



FLORIDA NETWORK OF YOUTH AND FAMILY SERVICES EXEMPT REVIEW ADDENDUM

Program Name: CDS Interface Youth Program Northwest	QA Program Code: N/A
Program Type: CINS/FINS	Contract Number: V2021
Provider Name: Florida Network of Youth and Family Services	Number of Beds/Slots: 12
Location: Columbia / Circuit 3	Lead Reviewer Code: J. Marino
Original Review Date(s): May 24-25, 2011	Exempt Review Date: February 28, 2012

Review Team

The Florida Network of Youth and Family Services (FNYFS) and Florida Department of Juvenile Justice (DJJ) 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:

Janice Marino, Lead Reviewer/Consultant Contracted with Forefront LLC/FNYFS
Janet Hampton, Review Specialist, DJJ Bureau of Quality Improvement
Jennessa Hart, Shelter Manager, Hidle House, Inc.
Becky Linn, Contract Manager, DJJ Office of Prevention and Victim Services

Summary

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures).

CDS Interface Youth Program Northwest . Children in Need of Services/Families in Need of Services (CINS/FINS) program achieved exempt status in May 2011. On February 28, 2012, a team comprised of representatives from the Florida Network of Youth and Family Services, DJJ Bureau of Quality Improvement and DJJ Office of Prevention and Victim Services conducted an Exempt site visit.

Program Update

The agency underwent an extensive renovation, adding a new building to give the program separate male and female living rooms. The program has gone from 10 to 12 beds. The agency is in the process of putting up a privacy fence with a grant through the Homeless Coalition. At the time of this program review, the agency reports no vacancies. The agency should be commended for having such a low staff turnover. The agency has only had one new hire since the last review. The agency confirms that it has submitted the annual training plan. As of the date of this review, no staff members have reported being arrested since the last on site program review.

Exempt Review Findings

This Exempt review included the review of Standard 1 Management Accountability . 1.01 Background Screening, 1.02 Abuse free Environment, 2.01 Screening and Intake, 2.03



Case/Service Plan, 2.04 Case Management and Service Delivery, 3.03 Suicide Prevention, 3.04 Medications, and 3.05 Medical/Mental Health Alert Process. The team reviewed youth files (open and closed), training files, medication logs and other miscellaneous documents. The team also observed the medication storage area, safety equipment (knife-for-life, first aid kits, wire cutters, and camera surveillance), as well as the shelter interior and exterior environments, staff surveys, youth surveys and interactions between the staff and the youth.

Standard 1.01

The agency had one (1) new hire since the last DJJ Quality Assurance review completed in May 2011. A review indicated that the new hire received background screening clearance prior to beginning employment. Three (3) staff members were applicable for 5 year re-screenings. The 5 year re-screening was completed on time for all three (3). The program had no volunteers at the time of this review. The Annual Affidavit of Compliance with Good Moral Character Standards for 2012 was submitted as required to the Background Screening Unit prior to the end of January 2012.

Standard 1.02

A total of three (3) youth resident surveys and three (3) staff member surveys were conducted and reviewed to assess the agency's adherence to this standard. During the survey, one youth made an allegation against staff. The program took immediate action and the incident was reported to the Florida Abuse Hotline. The report was not accepted. The program also reported the incident to the DJJ Central Communications Center (CCC) and the report was accepted. The remaining survey results indicated that the program consistently met all requirements of the indicator without exception.

Standard 2.01

Three (3) client files were reviewed to determine the agency's adherence to this standard. All 3 files reviewed met the requirements for this standard. Each file contained documentation of both the guardian and youth receiving the orientation packet which includes the available service options, rights/responsibilities and grievance procedures. Guardians receive orientation packet and CINS/FINS brochure at intake. Screenings were completed at the time of referral.

Standard 2.03

Six (6) active client files were reviewed (three residential and three non-residential) to determine the agency's adherence to this standard. All 6 client files were developed within seven working days of the Psychosocial Assessment. All case/service plans met the requirements of the indicator. One of the 6 files did not have a guardian signature but the guardian was contacted by phone. The three (3) non-residential files were applicable for 30 day reviews. The reviews were completed within the required timeframe.

Standard 2.04

Three (3) files, one (1) residential and two (2) non residential, were reviewed to determine the agency's adherence to case management and service delivery. All the files had a counselor/case manager assigned. The residential file demonstrated active communication with the parent and youth. The needs identified in the case plan were addressed during group and



individual sessions. The non-residential files demonstrated coordination and communication with family members to meet the participant's needs. Each session demonstrated follow through on the case plan goals. Referrals were applicable for one (1) youth. There was documentation of the coordination of the referral. None of the files were applicable for case staffing, judicial intervention, court hearings or court orders. Documentation of follow-up within 180 days was maintained separately. Documentation for follow-up was maintained on 180 day follow up forms. All four (4) follow ups were completed within the 180 day timeframe.

