times that children are out of the residence without permission, however, are visible to staff and remain on the campus of the program. Half of the incidents for the month of May and one-third of the July incidents were

recorded as AWOL events. The most significant increasing trend is the number of smoking incidents. There were also increases in the number of aggressive acts by the children and an increase in the number of physical interventions by staff in incidents dated May through July 2009.

The incident reports for other licensed programs within the SunCoast Region that provide residential and treatment services for children with similar challenges were also evaluated. Findings from their incident reports indicated that the number of runaways accounted for approximately half of the incidents reported. However, the number of incidents reported overall was significantly less and appeared to be more in line with the incidents reported in the earlier months at Children's Services. This disparity is related to Lake Magdalene's policy to create an incident report and notify law enforcement immediately when a child has left campus. Although Department and HKI policy dictate that missing children aged twelve or older must be reported to law enforcement within four hours, the program feels that immediate notification will reduce the risk to children on runaway status, especially those that demonstrate at-risk behaviors.

Children's Services staff reviewed the incident report information and identified possible explanations for the increase in frequency of incidents. The population of children has changed significantly in the past year. Previously, the program had about half of the beds devoted to serving younger children between the ages of 6-13 with less severe behavioral needs. Currently, the program has only four children under 13 and eighteen over the age of 14. With this change in age, there was also an increase in the number of children with delinquency involvement, substance abuse, and children who have a history of chronic runaway episodes from other placements.

In order to address some of these challenges, in March 2009, Children's Services developed an Elopement Commission to develop solutions to decrease the number of children who run away. The Commission was chaired by Dr. Richard Cipriano and additional team members from Clinical Services and the other programs represented the team. The team began to analyze the data received from the incident reports, brainstorm behavioral modification incentives, identifying "triggers" which escalate the likelihood of engaging in runaway behavior, and establishing clear and consistent consequences for children that run away from the facility. Although these issues had been on-going, it was not until July 2009 when several of these recommendations were implemented.

Specific steps were established for children when returning from a runaway episode including a debriefing session and multi-disciplinary staffing, followed by appropriate referrals for counseling, urinalysis screening, medical check-up, etc. A Post-Runaway Assessment is now completed by the Treatment Counselors using the Client Satisfaction Survey in addition to an Elopement Questionnaire. Treatment plans will incorporate goals for clients with a runaway history and the youth will participate in the development of their plan. All incident reports resulting from a runaway episode are forwarded to the Quality Assurance Specialist who is responsible for tracking this information and developing recommendations for improvement. When there are three elopements for a client, an Elopement Review Committee meets to review the circumstances of each elopement and offers recommendations to staff for prevention. Additional elopements will include a meeting with the HKI Care Manager to discuss additional strategies, or to decide whether the program can safely manage the child.

The Commission identified a number of other opportunities for improvement including developing observation teams to gather information about staff interaction with clients. These teams are charged with randomly observing residential activities, clients and staff care practices to provide feedback on how to improve the system of care. The teams consist of clinical staff supervisors,

therapists, Non-Abusive Psychological & Physical Intervention (NAPPI) trainers, and direct care staff. Results from these teams are provided to the Clinical Services team in order to mentor staff and identify training needs.

TREATMENT SERVICES FOR YOUTH

With the implementation of Behavioral Health Overlay Services (BHOS) and commitment to becoming a Medicaid provider, the need for an integrated approach to treatment planning and clinical assessment has become critical to the success of the organization. Behavioral Health Overlay Services for youth in residential settings are a set of services and natural supports for children with serious emotional disturbance who are placed in the care of Medicaid enrolled, certified residential programs. Service provisions include mental health, substance abuse, and social services, based on an individual recipient plan designed to achieve specific outcomes. The treatment goals for children receiving these intensive services include improved emotional, mental, and functional status; a reduction in unplanned placement changes; increased ability to live safely, attend school, and be a productive member in an inclusive community environment; an increased likelihood of a successful transition to the home, community and family, if possible, and if developmentally appropriate, an increased capacity for independent living.

