



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of CFCE

on 12/11/2012

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Interagency Agreements and Outreach	Satisfactory
1.06 Disaster Planning	Satisfactory
1.07 Analyzing and Reporting Information	Satisfactory

Percent of indicators rated Satisfactory: 85.71%
Percent of indicators rated Limited: 14.29%
Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care

3.01 Youth Room Assignment	No rating
3.02 Program Orientation	No rating
3.03 Shelter Environment	No rating
3.04 Log Books	No rating
3.05 Daily Programming	No rating
3.06 Behavior Management Strategies	No rating
3.07 Behavior Interventions	No rating
3.08 Staffing and Youth Supervision	No rating
3.09 Staff Secure Shelter	No rating

Percent of indicators rated Satisfactory: 0.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Psychosocial Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 4: Mental Health/Health Services

4.01 Healthcare Admission Screening	No rating
4.02 Suicide Prevention	No rating
4.03 Medications	No rating
4.04 Medical/Mental Health Alert Process	No rating
4.05 Episodic/Emergency Care	No rating

Percent of indicators rated Satisfactory: 0.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 46.43%
Percent of indicators rated Limited: 3.57%
Percent of indicators rated Failed: 0.00%

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; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.

Limited Compliance

Exceptions to the requirements of the indicator that result in the interruption of service delivery, and 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 that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

Members

Marcia Tavares, Lead Reviewer and Consultant, Forefront LLC

Ashley Kupperman, Residential Counselor, Miami Bridge Youth and Family Services

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 1 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 0 Clinical Staff | 0 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 Food Service Personnel | 1 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|--|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | 0 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 2 Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 3 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 0 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 8 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- 0 Youth 0 Direct Care Staff 0 Other

Observations During Review

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

Comments

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

Rating Narrative

Strengths and Innovative Approaches

Rating Narrative

The Center for Family and Child Enrichment (CFCE) is a private, nonprofit, community-based organization that serves children in foster care who have been abused, neglected and/or abandoned; children with severe emotional disturbances and in need of mental health care; and children in the custody of parents or relatives who are chronic runaways and/or are ungovernable. The organization's mission is to enrich, strengthen, preserve, restore, and empower children and families in a culturally diverse community. CFCE has been enriching the lives of children and families for over thirty years and accomplishes this through three primary focus areas: counseling and therapy services; foster care and adoptions; and family and community support programs.

CFCE operates the Children In Need of Services/Families In Need of Services (CINS/FINS) non-residential services Community Based Youth Intervention Program with program offices located in Miami Gardens, Florida. The program provides services to at-risk youth residing in Miami-Dade County. The goal of the program is to reduce the number of children entering the Department of Juvenile Justice (DJJ) and Department of Children and Families (DCF) system. This is achieved through a variety of home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive.

In demonstrating the provider's commitment to maintaining the highest level of standards and quality improvement, CFCE achieved accreditation through the Council on Accreditation (COA) and its accreditation is effective through June 30, 2014.

Standard 1: Management Accountability

Overview

Narrative

The CINS/FINS program is under the leadership of a Program Director who manages the staff and oversees non-residential program, including volunteers and outreach initiatives. In addition to the Program Director, the program staff consists of an Administrative Assistant, a Master's level Lead Case Manager, and two Bachelor level Case Managers. The program provides screening and assessments, service planning, counseling, case management, and referral and follow-up services.

The program's Emergency Disaster Plan was revised on August 20, 2012 and was submitted to the Florida Network via email on March 2, 2012 for approval. CFCE is a non-residential program and does not participate in the Universal Agreement Emergency Disaster Shelter.

The program maintains an individual training file for each employee, with training provided through the Florida Network, computer-based trainings, local providers, and by CFCE staff. Upon attending outside trainings, staff members are responsible for submitting the documentation for recording in their training file. Annual training is tracked according to the employee's date of hire.

At the time of the quality improvement review, the program had a full complement of staff.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures that specifies that all staff and volunteers must complete a Level 2 screening which includes good moral character documentation, employment history, and a local criminal record check.

During the QI, two (2) personnel files were reviewed of staff members eligible for 5-year re-screenings since the last visit. These screenings were completed outside of the required timeframe by the provider. There were no eligible new hires or related volunteer background screenings because the program does not use volunteer services.

