FLORIDA NETWORK
of youth and family services

QUALITY IMPROVEMENT PROGRAM REPORT FOR

Florida Keys Children's Shelter

73 High Point Road
Tavernier, FL 33070
(Local Service Provider)

Review Date(s): May 15-16, 2012

CINS/FINS Rating Profile

Program Name:	**Florida Keys Children's Shelter**	QA Program Code:	**575**
Provider Name:	**Florida Keys Children's Shelter, Inc**	Contract Number:	**V2021**
Location:	**73 High Point Road, Tavernier, FL 33070**	Number of Beds:	**6.28**
Review Date(s):	**March 15-16, 2012**	Lead Reviewer Code:	**M. Tavares**

Indicator Ratings

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	Satisfactory
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
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

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
% Indicators Rated Satisfactory Compliance:		**100%**
% Indicators Rated Limited Compliance:		**0%**
% Indicators Rated Failed Compliance:		**0%**

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Limited
3.04	Medications	Satisfactory
3.05	Medical/Mental Health Alert Process	Satisfactory
3.06	Episodic/Emergency Care	Satisfactory
% Indicators Rated Satisfactory Compliance:		**83%**
% Indicators Rated Limited Compliance:		**17%**
% Indicators Rated Failed Compliance:		**0%**

Overall Rating Summary

Satisfactory Compliance:	**94%**
Limited Compliance:	**6%**
Failed Compliance:	**0%**

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2011).

Persons Interviewed

- ☒ Program Director
- ☐ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- ____ # Case Managers
- ____ # Clinical Staff
- 1 # Food Service Personnel
- ____ # Healthcare Staff
- ____ # Maintenance Personnel
- 4 # Program Supervisors
- 5 # Other (listed by title): **4- YCW; 1- Executive Asst**

Documents Reviewed

- ☒ Accreditation Reports
- ☒ Affidavit of Good Moral Character
- ☒ CCC Reports
- ☐ Confinement Reports
- ☒ Continuity of Operation Plan
- ☐ Contract Monitoring Reports
- ☐ Contract Scope of Services
- ☒ Egress Plans
- ☐ Escape Notification/Logs
- ☒ Exposure Control Plan
- ☒ Fire Drill Log
- ☒ Fire Inspection Report
- ☒ Fire Prevention Plan
- ☒ Grievance Process/Records
- ☐ Key Control Log
- ☒ Logbooks
- ☒ Medical and Mental Health Alerts
- ☐ PAR Reports
- ☒ Precautionary Observation Logs
- ☐ Program Schedules
- ☐ Sick Call Logs
- ☒ Supplemental Contracts
- ☒ Table of Organization
- ☐ Telephone Logs
- ☐ Vehicle Inspection Reports
- ☐ Visitation Logs
- ☒ Youth Handbook
- 3 # Health Records
- 3 # MH/SA Records
- 16 # Personnel Records
- 5 # Training Records/CORE
- 2 # Youth Records (Closed)
- 6 # Youth Records (Open)
- 1 # Other: **Volunteer file**

Surveys

- **3** # Youth
- **3** # Direct Care Staff
- **0** # Other: ____

Observations During Review

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

Comments

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

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

The Florida Network of Youth and Family Services and the Florida Department of Juvenile Justiceôs Bureau of Quality Improvement wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Marcia Tavares, Lead Reviewer, Consultant, Forefront LLC
Shandria Striggles-Hall, QI Review Specialist, DJJ Bureau of Quality Improvement
Marie Boswell, Delinquency Prevention Specialist, Office of Prevention and Victim Services
Baldwin Davis, Chief Compliance Officer, Miami Bridge Youth and Family Services Inc

Please note that this report refers to each indicator by number and title only. Please see the applicable standards for the full text of each indicator. The standards are available on the Bureau of Quality Assurance website, at http://www.djj.state.fl.us/QA/index.html.

Strengths and Innovative Approaches

The Florida Keys Children's Shelter, Inc., is a non-profit community-based corporation sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary Children In Need of Services/Families In Need of Services (CINS/FINS) residential and non-residential services to youth and families in Monroe County. The agency provides a full range of services to both male and female youth ages 10-17 years of age. The program is located at the Tavernier's Jelsema Center, at the north-end of Monroe County next to the Tavernier Government Center.