A strong emphasis is placed on the need for consistent treatment planning and review. Plans must include behavioral health treatment plan goals. At the Lake Magdalene facility, children receive individual and group therapies on a weekly basis based on their treatment plans which are developed within the first thirty days of their admission. The plan is individualized based on the child's clinical disposition and diagnosis, includes service frequency and duration, and contains measurable objectives which are reviewed as the child proceeds through their treatment plan. All treatment plans are signed by the psychiatrist or licensed practitioner responsible for the delivery of therapeutic services.

A review of the children's files evidenced that each child did have their own individualized treatment plan. The plans included evidence of the child's participation in the development and treatment team meeting. As required with the implementation of BHOS, weekly progress notes were contained in the child's files and addressed the youth's responses to treatment interventions and were related to the goals on the treatment plans.

According to staff interviews, there is a history of strained relationships between clinical services and administration. Most notably, a feeling that recommendations made by clinical staff were not fully considered when suggestions were made for organizational improvements. Without a holistic approach to meeting the therapeutic needs of the children at the facility, it is unlikely the organization will achieve its Vision of being a premier provider of comprehensive, innovative, and efficient services for Hillsborough County's Children and Families.

With the recent restructure of the organization coupled with the added requirements as a Medicaid provider, administration, direct care staff and clinical services appear to realize the need to have open communication and focus on the needs of the children utilizing a team approach. The Program Manager and Director of Clinical Services meet on a weekly basis to discuss programmatic and clinical issues needing attention and resolution. This has led to improved relationships and the identification of initiatives designed to enhance the current system of care.

STAFF TRAINING NEEDS

With the shift in child population combined with the provision of Behavioral Health Overlay Services, the organization identified the need to initiate additional training for its direct care staff. The Elopement Commission identified several training opportunities to better equip staff to appropriately manage the challenging behaviors of the current youth population in an effort to reduce conflict between staff and the youth while improving the overall system of care. One of those recommended was a certification program called the "Behavioral Health Technician" program which assists workers with de-escalation techniques when dealing with children demonstrating at-risk behaviors. The Certified Behavioral Health Technician (CBHT) is often the person assisting primary counselors/therapeutic staff by providing clinical support services to children who are receiving substance abuse or mental health services in residential programs, inpatient settings, or community based programs. This certification process has not yet been initiated for direct care staff.

Recently, the organization has developed Observation Teams comprised of clinical and operations staff who observe staff and client interactions and provide feedback as an avenue for improvement in practice. Results from these reviews assist administration and clinical services with matching staff strengths with certain child populations.

In September 2009, "Positive Youth Development," and "Advanced Positive Youth Development" trainings were provided for staff at the facility. The Youth Development curriculum goals include developing core competencies needed by youth workers to provide exemplary youth development programs through learning new approaches and strategies when working with young people. It also assists in strengthening their communication and listening skills, identifying barriers to organizational changes and integration of a youth development approach into programs, as well as developing informal networks to broaden resources for one another.

Non-Abusive Psychological & Physical Intervention (NAPPI) is an accredited safety training which enhances behavioral emergency and culture building skills. The guidelines of NAPPI include:

- Keep everyone safer.
- Treat everyone humanely and with respect, and permit everyone their own dignity.
- Promote only emotionally and physically safe methods.
- Lead by providing the best practices for behavioral safety training.
- Consider everyone a partner in the endeavor of moving people forward in their lives.
- Commit to learning from the successes of our customers.
- Provide cost-effective, useful premier products.

With the change in resident population to older children who may demonstrate challenging behaviors, NAPPI training is now being utilized to provide direct care staff with safe, effective, and humane tools to assist staff who interact with, have custody of, or responsibility for, vulnerable, difficult, challenging, or dangerous people. The agency is also currently working to identify NAPPI trainers to assist in coaching direct care staff with these non-invasive practices. In May 2009,

NAPPI Super User training was required of all senior treatment leaders and supervisors to enhance current techniques and provide mentoring and modeling to their direct care staff.