Standard 3.03

According to the policy of the Florida Network of Youth and Family Services, the shelter may use one of four instruments to screen a youth for suicide risk. These include the CINS/FINS Intake Form, the TeenScreen, the Evaluation of Imminent Danger of Suicide (EIDS), or the Suicide Probability Scale (SPS). CDS Interface Youth Program Northwest is using the CINS/FINS Intake Form and Screening Referral Form to screen for suicide issues. Three residential files were reviewed for suicide screening instruments. Each file contained the CINS/FINS Intake Form and a Screening/Referral Form. None of the youth required an Assessment of Suicide Risk based on their responses to the suicide specific questions. All of the youth were placed on standard supervision.

According to the Licensed Mental Health Counselor (LMHC), one (1) youth was placed on one-on-one supervision during the past six months. The youth entered the shelter on September 18, 2011. She answered yes to 1 of the six (6) questions on the CINS/FINS Intake Assessment. She was placed on constant sight and sound and an Assessment of Suicide Risk was administered by the LMHC that same day. She was placed on standard supervision and signed a Safety Agreement with the LMHC. Three (3) days later, during an individual session with the LMHC, the youth stated that she wanted to die and had a specific plan. She was searched by staff and a string from her sweatshirt was removed. She was placed on one-on-one supervision and notifications were made to the Regional Coordinator, the Crisis Stabilization Unit (CSU), and the Lake City Police Department. The incident commenced at 2:15 p.m. and ended at 2:55 p.m. when the youth was transported to the CSU by law enforcement. Alert information was recorded in the logbook by the LMHC. Three (3) non-residential closed files were reviewed for suicide risk screening instruments. In all 3 cases, the CINS/FINS Intake Assessment documented suicide risk screening information. None of the youth were at risk of suicide.

Standard 3.04

A review of the agency's policy and procedures for medication was assessed and was found to be inclusive of all components required by Standard 3.04. The program chooses not to offer over the counter medications. A tour of the program was conducted to review the agency's practice of medication and sharps/syringe storage. Non-refrigerated medication is stored in a storage container that is locked in a cabinet that is locked in a room that is inaccessible to youth. The agency also has a medication refrigerator that is locked. The program has a needle/sharps disposal container. All storage was found to be in compliance with the requirements of the indicator. The program currently had no topical, injectable or refrigerated medications. There was a list of staff that was designated to have access to medication. Three (3) controlled substances logs for active residential youth were reviewed for shift-to-shift



inventory. All 3 met the requirement for documenting shift-to-shift inventories. A review was done of the Medication Record Log. Three (3) files were reviewed, two (2) active and one (1) inactive. The log does not contain a place for staff to print their name, signature and title. Some logs were missing documentation of the youth's signature and initials. There was documentation that the issue was addressed in a staff meeting on 1/26/12 and 2/23/12. The more recent medication logs that were done after the staff meetings were completed as required. Syringes and sharps are inventoried weekly. A review of the inventory was conducted for a five (5) week period. Documentation was found to be complete.

Standard 3.05

The shelter has a policy, which addresses alerts for medical and mental health conditions/diagnoses. When the youth enter the shelter, they are screened for medical and mental health issues. This is documented on the CINS/FINS Intake Assessment Instrument. If the youth has any chronic condition, is taking prescribed medication, or has allergies, it is annotated with a label on their file. This label informs the staff to review the file for follow-up information. This information is also recorded on a board in the youthcare worker station. The board has a section for alert information. The alert is recorded by a numerical code. The code definitions are located in the station as well. The shelter also has "Medical Follow-Up" Forms with tips to remember for various conditions. Allergic reactions, asthma, cardiac disorder, diabetes, head trauma, hemophilia, seizures, pregnancy, and tuberculosis are addressed on this form along with symptoms, additional medical information obtained from the parent, and first aid instructions.

Four (4) residential files were reviewed for alert information. Two (2) youth were identified as in need of a medical alert. One (1) was prescribed psychotropic medication and the other had asthma. Both files had a label on their cover instructing the staff to read the file for additional alert information. The alert board was observed and alert codes were recorded for both youth. The codes were accurate.

Side effects for each psychotropic medication was listed on the separate medication record logs for the one youth. Side effect information was also listed on the medication record of the one youth with an inhaler.

Findings

As a result of this onsite Exempt review, the review team determined that the program:

would receive an overall program performance rating of at least Satisfactory on a regular review. Accordingly, the program **RETAINS EXEMPT STATUS**.

would not receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, **EXEMPT STATUS IS REVOKED**, and a regular review will be conducted within 90 days.