In May of 2004, the Florida Keys Children's Shelter was accredited by the Council on Accreditation (COA) and has been continuously re-accredited by the Council on Accreditation (COA) in 2008 and again in May 2012. This consistent achievement demonstrates the organization's commitment to maintaining the highest level of standards and delivery of quality services to its consumers.

One of the agency's student representative Board Members was recognized for her athletic achievements as a member of the Dolphins' cross-country, soccer and tennis teams. Previously, the youth was a finalist for the prestigious National Merit Scholarship Program that earned her a $5,000 college scholarship over four years. Her latest accolade as one of just 12 female student-athletes, named to the 2012 Florida High School Athletic Association Ronald N. Davis Academic All-State Team, is a result of her high achievement in both athletics and academics.

Project Inspiration, the mural painting of all the rooms in the shelter by local volunteer artists, has dramatically transformed the ambience and appearance of the shelter and increased the youths'appreciation of their surroundings, virtually eliminating the defacing of the walls in their bedrooms. All of the bedrooms and dormitory hallways have been professionally painted with beautiful murals of different themes. In addition to the interior painting, the shelter boasts a new exterior paint and new tiled flooring with tiles that were donated to the shelter. Other building improvements include a new roof and landscaping.

The program is located in a geographic area that is prone to hurricanes, has a high cost of living, and limited labor pool. It has been a challenge for the agency to recruit professional, particularly male, staff. Through the leadership of the Executive Director, Kathy Tuell, the agency is partnering with the University of Miami and Universities across the country to collaborate on web-based training, conferences, and other activities focused on dealing with youth issues. The program utilizes interns to assist with counseling and case management and has mutually benefitted tremendously from this assistance. Funded by an Eckerd Grant, this education initiative will help in bridging the gap and establish relationships that will facilitate the recruitment and utilization of interns and ultimately future staff.

The agency has invested in a new data administration system called Efforts to Outcomes (ETO) by Social Solutions. ETO has an initial set up cost of approximately $20,000 and a monthly maintenance cost ranging from $800-$1200 per month, based on the provider's needs. ETO will allow the provider to track program outcomes and generate customized reports on various outcomes indicators. The database is customized to the provider's needs and was implemented

in 2011. All staff will have individual access and both youth and staff will have a dashboard to monitor day to day progress/performance.

Standard 1: Management Accountability

Overview

FKCS has been in operations since 1985. The agency has an eight-member Board of Directors, including a youth member, with representatives from the upper, middle, and the lower keys, to oversee the agencyôs goals, objectives and activities. The FKCS building houses the temporary CINS/FINS shelter located on the first floor and the agencyôs administrative offices, located on the second floor. The shelter provides separate female and male dormitories to children ages ten to seventeen years that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk.

The program has a Senior Management team that is comprised of the President/Chief Executive Officer, the Chief Operating Officer (COO), the Chief Financial Officer (CFO), the Chief Learning and Evaluation Officer (CLEO), and the Chief Development Officer (CDO). In addition, the program has a Counseling Services Coordinator and a residential Program Coordinator. There were no staff vacancies at the time of the review. The COO oversees the activities of both the residential and the non-residential programs. Shelter program staff includes: a Program Coordinator, two Team Leaders, a Youth Advocate, ten Youth Care Staff, a Food Service Manager, and a Maintenance staff. In addition to the Counseling Services Coordinator, the non-residential component has four Counselor positions, assigned to the upper Keys, Marathon, and Key West.

The program has an Annual Training Plan for all staff and all employees receive ongoing training from the programôs CLEO, local providers, and the Florida Network. Orientation training is provided to all personnel by the CLEO. Each employee has a separate training file that contains a training plan and corroborating documentation for training received. Annual training is tracked according to the employeeôs date of hire.

FKCS maintains valuable interagency agreements with several agencies that ensure a continuum of services for the youth and families. The program has a strong outreach component, with participation of all program staff, with emphasis on the designated high crime zip coded areas. Community based staff provide services throughout the county and maintain offices in schools located in the upper, middle, and lower Keys.

The Florida Network approved the programôs Disaster Preparedness plan for FY 2011-2012; the plan shows a revision date of February 2012. The Department of Children and Families has licensed WaveCREST as an emergency runaway shelter, with the current license in effect until January 31, 2013.

1.01: Background Screening of Employees/Volunteers	Satisfactory Compliance

The program has a policy and procedure, 1.12, to ensure that background screening is conducted for all employees and volunteers. The program complies with current DJJ Background Screening

Unit (BSU) procedures and submits the appropriate forms to BSU. Prior to an offer of hire, the program obtains an eligible rating and retains proof of eligibility in the employeesô personnel files.

A total of seventeen (17) personnel files were reviewed for thirteen (13) new hires, three (3) rescreened employees, and one (1) volunteer. All of the new hires were screened and received an eligible screening result prior to hire date. Similarly, all three of the employees who were eligible for a five-year rescreening, had the rescreening completed prior to their five-year anniversary dates. However, contrary to the providerôs policy which states that the five-year rescreening cannot be initiated more than six months before the five-year anniversary date, the rescreening was conducted just over one year for one of the eligible employees.

In addition to the DJJ Background Screening, the provider also conducts quarterly local background checks for all employees, annual driverôs license checks through Greg Poe Insurance Company, and drug screenings at hire and randomly thereafter.

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

1.02: Provision of an Abuse Free Environment	Satisfactory Compliance

The program has a policy and procedures in place that address all elements of the indicator to ensure that youth, staff, and others are provided an abuse free and safe environment. In addition, the program has a comprehensive Personnel Policy and Procedure Manual that covers the rules and expectations in effect at the FKCS. The Code of Conduct is described in Section E of the manual and outlines all rules concerning physical abuse, use of profanity, threats, or intimidation. Upon hire, staff receives a copy of the Employee Handbook and an acknowledgement of receipt in writing is maintained in the employeeôs personnel file.

The program also has a detailed policy and procedures regarding Child Abuse Reporting, policy # 1.07.01-1.07.03. Staffôs responsibility and protocols for reporting child abuse are clearly outlined in the procedures. Orientation training was conducted on abuse reporting requirements with the three new program staff whose training files were reviewed. In addition, the Abuse Hotline telephone number is visibly posted in the lobby, administrative office hallway, staff office, youth living room area, and is also included in the Client handbook. A log is maintained for all calls made to the Abuse Hotline but no abuse reports have been made since June 2011. There have not been any incidents of discipline imposed toward staff due to abuse.

All youth are provided with a Client Handbook upon admission to the program. Included in the handbook are the youth's rights, information on the grievance process, the abuse hotline number, and the code of ethics. During the program orientation, the youth and the youthôs parent or guardian are advised of the program's mandatory abuse reporting requirements. The youth and parent or guardian sign the orientation checklist acknowledging receipt of the handbook and their understanding of the information provided during orientation. This form was located in all files that were reviewed.

All of the three (3) youth surveyed indicated that they feel safe in the shelter; however, one of the youth stated that she did not know about the abuse hotline and was unaware of the location of the Abuse Hotline telephone number. Also, one youth indicated that adults in the shelter program are sometimes disrespectful when talking to youth.

The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard another staff use profanity, threat, intimidation, or humiliation when interacting with youth.

1.03: Incident Reporting	Satisfactory Compliance

The program has written procedures for incident reporting documented in Policy # 1.13, Incident Reporting, that comply with the Departmentôs requirements. During the review period, the program reported five (5) incidents called in to the Central Communications Center (CCC) that are documented on a simple but effective incident reporting format. Four (4) of the five (5) incidents were reported within the two hour timeframe. The incident that was not reported during the two-hour timeframe occurred on 12/30/2011 at 10:18 p.m. The initial call to CCC was documented for 12/31/2011 at 2:41 a.m. at which time staff left a message on the CCC voicemail. All incident reports are concise, factual, and legible; however, one incident was not signed by the supervisor as being reviewed although it was called into CCC as required.

1.04: Training Requirements	Satisfactory Compliance

The program has a comprehensive written policy and procedures to address staff training and has developed an annual Training Plan to ensure staff receives the necessary training to successfully complete job requirements. The programôs Training Plan contains all mandatory training topics required by the indicator including Title IVE training. The programôs Training Plan for FY 2011-2012 was submitted to the Florida Network for review and approval on August 23, 2011. The Chief Learning and Evaluation Officer (CLEO) develops the FKCS Training Program and updates it annually as needed. To ensure staff receives proper training within the first year of employment, all new staff complete orientation, First Aid, CPR, Program Safety, Disaster Plan, and other mandatory training outlined in the plan for a minimum of 80 hours. In-service staff is required to complete 40 hours of training that includes at a minimum, fire safety, recertification of First Aid and CPR, Emergency Disaster procedures, mental health, crisis intervention, and suicide prevention.

A review of five (5) training files for the two (2) first year and three in-service staff was conducted to assess compliance with the indicator. The training files document hours achieved in excess of the 80 hours for first year employment and in excess of 40 hours for in-service training. Training files also reflected that all mandatory trainings required by the Department are completed within the required timeframes; however, two training topics, Mental Health/Substance Abuse and Universal Precautions, outlined in the CINS/FINS policy manual, were not yet completed by the two new staff; one of two staff has already completed the first year (R. Reid) but the other staff (N. Mirville) has until May 2012. The training files are consistently organized and contained relevant supporting documentation. Training is scheduled throughout the year and is provided by a variety of sources such as the Florida Network, local community resources, and the programôs CLEO.

1.05: Interagency Agreements and Outreach	Satisfactory Compliance

The program has a centrally located binder that holds all its Memorandum of Agreements (MOUs) and Interagency Agreements. Twelve such agreements were evidenced in the indexing with the agreements in place. Of these, ten were dated within the last two years. All of the ten agreements had current contract/agreement dates. The remaining two agreements were undated so it was not possible to tell how relevant the agreements were from the file. Further

conversation with staff revealed that these were for the Street Outreach program that was funded within the last twelve (12) months.

Although community outreach is a shared responsibility, the program has a designated staff person who is responsible for Community Outreach Activities. The lead Outreach staff coordinates and is accountable for the interagency agreements as well as any community partnership and collaboration. The program develops brochures describing the various services offered by the organization which are updated as needed. The brochures are published in English, Spanish, and Creole. The agency distributes printed material and makes presentations to audiences from low-performing schools, other prevention programs, and high crime neighborhoods.

1.06: Disaster Planning	Satisfactory Compliance

The program has a comprehensive Disaster Plan as outlined in the indicator. The plan was updated and revised in February 2012. The Emergency Response Plan includes: 1) all of the required types of emergency situations; 2) evacuation sites for the shelter; 3) two meeting sites on the outside of the building in the event of evacuation; 4) evacuation routes to ensure safe and secure transportation; 5) checklist of all appropriate and necessary equipment; 6) staff contact list; and 7) notification procedures to the Florida Network and other funding agencies. Evidence was provided by way of email correspondence from the Florida Network to verify that the plan was received and approved. The Islamorada Fire Rescue Captain also reviewed and approved the agency's Emergency Preparedness Plan, Fire Evacuation Plan, Fire Drill Procedures, and Fire Prevention Plan on September 29, 2011.

Emergency episodic and fire drills are conducted by the program and are documented on a log and reports. Both types of drills were conducted by staff on a monthly basis and on each shift. Corresponding reports provide details of each drill including an analysis and critique.

The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies.

Standard 2: Intervention and Case Management

Overview

FKCS is contracted to provide both shelter and non-residential services for youth and their families in Monroe County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Trained staff are available to determine the needs of the family and youth. Residential services, including individual, family, and group services, are provided. Case management and substance abuse prevention education are also offered. Referral and aftercare services begin when the youth are admitted for services. Aftercare planning includes referring youth to community resources, on- going counseling, and educational assistance.

The non-residential component consists of a Counseling Services Coordinator and four Counseling positions. The counselors are responsible for providing case management services

and linking youth and families to community services. The community based services span the entire Monroe County. The programôs non-residential counselors work out of local schools in the upper, middle, and lower Keys in Key West, and provide prevention services to youth in the county utilizing several schools as the base of operations in their respective communities.

FKCS coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court.

2.01: Screening and Intake	Satisfactory Compliance

The program consistently met all requirements for this indicator without exception. All three (3) residential and three non-residential files reviewed documented eligibility screening was completed within seven (7) calendar days of the referral. The residential screenings were completed the same date as the referrals for shelter services. Youth and P/G are given a Client Handbook which explains rights and responsibilities, available service options, grievance procedures, and other relevant program information. They also receive a brochure on parent options for ungovernable children and possible actions occurring through involvement with CINS/FINS services. The brochure also includes information about the Case Staffing Committee, CINS Petition, and CINS Adjudication.

In addition, shelter youth are provided an opportunity to participate in faith-based activities of their own choosing. The case files document a signed receipt of this option along with signed documentation of receipt of the parent handbook.

2.02: Psychosocial Assessment	Satisfactory Compliance

The three (3) residential files reviewed documented Psychosocial Assessments were initiated the same day as intake and within seventy-two hours of admission as required. Two youth were admitted to the shelter on 04/30/12 and 04/18/12, but their psychosocial assessments were not completed until 05/15/2012 and 05/09/2012, respectfully. In addition, the supervisorôs signature and date was missing from the two youthôs psychosocial assessments

Two (2) of the 3 non-residential files reviewed documented the Psychosocial Assessment was completed within two to three face-to-face contacts after the initial intake; however, one of the youth files had a psychosocial assessment that showed an implementation date of 04/09/2012, prior to the intake date of the youth on 04/10/2012. All six (6) Psychosocial Assessments were completed by a Bachelorôs or Masterôs level staff but not all staff noted their credentials upon signing. Two (2) of the files reviewed documented the youth had an elevated risk of suicide requiring as assessment of suicide risk to be completed.

2.03: Case/Service Plan	Satisfactory Compliance

One (1) of the three (3) residential case files reviewed was applicable for the implementation of the case plan and the case plan was implemented the same date as the completion of the psychosocial assessment. Two (2) of the 3 non-residential files had applicable case plans that were implemented within the 7-day timeframe. The third case file did not have a current,

valid case plan that was developed after the completion of the Psychosocial Assessment.

Instead, a case plan dated 3/16/12, prior to the intake date of 4/10/12 was provided in the file with no explanation of its validity. All 3 applicable service plans included individualized and prioritized needs, and goals identified in the Psychosocial Assessment. All six plans included the implementation date, type of service, frequency, location, persons responsible, target dates for completion, and actual completion dates. The case plans were signed by the youth, parent/guardian, counselor, and supervisor in all three (3) files. One applicable thirty-day review was conducted during the required timeframe.

2.04: Case Management and Service Delivery	Satisfactory Compliance

All six (6) files reviewed documented a Counselor/Case Manager was assigned to the youth and documented delivery of services through direct provision of services or referral. All referrals for services were made as needed. The program counselor coordinates the service plan implementation by monitoring the youth and familyôs via phone and face-to-face visits. In addition, the counselor supports the family, monitors out of home placements if necessary, and makes referrals for additional services. The counselor also makes referral to the Case Staffing Committee, as needed, to address problems and needs of the youth/family. Judicial intervention is recommended when deemed necessary and the counselor accompanies youth to court hearings, related appointments, and provides case monitoring and review court orders. Case termination and 180-day follow-up is conducted by the counselor.

2.05: Counseling Services	Satisfactory Compliance

Three (3) of the files reviewed documented the youth and families received counseling services in accordance with the service plan. The3 residential files demonstrated that the youth received individual/family counseling in shelter care and group counseling at least five (5) times per week. The Counselors are able to provide individual and family counseling as needed.

The non-residential program provides community based therapeutic services designed to intervene in crisis and stabilize the family, keep the family intact, minimize out-of-home placement, provide after care for youth returning from shelter, and prevent involvement of youth/family in Dependency/Delinquency systems. Non-residential services are provided in the youth/family home, community, or office location.

2.06: Adjudication/Petition Process	Satisfactory Compliance

The program has formal procedures in place to ensure case staffing meetings are convened when requested by a parent/guardian (P/G) or when itôs recommended by program staff. These procedures address all the elements of the indicator and are outlined in Policy # 3.06-3.09 of the agency Policy and Procedures Manual.

When case staffing is requested, the program staff schedules the meeting and notifies the youth, family, and the case staffing committee members. Meeting notification is sent either by mail or email. The recommendations made by the committee are documented on the Case Staffing Recommendation Form which is signed by all parties present at the meeting. The P/G is given a

copy of the recommendations at the conclusion of the meeting.

A review was conducted of two case staffing youth files in which the program made the request for the staffing. An email notification was sent during the required timeframe for the meeting held in April 2012 but no evidence of a meeting notice via mail or email was found in the second file for the meeting held December 22, 2011. Members of the staffing committee include a representative from the Monroe County School Board, a DJJ Probation Officer, and agency staff; no other community representatives were present. As a result of the staffing, a list of recommendations were made and signed off by all participants. However, new service plans were not developed nor were revisions made to the current plans, incorporating all of the recommendations of the committee. A copy of the recommendation was provided to the P/G at the end of the case staffing meetings. Prior to the court hearing, staff prepared and submitted a summary of the case with the CINS Petition and a copy was maintained in the file along with the petition.

Standard 3: Shelter Care/Health Services

Overview

FKCS is located in Tavernier, Florida and serves the entire Monroe County. The shelter is a sixteen bed facility that provides residential services to youth in the Department of Juvenile Justice (DJJ) CINS/FINS program and youth from the Department of Children and Families (DCF). At the time of the quality assurance review, the shelter was providing services to five DJJ youth. The shelter is not designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

During the tour, the facility was found to be in good working condition and the furnishings in good repair. The facility was remodeled with the installation of new tile floors, professionally painted wall murals in the dormitories, new furnishing, exterior painting and new landscaping. The shelter consists of two game/recreation rooms, a large day room/dining hall, dormitory, kitchen, laundry room, staff offices and a conference room. The dormitory, restrooms and common areas were clean. The dormitory is divided into two (2) separate areas, one for the boys and one for the girls. The sleeping rooms house two youth each with an individual bed, bed covering and pillows. In addition, the youth have access to the game/recreation room, and basketball court. The Counseling Services Coordinator/CINS/FINS Counselor is a Licensed Clinical Social Worker

(LCSW)/Certified Addictions Professional (CAP). Services provided include individual, group and/or family counseling, and any other applicable intervention required. The youth admitted to the program are screened using the Network Management Information System (NETMIS) Youth Screening Form, the CINS/FINS Intake Form, a brief FAM (Family) General Scale or Teen Screen, and a Substance Abuse Subtle Screening Inventory (SASSI), when applicable. If a youth answers ñyesò to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form or if the staff memberôs observations of the youthôs behavior would indicate any area of concern, an Assessment of Suicide Risk (ASR) is completed. The ASR is completed by either licensed professional or a non-licensed counselor under the direct supervision of the LCSW. A medical and mental health alert system is in place and the shelter staff that administers medications have been trained in the distribution of medication.

3.01: Shelter Care Requirements	Satisfactory Compliance

The program follows written procedures to ensure that practices are in place for proper orientation of youth admitted into the program. All three residential files reviewed supported that all youth received a comprehensive orientation within 24 hours of admission and sign an acknowledgement form which is also

signed by the P/G. Upon admission, the youth receive a handbook that outlines their rights and responsibilities and formal grievance process. During the tour it was also observed that rights and responsibilities was posted throughout the facility.

A formal grievance process is accessible to all youth. Forms are made available to youth in a clearly marked box mounted on the wall at the entrance to the dormitories. All youth grievances were resolved within 72 hours by the supervisor, each signed by all parties, and checked as resolved.

A review of three (3) logbooks over a six-month period supported that staff conducted bed checks at fifteen-minute intervals and are indicated by staff in the program logbook.

FKCS is not a designated Staff Secure Shelter.

3.02: Healthcare Admission Screening	Satisfactory Compliance

The program has a policy which prescribes the healthcare admission process. At admission, youth are screened by answering questions regarding their current and past health issues. Three residential files were reviewed; all youth received a preliminary health care screening on the day of admission and the health screening included the required elements. Interviews with staff indicated that when applicable, P/G are involved with coordinating and scheduling appointments. The program has an interagency agreement with a local Pediatrician for general medical conditions or physical exams. Youth identified with medical issues at intake may be transported to the local hospital or the P/G may provide their own transportation. If the P/G is unable to provide medical care for their child because of financial or lack of medical insurance reasons, the Youth Advocate will attempt to get donated follow-up care or services from the Health Department or mobile medical van, if applicable. Medical referrals are documented in the logbook and in the youthôs file.

Medical issues such as allergies are also documented on the medical/mental health care and follow-up notes. The youth receive information regarding the procedure for accessing the programôs medical and mental health services. When possible, there is documentation that the youthôs parent/guardian was actively involved in taking the youth for medical appointments.

3.03: Suicide Prevention	Limited Compliance

The program has a Comprehensive Master Plan to provide procedures for access to mental health and substance abuse services that includes the procedure for suicide risk screening and assessment of suicide, crisis intervention, and emergency services. The agency also has a policy titled ñSuicide Assessment and Precautionsò that provides clear guidelines for the screening, assessment, and monitoring of suicide risk among residential youth.

Youth admitted to the program are initially screened using the CINS/FINS Intake Form. If a youth answers ñyesò to any of the six (6) questions pertaining to suicide risk on the CINS/FINS Intake form, they are immediately placed under sight and sound supervision until a clinical suicide risk assessment, using the Suicide Probability Scale tool, is performed by the LCSW or a Masterôs level counselor under the supervision of the LCSW. When necessary, a full Assessment of suicide, utilizing the Florida Keys Suicide Risk (ASR) is completed by the programôs licensed Mental Health Counselor or a non-licensed mental health professional under the direct supervision of the licensed professional. The programôs ASR is approved by the Florida Network on August 15, 2011.

All three (3) files reviewed contained a suicide risk screening during the initial intake using the CINS/FINS Intake form and all of the youth sign a client safety agreement. Review of documentation found that 2 of the 3 youth did not receive an ASR when the initial screen had a hit. The youth were not placed on sight and sound and a SPS was not performed. The case notes initially reviewed did not document the completion of these services. The Counseling Coordinator later submitted an ASR and what appears to be a late entry case note for a youth for 04/26/2012. The ASR was signed by the LCSW but did not have a date or time entry. A subsequent close supervision log from 05/5 ï 5/6/2012 for one youth found that there were several instances where the 10-minute checks exceeded the 10-minute increments. Another ASR completed on 05/07/2012 was again signed by the LCSW but there was no date or time where indicated on the form.

Training files were reviewed for receipt of Suicide Assessment and Suicide Prevention training. All of the training files documented the employees had received the necessary training.

3.04: Medications	Satisfactory Compliance

The program has written policy and procedures for the storage, access, inventory, distribution, documentation, and disposal of medications. The programôs policy encompassed all the mandatory components of the indicator.

Observation confirmed that the program stored medication in a separate, secure room which is inaccessible to youth. The program has a locked refrigerator for the cold storage but none of the current medications at the time of the review needed refrigeration. Controlled medication was stored appropriately under a two lock system. Review of the medication inventory found that shift-to-shift counts are conducted and documented and perpetual inventories are maintained on controlled substances. Syringes and sharps are secured and are counted weekly; however, there was no inventory of these items prior to March 2, 2012. Over the counter (OTC) medications are inventoried; however, on the non-prescription daily count, there were some instances where daily counts were not being conducted in the months of February and March 2012. Medication records contained all the required elements.

There was documentation that staff received training in medication distribution. The program maintains a list of staff trained and designated to distribute medication.

3.05: Medical/Mental Health Alert Process	Satisfactory Compliance

The program has written procedures for the medical and mental health alert process to ensure that information concerning a youthôs medical condition, allergies, common side effects, etc. is communicated to staff on a daily basis. The program has an alert system that includes: posting of

alerts in the staff office, using a 13-code alert system, and documentation of coded alerts on the cover of the youthôs individual case file. The alert codes are also printed on the back of the staffôs ID cards that they keep on their person at all times. The types of alerts documented include: food allergies, medical, mental health, substance abuse, physically aggressive, sight and sound, run away, and court ordered.

The program posts a Daily Alerts Report in the staffôs office for all youth in the shelter that includes a designation of the type of alert applicable for each youth. All of the youth reviewed were listed on the alert report and all applicable information was correct.

3.06: Episodic/Emergency Care	Satisfactory Compliance

The programôs policy addresses all of the elements of the indicator and procedures are in place to ensure the provision of emergency medical and dental care. Interagency agreements are executed with health care providers to provide access to these off-site emergency services including the local hospital, Health Department, and a Pediatrician.

All staff are currently trained in CPR and First Aid and the agencyôs CLEO is a certified CPR/First Aid Instructor. Additionally, all staff are trained on emergency medical procedures covering a wide range of emergency situations. The program has a knife-for-life and wire cutter on site; it also has a combo unit that includes a seat belt cutter and window punch that is located in each van. The program maintains a monthly first aid inventory kit but the documentation reviewed did not support this practice prior to March 2012. Also, there was no documentation to support that first aid kits in the vans were being inventoried. Mock emergency drills and fire drills were consistently completed on each shift monthly since January 2012.

The program maintains an offsite/onsite emergency care log; however a review of the log found that it was not being consistently updated. One youth went to the doctor on 5/7/12 and this entry was not on the log. There was also a youth that was Baker Acted on 4/26/12 and this entry was not on the log.

Overall Rating Summary	
Satisfactory Compliance:	**94%**
Limited Compliance:	**6%**
Failed Compliance:	**0%**