NORMALCY PLANNING

Normalcy planning is a cross-cutting issue that needs to be addressed by both case management and the Lake Magdalene staff. There appears to be a lack of understanding of the need to consider the treatment needs of clients in addition to a careful assessment of past and current behaviors to determine age-appropriate normalcy plans for children. These plans are not consistently shared among direct care staff and do not appear to be developed collaboratively with case management, direct care staff, clinical services and the child.

Consistent development and appropriate use of Normalcy Plans was an area the Elopement Commission also identified as needing improvement. The team recommended that normalcy plans be developed upon admission and be reviewed and/or amended during their initial Treatment Team meeting within the first thirty days. The plan should take into consideration the child's age, maturity level, and demonstration of responsible behaviors and should be developed to encourage and support the child to engage in appropriate social and extracurricular activities in order to promote social development, obtain employment, have contact with appropriate and approved family members, access to telephone usage, have responsible curfews, and travel with other youth or adults

Additional recommendations by the Commission included enhancing daily activities through increasing youth participation in planned events and recreational therapy through community services and volunteer opportunities. These programs should be designed to engage at-risk youth and promote participation in structured, positive activities. Increased educational topics such as smoking and dating/boundaries will be presented by either the staff or representatives from community organizations with specialized expertise. Children's Services is establishing incentive based recreational activities and off campus trips to help motivate children. The program has also recently started a Family Unification Night (FUN) to allow the child's family or extended family to come for a dinner to include socialization and therapeutic games to strengthen family connections.

During interviews with the residents, a great deal of frustration was expressed with some of the youth who felt they were not provided the same opportunities for "normalcy" as some of the other children. These feelings appeared to emanate from a lack of understanding by the child regarding what their normalcy plan included. Several children stated their case managers had advised them of their "right" to leave the campus for up to six hours unsupervised, however, the facility would not permit them to exercise these privileges.

A review of client files did indicate that normalcy plans were contained within the child's files, however, some did lack specificity regarding activities/responsibilities and potential consequences for failure to abide by the plan. HKI's Teen Normalcy Plan requires that the plan be developed in collaboration with the youth, caregiver, and case manager, with a review by the case manager supervisor. Based on the interviews with staff and children, it does not appear that plans developed prior to the Elopement Commission included the involvement of youth and a collaboration of all of the parties. While direct care staff were aware of the normalcy plan as a concept, some responsible for the care of children had never been provided copies of the children's plan, and therefore, were not aware of what had been approved for certain children.

This in turn led to several of the children being frustrated in the past and contributed to their feeling of being treated unfairly.

The Commission recommended that client intake become centralized, allowing for consistent communication and assessment of youth upon their arrival to the facility. The intake process will include a risk assessment to identify clients with a prior history of running away, a review of these behaviors during the Bio-Psychosocial assessment, and again when the Individual Treatment Plan is written. Treatment team meetings now include Independent Living staff that assist with the review of normalcy plans, development of safety plans, and instituting preventative measures to reduce risk of elopement.

CLIENT SATISFACTION AND EXIT INTERVIEWS:

There were two sources of information available prior to this review that measured the satisfaction level of the children in the program. The first type of data was collected by Children's Services through a satisfaction survey. Previously, the surveys were completed quarterly. More recently, two months of additional surveys were completed to assess whether progress on identified concerns was being productive. Children's Services has a contractual requirement with HKI to achieve a satisfaction goal of 80% or above for their clients. It was noted during several months in 2009 that children rated disagreement with the question of whether staff was fair and respectful in their treatment of children with a variation of 66% to 93%. In general, the trend is now favorable and demonstrating on-going improvement with the most recent month's satisfaction rate at 84%. The other area of dissatisfaction included the question on whether they were satisfied with the placement. The results ranged from a low of 65% in January 2009 and showed a steady increase through July 2009 at which time the residents rated satisfaction at 83%.