In addition to the DJJ Background Screening, the provider also conducts quarterly local law enforcement background screenings and driver's license checks; invariably, a drug screening is completed upon hire, and if a worker's compensation claim is made, a drug screening is required.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit on January 4, 2012, prior to the January 31st deadline.

The two eligible five-year re-screenings were not submitted to the Department of Juvenile Justice (DJJ) Background Screening Unit until after the 5-year anniversary dates as follows: 1) DOH 1/2/07- rescreening date 1/25/12; and 2) DOH 3/12/07 - rescreening date 5/3/12.

Upon review, the agency's background screening policy did not fully address the requirement to complete 5-year re-screenings from the employee's date of hire as required by FDJJ 1800.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure in place which provides for an abuse and violence free environment, and a reporting protocol for child abuse claims. The Florida Abuse Registry number is listed and posted, along with other relevant numbers, within the conference room of the program and within staff offices for reference.

Moreover, the responsibility and rights statement is accessibly posted within the same areas. All youth are informed of the procedures upon being accepted for intake into the program, and it is detailed within the Youth Handbook.

Additionally, the program has not received any grievance complaints during the period covered by the review. It has properly informed its clients of due process rights for grievance issues, which is listed in the handbook itself, and through a complaint form and formal policy.

Upon hire, employees receive and sign the Agency's "Code of Conduct" which outlines its expectations for appropriate behavior and what it takes to provide a safe environment for clients. Also, employees must sign an affidavit for mandatory reporting for abuse incidents, which involve all known or suspected cases of abuse and/or neglect. In all cases, youth have had an unimpeded ability to self-report.

Staff has not been disciplined for abuse incidents. Similarly, no incidence of youth being deprived of basic needs or abused by program staff was reported during the visit. All of the staff training files that were reviewed documented staff training in Child Abuse Reporting.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

There is a written agency policy and procedure pertaining to Incident Reporting in effect which complies with the indicator requirements of the program for notifying the DJJ Central Communication Center (CCC) of reportable incidents within two hours of the incident, or within 2 hours of becoming aware of the incident.

The program provides information about the youth's right to file a complaint with CCC and/or the abuse hotline during intake and a written copy of the hotline numbers are included in the Intake Packet.

The reviewer was not able to validate the provider's incident reporting practice since no incidents or accidents meeting the criteria for reporting to CCC occurred during the reporting period.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

There is an agency policy and procedure pertaining to Training Requirements. The agency policy and procedure complies with the minimum 80 hours of training during their first year of employment and 24 hours of job-related training annually each full year thereafter for Non-residential direct care staff.

An Annual Training Plan was approved by the CEO on 8/2/12 and was mailed to the Florida Network on 8/6/12 for approval. The plan includes procedures for ensuring provision of the mandated training topics and hours as well as a training calendar for FY 2012-2013.

Three training files were reviewed for in-service staff; the program does not have any new hires or first year staff since the last onsite QI visit. All of the staff had exceeded the 24 hours required annually, with individual total hours ranging from 41.5 to 88.78 training hours. There were three training topics not yet completed during the current training year (Crisis Intervention (3 staff), Suicide Prevention (2 staff), and Sign and Symptoms of Mental Health/Substance Abuse (3 staff) but there was still time remaining for each staff to complete these trainings.

There were no exceptions to this standard found.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedures, Policy #122, that outlines the procedures and activities the agency implements to build strong community partnerships and collaborations to ensure the provision of appropriate resources and supports for its consumers. The program increases community awareness on an on-going basis and has an Outreach Targeting Plan for FY 2012-2013 to provide outreach services such as presentations, fairs, dissemination of printed materials to targeted neighborhoods and schools, community agencies, law enforcement, and local businesses.

Informational and educational services as well as interagency agreements related to alcohol and substance abuse, adolescent behavior, parenting, gang involvement, grief counseling, youth educational issues, and CINS/FINS program services are also provided to community youth and families. The Targeting Plan was mailed to the Florida Network via email on 3/26/2012.

The program maintains over thirty interagency agreements, including schools, health departments, law enforcement, and mental health, education, case management, parenting, therapeutic, drug testing, housing, faith based, and after-school providers. All of the agreements reviewed had current contract/agreement dates and/or were signed within the last year.

Outreach activities are entered in Netmis and are documented on a monthly basis. The outreach activities entered capture information about each activity such as: name or location of activity, and date of the event; number of youth and/or adult participant; zip code of the target audience; and purpose of the event/activity. For the review period, July through November 2012, the program has provided outreach services to over 800 youth and 1200 adults in its service areas.