The other form of measurement is the exit interviews of children who leave the facility that are completed by their care manager after removal. Between the period of 3/1/09 and present, there have been 21 total exit interviews conducted and completed. Four of the twenty-one had concerns which documented issues such as staff being rude, not treating the children fairly compared to the other children, the child(ren) were threatened by the staff and other children within facility, staff hit the child(ren), the child(ren) felt that they were unable to participate in activities if offered, that the items/clothes that belonged to the children were stolen, that staff were racist/disrespectful to child(ren)'s culture, there were limited freedoms and they weren't able to use the phone (even to call their care manager) when they wanted. One issue that was brought up was that one child was not able to do certain things that were outlined in their normalcy plan. The child stated that they observed others being disciplined for "no reason." There was one issue where the child's luggage was not treated with respect and dignity. The child stated they were not given the opportunity to pack their things the way they wanted and they were treated like something that they were getting rid of.

Other children reported that they were treated fairly, felt welcome and staff helped them unpack their belongings, the child(ren) were able to attend football games, hockey games and Adventure Island. Others have stated they received a lot of attention from staff, were allowed to go shopping and that staff would sometimes take them to eat at McDonalds or where they wanted to go, and that they enjoyed being at Lake Mag.

When there is an exit interview concern the response from the provider has included action steps such as currently working on improving their policies to allow for more normalcy for the children in

their program, that they provide the child(ren) with individual, group and recreational therapy, a safety plan can be developed for each child if needed, and that aside from the on-campus recreational activities, the child(ren) are able to earn off campus activities with behavioral contracts such as going shopping and to the movies.

EXIT INTERVIEW SUMMARY – LAKE MAGDALENE

Provider:	Hillsborough County BOCC – Lake Magdalene
Period:	3/1/2009 through 9/8/2009
Total Number of Exit Interviews:	21
Total Number of Exit Interviews without Concerns:	17
Total Number of Exit Interviews with Concerns:	4
Number of current Outstanding Exit Interviews:	1
Number of Exit Interviews with Concerns where the child felt unsafe	2

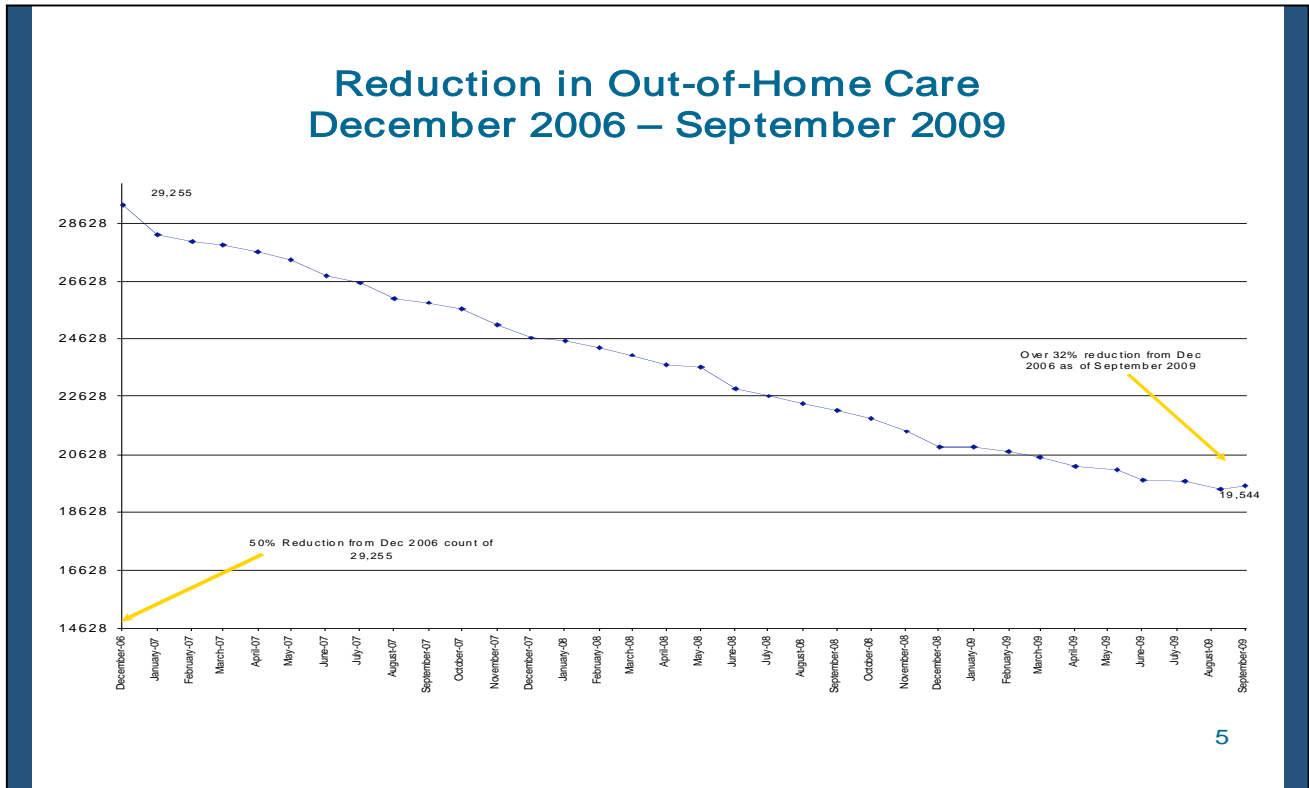
Interviews with the youth on-site were overall favorable toward the facility and staff. Children felt that the staff cared about them and most felt they were treated fairly. Children felt welcomed when arriving at the facility and none reported a desire to be removed from the program. When asked what children would like to see changed at the facility, a common response was “more freedom” and increasing accessible snack foods. All children were asked about discipline utilized by staff at the facility and none of the responses indicated that children were being physically abused. One child did respond that he did see a staff member use restraint when children are pushing or about to start a fight. All were able to discuss the loss of privileges or “points” as a result of negative behavior. These privileges may include using the computers or going on outings.

The majority of children identified four individuals who had recently left the facility as causing a great deal of disruption. Children would like to see additional consequences for those who go AWOL including being removed from the facility and felt that the separation of boys and girls has led to a great deal of improvement at the facility. The residents enjoyed having their own rooms; however, some did request their own TVs and computers. Children did report that they would like to have additional off-campus activities, however, have been denied approval for some of these events due to a lack of funding.

STAFF MORALE AND ENGAGEMENT:

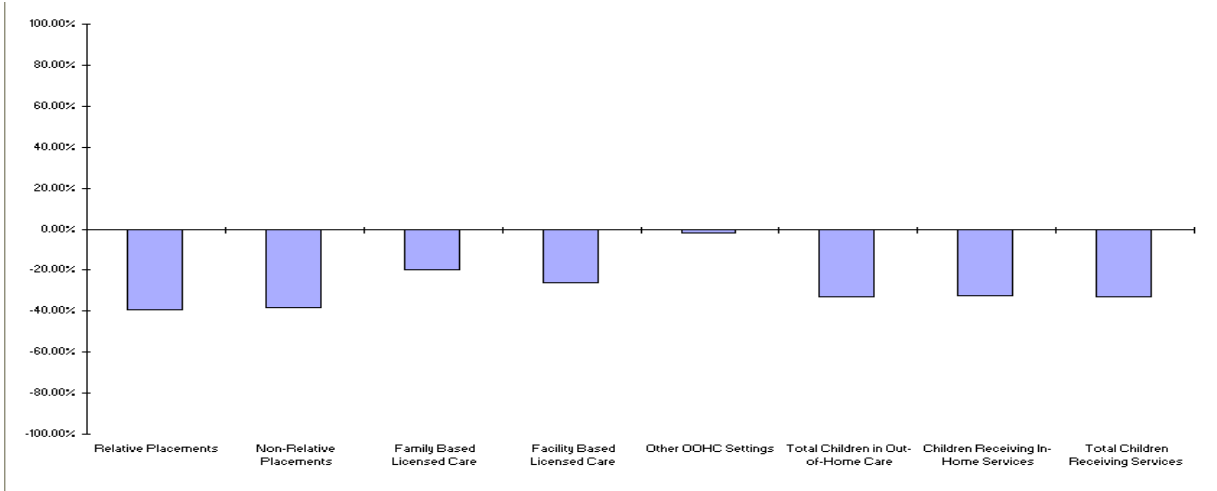
Soon after his appointment in January 2007, Secretary Bob Butterworth created an initiative to safely reduce the number of children in out of home care by 50% by the year 2012. Statewide

these numbers have continued to decline since that time and by September 2009, the number has been reduced by 32%.



While striving to meet the goal of maintaining children safely within their own homes through appropriate diversionary services, the Department also began researching the effects of licensed group care settings, with an emphasis on the impact these environments had on younger children. As a result, the Department began to examine the number of young children being served through shift care in residential group home placements. This additional focus has led to the number of young children being served in licensed group settings (especially with shift care) to decrease dramatically in the last six months. Overall, the number of children placed in residential group home settings has been reduced by over 20% statewide since December 2006. At this time, there are zero children in Hillsborough County who are placed in a shift-care residential group home setting under the age of six.

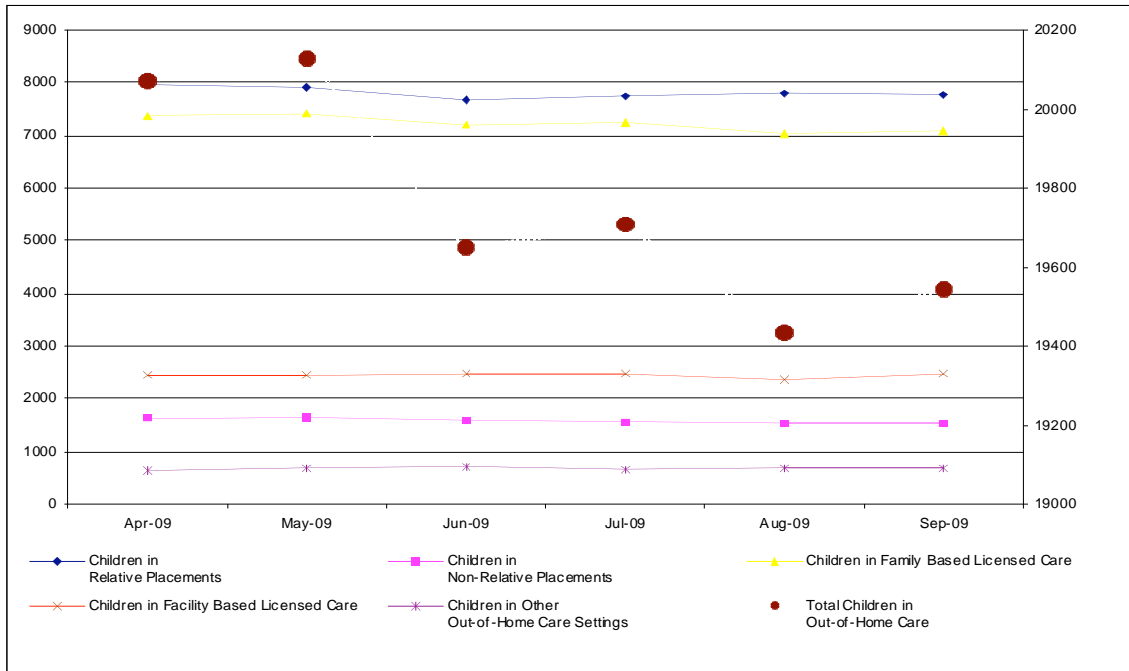
Reduction in Out-of-Home Care by Placement Type December 2006 – September 2009



Date	Children in Relative Placements	Children in Non-Relative Placements	Children in Family Based Licensed Care	Children in Facility Based Licensed Care	Children in Other Out-of-Home Care Settings	Total Children in Out-of-Home Care	Children Receiving In-Home Services	Total Children Receiving Services
Statewide								
Dec-06	12,776	2,456	8,862	3,344	632	29,255	16,382	46,237
Sep-09	7,780	1,529	7,085	2,463	681	19,544	11,457	31,001
Percent Change	-39.11%	-38.50%	-20.05%	-26.17%	-1.53%	-33.19%	-32.53%	-32.95%
Statewide								
Dec-06	12,776	2,456	8,862	3,344	632	29,255	16,382	46,237
Sep-09	7,780	1,529	7,085	2,463	681	19,544	11,457	31,001
Percent Change	-39.11%	-38.50%	-20.05%	-26.17%	-1.53%	-33.19%	-32.53%	-32.95%

Any values above 100% or below -100% in the percent change are truncated for the purposes of display in the chart. The actual values are displayed in the table above.

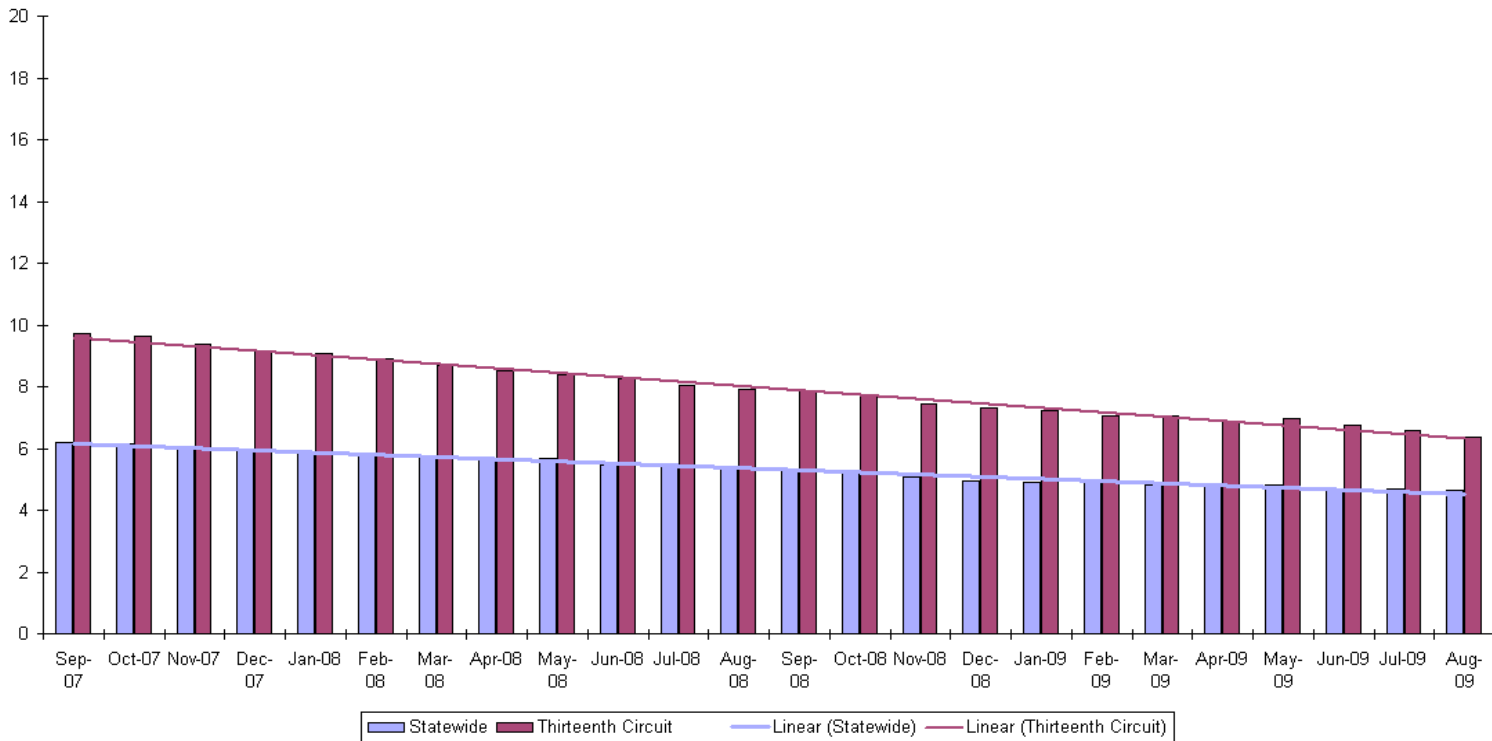
Children in Out of Home Care by Placement Type April 2009 - September 2009



7

In order to safely reduce the number of children coming into care, Hillsborough County has implemented an effective approach to diversionary services to prevent the need for child removals. As a result, the number of children in Hillsborough County who are in out-of-home care continues to decline. Specifically, the rate of children in out of home care in October 2007 was 9.63 children per 1,000. In August of 2009, that number dropped to 6.54 children per 1,000. The total number of children in out of home care in Hillsborough County during that same period decreased from 2,878 to 1,979, a total reduction of 31%.

Rate of Children Active in Out-of-Home Care (per 1,000 Children



While administration has provided opportunities to discuss these changes with staff through meetings and e-mail and newsletter correspondence, it is evident that a majority of the workforce has been impacted by these modifications and appears uniformed regarding the reasons behind the changes. Staff need to have a true sense of where the organization is heading and the role they will need to play in its future success.

During staff interviews, many attributed reasons for changes in the reduction number of children ranging from “HKI being mad at the administration” to “We must be doing a bad job because they are not sending us children like they used to.” Several staff indicated that they did not understand their role any longer. Some felt that their primary responsibility was the supervision of the children while others felt that adhering to the treatment plans and working with the children in a therapeutic milieu was of prime importance.

Many of the staff verbalized their confusion over the intent of normalcy plans, citing their concerns about providing these children with too much freedom which may not be in the child’s best interest. Some defined normalcy as children who were 16+ years old were able to leave the campus unsupervised while those who were younger did not have those privileges. This was reinforced by

some of the children who indicated that was also their understanding of their plan as identified by their case manager.

All of the staff interviewed stated that what they liked most about their role was working with the children. A high percentage of the workforce have been employed at the facility for many years. For fiscal year 2009, turnover data indicates that of the twenty-four staff whose employment was terminated at the Lake Magdalene campus, six of those retired, five were involuntarily dismissed, one was transferred within the Department, and four positions were lost as a result of workforce reduction efforts. The remaining eight positions were voluntary resignations and account for 0.05% of the total staff. Of those employees who did resign, 75% were treatment counselors.

Most employees did feel valued by their direct supervisors; however, felt that administration does not take the time to appreciate the direct care staff. Several indicated they were frustrated by the additional workload required as a Medicaid provider including the daily and weekly progress notes, and many staff who had previously worked a standard Monday through Friday daytime schedule are now having to adapt their schedules to meet the needs of the organization which may include night and weekend shifts. Almost all staff interviewed felt that communication needed to be improved from leadership, across shifts, and among programs.

SUMMARY

The Lake Magdalene facility has provided services to the children of Hillsborough County for over three decades. While the needs of the Department and the Community Based Care Lead Agency have changed over the past two years, the success of this organization will play a critical role in meeting the therapeutic needs of children who remain in out of home care. The organization has recently instituted many initiatives to improve the issues that have surfaced over the last several months.

The facility has many strengths including the tenure of its workforce who care a great deal for children, the physical appearance of the facility and its upcoming renovations, and the enhancement and integration of its clinical services division. The Department is confident that the Lake Magdalene campus Administration is committed to the safety and well-being of the children they serve. Efforts to improve their system of care have been initiated through several ideas expressed by the staff. Through enhanced communication, effective runaway prevention strategies, additional staff training, and a full integration of clinical services to meet the needs of these children, the organization will succeed in providing a higher level of care to the children most in need in Hillsborough County.