The Program Director is designated to conduct outreach services and actively recruit collaborative partners based on identified needs. Other program staff also conduct community outreach in designated schools and zip codes.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

The program has a comprehensive disaster preparedness plan that was most recently updated on August 20, 2012 but was previously submitted to the Florida Network via email on March 2, 2012. The plan includes specific procedures for the implementation of the program's comprehensive safety and emergency preparedness activities.

These general procedures include a description of the program's responsibility for fire prevention, emergency disaster preparedness, conducting fire drills, communication of emergency situations to staff, and training, and execution of the Universal Agreement Emergency Disaster Shelter document.

The Emergency Response Plan includes procedures for all of the required types of emergency situations; evacuation/relocation site(s) for the agency; conditions under which evacuation may occur; safe and secure transportation; staff contact list; and notification procedures to the Florida Network and other funding agencies.

Emergency response training is a mandatory annual training for all staff and it is included in all of the staff training files reviewed.

1.07 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedures contained in its Continuous Quality Improvement (CQI) Manual for analyzing and reporting data for case record reviews, incidents, accidents, grievances, customer satisfaction, outcome data, and monthly review of Netmis data reports. In practice, the program's CQI program includes many activities that are conducted by all staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented.

Quarterly case record reviews are conducted by the program clinical staff as directed by the program supervisor. Program supervisors ensure appropriate follow-up is taken by their staff and responded to in a timely manner. The program's Safety Committee is responsible for reviewing incidents and accidents, performing safety checks and fire drills, and making recommendations to management on a monthly basis. Each program has a representative who sits on the Safety Committee. The safety committee meets monthly. Minutes from each meeting are provided to committee members. Consumer grievances are submitted by program supervisors and reported on a quarterly basis.

Consumer surveys are administered annually by the agency and are also documented in Netmis for the CINS/FINS program.

Outcome data is reviewed by the program director monthly, quarterly, and annually. Quarterly data is entered into the agency's Performance Report for all data collected and analyzed. The outcomes data incorporates all of the contract, Netmis, and program outcomes required by the Florida Network and DJJ QI. A copy of the year-to-date Annual Program Performance Report for FY 2011-2012 was provided.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Program Director and the case managers are primarily responsible for the screening, intake and assessment of all youth admitted into the program. The program provided twenty-four hours a day; seven days a week telephone access to services, and has an extensive list of interagency agreements and agencies where a youth and/or family can be referred. In order to determine youth's eligibility for the services, the program completes an Intake Eligibility Screening/Initial Assessment Form for each youth referred to the program. The program also completes for each youth a CINS/FINS Intake Assessment Form as well as a Psychosocial and Substance Abuse Assessment. Additionally, for each youth in the program, the program develops an individualized Service Plan based on the needs that were identified during the various assessments. The program implemented, reviewed and revised the service plans as needed in an on-going process throughout the duration of services.

Documented practice confirmed that the program promotes family involvement in the planning and activities provided. Additionally, the service plans displayed goals, tasks and specific objectives, including family counseling, to improve family relationships and to engage the family in the provision of youth's services.

The program had a Suicide Prevention Plan/Emergency Mental Health and Substance Abuse Service Plan, and provided substance abuse education and referrals to all the applicable youth in the program.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. Although the policy did not include the provision of information to the youth and family regarding available service options, rights and responsibilities of youth and parents/guardians, possible actions occurring through involvement with CINS/ FINS services, and grievance procedures, 8 youth files were reviewed and all 8 included this information. While on-site, the Program Director amended this policy to include such information- CM 105.01a

Designated staff completes the Intake Eligibility Screening/Initial Assessment Form on each referral and ensure that the information is submitted to the Florida Network- NetMis collection system.

In addition, in all of the 8 files reviewed, the initial intake eligibility screen was completed within 7 calendar days of receiving the referral.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. 8 youth files were reviewed. 8 out of 8 psychosocial assessments are initiated with the family within 24 hours after the case is assigned to a case manager.

Psychosocial assessments are conducted by staff who have at least a Bachelor's degree from an accredited college/university. This practice was validated in the 8 youth files that were reviewed.

A written policy is in place for the suicide risk component. The suicide risk screening is conducted by staff, and once a youth answers "Yes" to any of the first six of the risk screening questions on the CINS/FINS intake Assessment form, the youth will be referred to a licensed mental health professional or a non-licensed mental health clinical staff working under direct supervision of a licensed mental health professional in the CFCE, Inc. Outpatient Clinical Services Unit within 2 hours.

In addition, once a suicide assessment is completed, a Safety Agreement is signed by all parties including the youth, parent/ guardian, mental health professional, case manager and supervisor. In the event that a youth is in crisis, 911 will be called.

Out of the 8 youth files reviewed, 1 youth was in need of a suicide assessment and received an evaluation from a licensed mental health professional from the agency's mental health unit. The Safety Agreement was included in the youth's file.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. The service plan is developed with the youth and family within 7 working days of completing a psychosocial assessment. The service plan identifies and prioritizes needs, establishes goals, determine appropriate plan of action, define responsible parties, set proposed dates of initiation and completion, track and record outcomes, and obtain signatures signifying youth and parent(s) agreement to the service plan.

A written policy is in place in regards to the review of service plans. Case Managers review cases with the youth/family monthly for the first 30, 60, and 90 days. This practice was validated in a review of 8 youth files. It is evident that the case/ service plan was in place in the 8 files that were reviewed.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. Case management services are eligible to families who meet eligibility criteria and upon completion of the intake and psychosocial assessment. Services provided may include but are not limited to counseling (individual, family, group, and crisis intervention) case management, community mental health services, prevention and diversion services, runaway center services, life skills services, anger management referral services, pursuit of judicial interventions, and after-care planning.

This practice was validated in a review of 8 youth files. Case management and Service Delivery appear to be present in the 8 files that were reviewed.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. The CINS/ FINS case managers do not directly provide intensive case management services to their clients. The case managers coordinate and make arrangements for the clients to receive this service through the Center for Family & Child Enrichment, Inc. Clinical on-site services. The families have access to the agency's services 24 hours a day.

This practice was validated in a review of 8 files. It appears that 3 out of the 8 files were awaiting intakes within the agency's mental health unit, 4 were already receiving counseling services, and 1 was not compliant with scheduled appointment.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place that addresses all of the requirements of the indicator. Per the provider's policy, when all other services have been exhausted a case staffing committee is scheduled when the family or youth have not demonstrated progress in achieving goals in the service plan, the services or treatment have not addressed the problems and needs of the family or youth, the family or youth will not participate in services or treatment selected, or the Department of Juvenile Justice or CINS/ FINS provider receives a written request. A case staffing committee is convened within seven working days from receipt of a written request. As a result of the case staffing committee, the committee assesses the needs and progress of the youth and family. The committee will make a series of recommendations that may include the filing of a CINS petition, additional services, and/ or referrals to other agencies. A review hearing may be set to review progress of goals. The committee provides the family with a new or revised case plan. Within 7 days of the case staffing committee's decision, a written report is provided.

This policy could not be validated at the time of review because no requests for Case Staffing occurred during the review period.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

A written policy is in place. The policy requires that all records are marked confidential, all open records are kept in a secure room and/or located in a file cabinet that is marked confidential, and the case records are systematically organized.

This practice was validated in a review of 8 files. It appears that 8 out of the 8 files were marked confidential. After the interview with the case manager, it was stated that files are kept in a secure room and accessible only by program staff. The location and security of the file storage cabinets was verified by the reviewer onsite.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Youth Room Assignment

Satisfactory Limited Failed

[Rating Narrative](#)

3.02 Program Orientation

Satisfactory Limited Failed

[Rating Narrative](#)

3.03 Shelter Environment

Satisfactory Limited Failed

[Rating Narrative](#)

3.04 Log Books

Satisfactory Limited Failed

[Rating Narrative](#)

[Rating Narrative](#)

3.06 Behavior Management Strategies

Satisfactory Limited Failed

[Rating Narrative](#)

3.07 Behavior Interventions

Satisfactory Limited Failed

[Rating Narrative](#)

3.08 Staffing and Youth Supervision

Satisfactory Limited Failed

[Rating Narrative](#)

3.09 Staff Secure Shelter

Satisfactory Limited Failed

[Rating Narrative](#)

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

Rating Narrative

4.02 Suicide Prevention

Satisfactory

Limited

Failed

Rating Narrative

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative