Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Family Resources-Manatee

on 12/04/2012

CINS/FINS Rating Profile

Standard 1: Management Accountability	
1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory

Percent of indicators rated Satisfactory:100.00%
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/Petitiion 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 3: Shelter Care	
3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Youth Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Limited
3.07 Special Populations	Satisfactory

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

Standard 4: Mental Health/Health Services	
4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

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

Overall Rating Summary

Percent of indicators rated Satisfactory:95.83%
Percent of indicators rated Limited:4.17%
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

Ashley Davies, Lead Reviewer and Consultant, Forefront LLC

Pat Mcghee, Contract Manager, DJJ

Angela Patton, Program Manager/Case Manager, Thaise Educational & Exposure Tours

Taryn See, Youth Care Supervisor, LSF - SW

Tom Popadak, Training Specialist, Diversified Consultants

Persons Interviewed

- [x] Program Director
- [x] DJJ Monitor
- [ ] DHA or designee
- [ ] DMHA or designee

3 Case Managers
4 Clinical Staff
0 Food Service Personnel
0 Health Care Staff

0 Maintenance Personnel
1 Program Supervisors
0 Other

Documents Reviewed

- [ ] Accreditation Reports
- [x] Affidavit of Good Moral Character
- [x] CCC Reports
- [ ] Confinement Reports
- [ ] Continuity of Operation Plan
- [ ] Contract Monitoring Reports
- [ ] Contract Scope of Services
- [x] Egress Plans
- [ ] Escape Notification/Logs
- [ ] Exposure Control Plan
- [x] Fire Drill Log
- [x] Fire Inspection Report
- [x] Fire Prevention Plan
- [x] Grievance Process/Records
- [ ] Key Control Log
- [x] Logbooks
- [x] Medical and Mental Health Alerts
- [ ] PAR Reports
- [x] Precautionary Observation Logs
- [x] Program Schedules
- [ ] Sick Call Logs
- [ ] Supplemental Contracts
- [x] Table of Organization
- [ ] Telephone Logs
- [x] Vehicle Inspection Reports
- [ ] Visitation Logs
- [x] Youth Handbook

4 Health Records
4 MH/SA Records
12 Personnel Records
13 Training Records/CORE
10 Youth Records (Closed)
10 Youth Records (Open)
0 Other

Surveys

2 Youth | 7 Direct Care Staff | 0 Other

Observations During Review

- [ ] Admissions
- [ ] Confinement
- [x] Facility and Grounds
- [x] First Aid Kit(s)
- [ ] Group
- [x] Meals
- [ ] Medical Clinic
- [ ] Medication Administration
- [x] Posting of Abuse Hotline
- [x] Program Activities
- [ ] Recreation
- [ ] Searches
- [x] Security Video Tapes
- [ ] Sick Call
- [x] Social Skill Modeling by Staff
- [x] Staff Interactions with Youth
- [x] Staff Supervision of Youth
- [x] Tool Inventory and Storage
- [x] 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 Narrative

Strengths and Innovative Approaches

Rating Narrative

- Family Resources, Inc. was awarded an HHS C-PREP grant for pregnancy prevention. They implemented the Teen Outreach Program, which is a twenty-six week program with community service learning. The program is funded from 2012-2015 in both Pinellas and Manatee Counties.
- Family Resources, Inc. was awarded an HHS grant to open a Transitional Living Program that is specific to the LGBTQ youth only. This program is open at the south campus location in Pinellas County with six beds.
- The Manatee SafePlace2B shelter combined programs provided 1,874 bed days to 206 youth in crisis.
- Individual and family counseling was provided to 176 families in 711 combined counseling sessions.
- Safe Place presentations were made to 8,664 youth and 2,780 adults in Manatee County through community outreach participation.
- The shelter had their entrance ramp replaced by the Eagle Scouts as a community service project.
- The shelter received United Way funding to provide Life Skills training to the SafePlace2B youth.
- The shelter has access to a pet therapy dog who belongs the the newest counselor at the shelter.

Standard 1: Management Accountability

Overview

Narrative

Family Resources, Inc. – Manatee youth shelter called SafePlace2B and non-residential programs are located in Bradenton, Florida. Family Resources, Inc. provides services through a direct local service provider contract with the Florida Network of Youth and Family Services (FNYFS). The Family Resources agency primarily provides CINS/FINS services in Manatee County and nearby surrounding counties. Family Resources also operates sister North and South youth shelters also called SafePlace2B that are located in Clearwater and St. Petersburg, Florida respectively. These agencies service youth and families in Pinellas and other surrounding counties. All three youth shelter programs report to the agency's Vice President. Each location has assigned or has access to a licensed clinician. All locations have a Shelter Director, Residential and Non-Residential counselors, Residential staff members and Outreach staff. A centralized Human Resources and fiscal departments handle all personnel and financial matters. Each sites' clinician reviews and oversees all counseling and mental health services provided to youth and families delivered at their respective location. The agency assigns the daily operation and direct responsibility of each shelter to the Residential Director at each youth shelter. All Family Resources residential shelters have implemented uniform operating protocols for all three service locations in the areas of operations and programming for both residential and non-residential services. Other uniform protocols for all three locations include training and professional development. The Family Resources Manatee program agency conducts screenings prior to hiring of all staff members. All staff members receive training at their respective service locations. In addition, many agency trainings combine staff members of each location to be trained on various core training topics.

1.01 Background Screening

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program has a written policy. Time frames hves been met according to policies and procedures for background screening standards. A total of five files were reviewed and documented a hire/start date of employment. All five staff had satisfactory background screenings prior to working with the youth in the shelter. There were no staff requiring a five year re-screening this review cycle. The Annual Affidavit of Complance with level 2 screening standards was completed and submitted to the BSU prior to January 31st.

1.02 Provision of an Abuse Free Environment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure for Provision of an Abuse Free Environment. The policies and procedures are posted in the lobby out front where visitors enter and it is also posted in the dinning area on the bulletin board. Along the wall is an envelop for youth and staff to access forms for reporting. A copy of the agency policy was reviewed and a copy attached which would included a copy of the grievance form, and a Client handbook which included information on the Safe Place, client rights, confidentiality and grievance. This hand book is covered with each youth and a copy provided and documented in each youths file. The grievance binder was very organized and the the response meet the time frames required.

1.03 Incident Reporting

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has an Incident Reporting Policy that addresses incident reporting that coincides with the Florida Network and the DJJ CCC policies. The polcy was last reviewed and approved in September 2013. The agency's policy specifies that all incidents be reported to the CCC as soon as possible, but no later that two hours after the incident. The agency's policy requires incidents to be documented in program

logs as well as on incident reporting forms.

The shelter has had three incidents reported to the CCC in last six months. All three incidents were reported within the two hour time frame. An internal incident report was also completed for each CCC incident. Of the three incidents reported, one was related to a behavior issue, one was a medical incident, and one was a program disruption. The shelter has also had ten additional internal incidents documented on incident reports; however, not reportable to the CCC. Documentation reviewed in all incident reports was thorough and informative. The reports clearly documented the incident, who was involved, supervisory reviews, actions taken, and the program director review.

1.04 Training Requirements

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The shelter maintains individual training files for each staff. These files contain the following information: training logs, certificates, summaries, and conference/training overviews. During the review management provided clarification on the file set up for a better understanding of file style and format which was very helpful.

A total of six files were reviewed which consisted of two residential and four non-residential staff files. The two residential files that were reviewed complied with the policy to meet the eighty hours of training for the year.

The four non-residential files reviewed complied with the requirements with the exception of one staff which showed no record of completion of Behavioral Management.

The staff are very pro active in completing training in a timely matter and takes advantage of other opportunities of training. The agency is supportive in investing in staff by providing in-service training throughout the year, offers training should a staff person need training in other areas, as well as, provides opportunities to take on-line E-trainings and outside seminars and or conferences.

1.05 Analyzing and Reporting Information

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Met with the administrative assistant/data staff who explained the programs data systems in full detail from why the forms were created, the purpose, and function on how each form captures services.

The agency uses several tools for capturing data such as a binder for incidents/accidents and grievances reports which was very organized by cover pages and staff signatures/initials. Hard copies of Customer/Client Satisfaction Surveys were reviewed for the month of December. The rest of forms had been entered into NetMIS. Copies of forms provided.

The outreach efforts were reviewed, this data captures: presentations, student-cards, and goal tracking. This is being tracked annually.

The 180 day follow up calls are tracked and documented on a monthly bases to give the program a snap shot of the progress and areas of improvement.

The director shared a tremdous amount of new programs and client services the program has provied.

The program did an exceptional job with new revised forms that will impact the program greatly for present and future reporting. The spreadment sheets are very detailed and clearly document sucesses and any needed improvement.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Family Resources program provides Non-Residential Services through its Counseling staff located in Bradenton, Florida. Primary services delivered include Truancy, Marriage and Family Counseling. The Non-residential services component includes an Executive Director and additional staff members that include two Family Counselors. The Executive Director is a Licensed Mental Health Counselor (LMHC) and is responsible for the daily operations and service delivery of the non-residential services program. Screenings are conducted by youth care staff and counselors twenty-four hours a day, seven days a week. A case plan is developed for each client. In addition, home visits are conducted on a case by case basis to offer support the client and their family and to ensure the completion of the case plan. If deemed applicable and after further evaluation, Family and Individual Counseling is offered by Family Resources with shelter care as a viable option for youth that need additional support services. The non-residential program also offers an intervention called a Case Staffing Committee meeting to address non-productive outcomes for either or both the youth and their family. The youth along with their family, representative from the local school board, Department of Juvenile Justice attorney and other social services agencies are gathered together to address the services that are being provided by the program or entities that are not doing their part or taking part in the services. The result of the meeting is that another Plan of Service is developed to meet the needs of the youth and family members. The Case Staffing Committee can also recommend a CINS Petition to be filed in court to order participation with additional treatment services to assist resolve issues faced by the youth and their family.

2.01 Screening and Intake

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

According to the standard, the initial screening must occur within seven calendar days of the referral by a trained staff member. There were eight cases were reviewed. All cases were screened within the required time frame and included documentation on the efforts that the staff made to make contact with the family in a timely manner.

Parents/guardians are given a welcome package to include an overview of the program and the services they provide. It also includes notice to privacy practices, rights and responsibilities of the youth and parent, grievance procedures, and the CINS/FINS brochure. The CINS/FINS brochure provides information on possible actions occurring through involvement with case staffing committee, CINS petition, and CINS adjudication. Parents and youth sign two forms indicating these documents were received. All files indicated that the youth and parents received all required information.

2.02 Psychosocial Assessment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Psychosocial assessments are to be initiated within seventy-two hours of admission to shelter care or updated if most recent psychosocial assessment is over six months. The assessment is to be completed within two or three face-to-face contacts following the initial intake if the youth is receiving non-residential services. The assessment should be completed by Bachelor's or Master's level staff and includes a supervisor review signature upon completion. There were eight files were reviewed. All files were initiated in the required time frame. Updated psychosocial assessments were completed for the cases that had one completed prior to six months. All psychosocial assessments were completed by Master's level staff. Two of the assessments were not signed by a licensed supervisor at the time of review; however, it was later corrected while on-site. In one of the files the assessment was initiated, but not completed. The staff explained that they have three sessions to complete the psychosocial assessment. It thoroughly documented efforts made to complete the assessment.

2.03 Case/Service Plan

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

A case/service plan is developed with the youth and family within seven working days following the completion of the psychosocial assessment. The plan is developed based on information gathered during the initial screening, intake, and assessment. The plan should include 1) identified need(s) and goal(s), 2) type, frequency, and location of the services, 3) person(s) responsible, 4) targeted date(s) for completion, 5) an actual completion date, 6) signature of youth, parent/guardian, counselor, and supervisor, and 7) date the plan was initiated. The service plan should be reviewed by the counselor and parent/guardian (if available) every thirty days for the first three months. There were eight files were reviewed, seven out of the eight cases were developed within seven working days of the psychosocial. The Case/Service Plan indicates type, frequency, and location. It identifies the person(s) responsible for each goal and target completion dates. Target completion dates are spread out which allow time to complete goals instead of grouping everything together on one date. Two case/service plans were not signed by a supervisor or parent; however, the supervisor signature was later corrected while on-site. Those cases also did not have documentation stating that the parent was unavailable at the time it was completed. In two of the cases the service plan thirty day review was not completed; however, one of the cases documented the reasons why.

2.04 Case Management and Service Delivery

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Each youth is assigned a counselor or case manager who will follow the case and ensure delivery of services through direct provision or referral. The process of case management includes: establishing referral needs and coordinating referrals, coordinating service plan implementation, monitoring the youth and family's progress, providing family support, referring to case staffing committee as needed or pursuing judicial intervention in selected cases. Eight files were reviewed. All cases were assigned a counselor or case manager. The counselor/case manager established referral needs and coordinated referrals to services based upon the on-going assessment of the youth's/family's problems and needs. Each case thoroughly documented efforts to coordinate service plan implementation and monitor family's progress in services. Each youth was referred to appropriate agencies as needed and services were provided to the family in a timely manner. Services were coordinated and well monitored.

2.05 Counseling Services

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process. Eight files were reviewed, four shelter files and four non-residential files. Each youth received individual/family counseling, as well as, group counseling sessions a minimum of five days per week, per policy for shelter programs. Each non-residential file reviewed indicated that the family was provided therapeutic community-based services such as anger management, individual and/or family counseling to provide the intervention necessary to stabilize the family. All cases coordinated referrals and services between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up. Each case maintained chronological case notes on the youth's progress and clinical review notes of case records and staff performance documented.

2.06 Adjudication/Petitiion Process

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure in place that addresses all of the key elements of this CQI indicator. The policy was reviewed and signed by the agency's COO Pat Gerard in September of 2013.

The program has a designated staff to coordinate the Case Staffing Committee (CSC) and CINS petition process. The Case Manager is responsible for all documentation, notification and coordination of the CSC activities. She maintains a separate binder of documentation on all cases that go to the CSC for review prior to the filing of a CINS Petition.

CSC meetings are held once a month on the third Thursday at the DJJ office at 302 Manantee Ave East, Suite 100, Bradenton, FL. There are six CSC regular committee members DJJ Probation, School Board Trauncy Social Worker, Manatee County Health Dept, Manatee Glens Resource Specialist, CINS attorney.

Typically between three and five cases are brought to the CSC each month. In the last four months eight youth and their families attended 17 CSC meetings. Letters of meeting notification are emailed to committee members and mailed to families. Reminder phone calls and conducted one week prior to the meeting to promote attendance by youth and families. The meeting may generate multiple recommendations including additional treatment interventions, services and referrals and other options prior to the filing of a CINS petition. One youth who was currently at the shelter facility was a referral from the CSC who was recommended to be placed at the shelter to improve his school performance (PLATO on line school).

All of the requirements related to committee composition, notification practices form members and families and documentation of the outcome or recommendations of the CSC were found to be in compliance with CQI standard 2.06.

The Case Manager is responsible for coordinating the CSC membership, meetings and activities and maintains a separate binder which helps with maintaining good documentation and facilitates the CQI review process. All documentation reviewed during this site visit relative to this indicator was very professional, consistent and organized.

A review of three case files of youth/families that had been to the CSC meeting was conducted during this CQI review. In all cases the documentation met the CQI indicator requirements and supported agency policy and procedure in practice. One case involved a parent request for the CSC meeting and a meeting was held within two days of the request far exceeding the seven day time frame allowed by statute and standard.

2.07 Youth Records

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Eight files were reviewed, seven out of the eight were marked confidential. Each file was maintaind in a neat and orderly manner. Each file has a check list at the beginning of the file indicating the layout of the file, which allows staff to be able to quickly and easily access information. According to staff interviews, files are kept in a locked file cabinet. This reviewer was showed the file cabinet where the shelter files are kept. The cabinet was locked and was only accessible by the program staff.

Standard 3: Shelter Care

Overview

Rating Narrative

Family Resources Manatee program provides residential CINS/FINS services through a contract with the Florida Network of Youth and Family Services. The Manatee SafePlace2B shelter is located in Bradenton, Florida. At the time of this Quality Improvement review, the residential program is staffed with a Residential Supervisor, a Counselor IV (Licensed Marriage and Family Therapist), a Counselor III, a Community Relations Specialist, a Case Manager, a Shelter Counselor, ten Youth Care Workers, and an Administrative Assistant. There were two part-time Youth Care Worker positions that were vacant. The Residential Supervisor oversees the day-to-day operations of the youth shelter. The program provides group sessions to clients a minimum of five days a week on various topics that address issues including substance abuse prevention, anger management, effective communication, leadership skill building and many others. The agency utilizes a behavior management system that is also used in its other residential programs.

3.01 Shelter Envonment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Family Resources-Manatee Residential Program, SafePlace2B, is a twelve bed facility located in Brandenton, Florida. Safe Place 2B Residential Supervisor provided an initial tour showing the six bedrooms, common areas for youth and staff, Leadership Room, counseling offices, kitchen, and storage areas of the facilitiy. Family Resources Inc has a policy set in place detailing the need for maintenance of their facilities and outlining who will be respoonsible for maintaining the facility as well as the grounds. Fire Inspections and Health Inspections were up to date. Fire extinguishers were kept throughout the facility and were tagged to be inspected in the month of December. Residential Supervisor stated that they utilized a maintenance organization who were scheduled to inspect the extinguishers later this month. The youth bedrooms were stocked with adequate furniture, lighting, and bedding for their needs. Furniture and belongings were kept in good condition, free from disrepair or graffiti. Each of the six bedrooms come equipped with their own restroom and an additional sink for the youth to use. The common areas throughout the facilitiy were welcoming and provide a home-like atmosphere for youth for the duration of their stay. A sample schedule is provided to youth during their orientation process through the Client Orientation handbook. During the orientation process, youth are given a tour and shown the public posting of the weekly schedule in the common area. A wide variety of activities are planned for the youth giving them the opportunity to experience cultural, educational, and life skills building activities. In addition, youth have a planned one hour fitness activity daily. A well stocked library of age appropriate educational materials for the youth in the shelter is kept in the common area as well as in the Leadership Room. Safe Place 2B has one vehicle on site which is equipped with all necessary safety equipment and was clean and orderly upon inspection.

3.02 Program Orientation

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Family Resources-Manatee Program has a Policy and Procedure set in place to orient new clients into their Residential program, SafePlace2B. Staff members interviewed stated that during the intake procedure a resident will be given an Orientation Handbook that explains several key focus areas to the client. A copy of the client handbook was reviewed and it contained the information to meet the indicator as set in the standard. Topics that are convered in the handbook are staff identifications, policy on contraband and definition of what is contraband, an explanation of some of the activities youth encounter in the daily program schedule, grievance procedures, and information regarding the Behavior Management System set in place. In addition, client files reviewed showed that in all four client files a staff member and the youth had initialed that a variety of topics had been explained and was understood by the youth during the orientation process. SafePlace2B staff stated that a youth will provide a new youth with a tour of the facility whenever possible to ensure that the new client feels at ease and is welcomed into the program. In the absence of a youth present, Safe Place 2B staff provide youth with the tour to familiarize youth with their new surroundings and make them feel as comfortable as possible.

3.03 Youth Room Assignment

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Family Resources has a policy and procedure set in place to make the determination for Youth Room assignments at time of intake. Residential Supervisor and staff members report that information such as history of youth's behavior in regards to violence, gang activity, suicide risk, and sexual or predatory behavior all play a determining factor into the room the youth is assigned to. Gender, youth's size and strength, and any physical needs are also addressed during intake process in order to assign youth to an appropriate room. Residential Supervisor and staff members interviewed indicated that if a youth scores as requiring further Suicidal Risk Assessment during the intake process, the youth will remain under sight and sound supervision until a counselor assigns them to a room if appropriate after the assessment has been completed.

3.04 Log Books

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

Family Resources has a policy and procedure in place for logbook documentation for their residential program, SafePlace2B. Six months of logbook documentation were reviewed during the review. Logbook entries are clear and concise with pertinent and useful information. SafePlace2B utilizes a color coding system for an easy to follow system for staff members as well as for Supervisory review. The color coding system in place codes actions by youth or staff based on the activities occurring in the facility at the time. It was noted that incidents that could possibly affect the safety and security of the program should be included in the logbook documentation as well. The Residential Supervisor is the designated Supervisory review personnel in the facility. Supervisory documentation is easy to find and follow up information as well as recommendations for staff members and program improvement is thorough.

Rating Narrative

The agency has a comprehensive written policy and procedure in place that addresses all of the key elements of CQI indicator 3.05. The policy was reviewed and signed by Pat Gerard, the agency COO in September of 2013.

The behavior management system has three levels ownership, citizenship and leadership. Youth spend the first twenty-four hours at the facility on the ownership level as they become accustomed to program, schedules, rules and requirements (chores, groups, activities, attending school, etc.).

Then, if the behavior is appropriate and there are no significant rule violations they advance to the Citizenship level for the next forty eight hours. To earn the right to request to advance to the Leadership level youth must write an essay, perform a skit or play, lead a fitness group and complete a shelter scavenger hunt to identify and locate where things are stored at the facility.

An interview with one youth at the facility revealed that the system is consistent and effective. She indicated that she had progressed through the levels and had been on Leadership level for the past 6 days. She also indicated that youth on this level assist other youth who had recently been admitted with the orientation process (rules, routines, requirements). Youth are offered the opportunity to serve as "leaders" or role models and mentors to other youth entering the program.

The program has a shelter store where youth can "purchase" items each Friday based on their behavioral performance and the amount of "money" they earned throughout the week. The youth interviewed stated that she had in fact purchased several items form the store on previous occasions.

A review of training records confirmed that all direct care staff receive training in Behavior Management from the Program Director. The program director also monitors staff utilization of the behavior management system to ensure consistency and accuracy and to guard against any abuse of or corruption of the system by staff. In addition, all behavioral interventions follow clearly defined agency policies to protect youth rights and personal dignity.

Staff and Youth surveys were very positive about the program, the behavior management system and staff behavior towards youth. There were no issues or concerns from the surveys about staff treatment of youth at the facility.

3.06 Staffing and Youth Supervision

☐ Satisfactory ☒ Limited ☐ Failed

Rating Narrative

Family Resources-Manatee has a policy and procedure in place to provide adequate staffing and youth supervision for the clients during their stay at their residential program SafePlace2B. SafePlace2B utilizes fifteen cameras throughout their facility to aid in the supervision of the clients and staff members. Residential Supervisor reported that their camera had been upgraded and display a high resolution picture. Residential Supervisor reported that the tape playback is saved for a period of twelve to fifteen days due to the higher resolution of the picture. Residential Supervisor reported in an incident that they would want to save they utilize a Zip or Flash drive. Tape playback of an overnight shift showed staff members completing bed checks of the clients in fifteen minute increments during the overnight hours. Family Resources policy states that a staff schedule will be made a minimum of one week in advanced and posted in an accessible area for all staff to see. During review, staff schedule for the month of December was posted in a visible and accessible area for all staff. Six months worth of staff schedules were provided for the review process. The program meets expectations or exceeds them in the ratio of staff members to clients. During review, there were several shifts in which there was not one staff member of each gender of the clients present. In each of those cases, the Residential Supervisor, provided documentation of a Supervisor Staff Coverage Log, in which all staff members were contacted in an effort to fulfill the requirement of the standard and the resulting action of whether a staff member was available or unavailable. In six months of staff schedules, in sixteen shifts there was only one person present on the overnight shift at least for a partial time of that shift. In those instances, the Residential Supervisor provided a Supervisor Staff Coverage log showing that there were no current employees available in their roster to fill those shifts. Interview with Program Supervisor indicated that Program Supervisor has made good faith effort by reviewing a large number of applications to fulfill vacant contingency positions. Supervisor stated that she continually was interviewing applicants to fill positions at a consistent rate of a minimum of one candidate per week. Program Supervisor also indicated that two employees had been hired for those positions, but had been reallocated within the agency to different positions. Supervisor stated that she had contacted her Human Resources Department and that other avenues for job posting were being utilized such as the community college and various websites. The QI Review Team strongly recommends that the agency define resources to assist the Residential Supervisor to fill these positions in no more than ninety days.

3.07 Special Populations

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The program is not contracted to provide Staff Secure Shelter (The Family Resources Clearwater shelter does). The Probation Respite program contract ended in August of 2013. The program does provide Domestic Violence Respite services and the quality of these service were evaluated during the CQI review.

The agency has a written policy and procedure that addresses the key elements of this standard. The policy establishes eligibility criteria, service planning and discharge planning. The assessment and service planning process is compressed to ensure a timely response to the identified youth and family issues.

The program has served sixteen youth under the domestic violence respite contract since July 2013. The sixteen youth have stayed a total of 151 days in shelter for an average length of stay of 9.4 days. Youth are placed for an initial seven day period and then that can be extended for another seven days with approval from the Florida Network.

A review of three domestic violence cases was conducted during this site visit. Each of the cases met all of the specific requirements listed in the CQI indicator 3.07. Evidence of DV arrest, JAC processing, FN approval and a targeted case service plan was found in all three client case files.

An interview with the Program Director and Residential Counselor was also conducted to evaluate how the services to this special population were provided and what distinctions could be identified between general CINS services and DV services. The residential counselor indicated that the assessment and service planning process was modified to meet the needs of this specific population and that issues such as anger management, conflict resolution and family communication skills were emphasized.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The Family Resources Manatee program provides screening, counseling and mental health assessment services. The agency has a Vice President of Residential Services that oversees daily service delivery across three residential shelters in three separate areas. The Family Resources Manatee agency has direct care staff members are that are trained to screen, assess and notify all staff members of conditions and risks of all youth admitted to both residential and non-residential CINS/FINS programs. The agency provides risk screening and identification methods to detect youth referred to their programs with mental health and health related risks. Specifically, the agency utilizes screening and a CINS Intake form to determine eligibility and various screening methods to determine the presence of risks in the youth's past mental health status, as well as their current status. The agency also screens for the presence for acute health issues and the agency's ability to address these existing health issues. The agency also uses a general alert board and colored dot system to inform all staff members on each shift of the health and mental health status of all youth in the residential youth shelter. The Family Resources Manatee program assists in the delivery of medication to all youth admitted to the residential youth shelter. The agency operates a detailed medication distribution system. The agency provides medication distribution training to all direct care staff members, first aid response, CPR, fire safety, emergency drills and exercises and training on suicide prevention, observation and intervention techniques. Agency staff members are also required to notify parents/guardians in the event that a resident has a health injury. At the time of this onsite Quality Improvement review, the agency has three staff members that are licensed clinicians. These staff members are involved in the review of all residential clients that screen positive for suicide risk. Agency training files indicate that direct care staff members received annual crisis intervention, first aid, CPR, suicide prevention and medication distribution training.

4.01 Healthcare Admission Screening

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has written policy in place that addresses all of the key indicators of this CQI indicator. The policy was reviewed and signed by Pat Gerard, the agency's COO, in September of 2013.

A general health screening is conducted during the admission process by the staff member completing the intake. The staff uses the CINS/FINS intake form (Page 2) to assess youth for any current medical illnesses, chronic medical conditions or any recent injuries or accidents. The staff also determine at this time if the youth is currently taking any prescribed or over the counter medications. If the staff determine that the youth has any existing specific medical issues that need to be addressed they then conduct a medical follow up with the program manager, the parent or guardian and/or licensed medical personnel as indicated. Information regarding the youth's medical conditions or needs may be entered into the medical mental health alert system to facilitate the communication process between staff. Information is also written in the program log book and communicated verbally from shift to shift during the formal shift change process.

A review of two open and two closed residential files indicated that in all four cases a health care admission screening was conducted by staff during the intake process. An interview with two youth care staff members also confirmed that the practice is consistent with the agency policy and that medical follow up procedures are adhered to.

4.02 Suicide Prevention

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a Comprehensive Master Plan for Suicide Prevention and Response in place. The plan was last reviewed on September 3, 2013. The plan states that each youth will be screened for suicide risk by the six suicide risk questions on the CINS/FINS Intake form. If the youth answers "yes" to any of the six questions, the youth care worker will either immediately refer the youth to a qualified mental health professional if indicated, available, and accessible, to determine the specific level of suicide risk, or if a qualified mental health professional is

not available, place the youth on constant sight and sound supervision until a full suicide assessment can be completed by a qualified mental health professional. The assessment will be done within twenty-four hours during the weekdays or within seventy-two hours if over the weekend.

Youth awaiting an assessment by a qualified mental health professional are placed on constant sight and sound supervision. If at any time the youth engages in suicidal/homicidal gestures, repeatedly states they wish to harm themselves or others, and/or states a specific plan for suicide, they will be placed on one to one supervision and referred immediately for a Baker Act.

In non-residential services, if the youth answer "yes" to any of the suicide questions, a full suicide assessment will be conducted. If the assessment indicates, one to one supervision will be initiated and the Clinical Supervisor will be notified to determine the appropriate actions. The parents/guardians will be notified as quickly as possible if the youth answers "yes" to any of the suicide questions. Parents will also be provided with additional resources in the community for further assessment services. If at any time during or after the screening process, the youth presents as an immediate risk to self or others; staff will immediately call 911 for assistance with Baker Acing the youth.

There were six files reviewed for youth placed on suicide precautions, one file was a non-residential youth and the remaining five files were residential youth. The one non-residential youth answered "yes" to some of the six questions on the CINS/FINS Intake form and the counselor immediately

One non-residential youth file was available for review for a youth who had answered "yes" to some of the six questions on the CINS/FINS Intake form. The master's level counselor immediately completed an Assessment of Suicide Risk. Results of the assessment were reviewed with the Licensed Mental Health Counselor (LMHC) and the parent. The youth was referred for a psychiatric evaluation and the parent was notified of the results.

The remaining five files were residential youth. All five youth answered "yes" to at least one of the six questions on the CINS/FINS Intake form. All five youth were immediately placed on sight and sound supervision until an Assessment of Suicide Risk could be completed. All five files documented the assessment was completed within twenty-four hours by a masters level counselor. All the assessments contained documentation of a consultation with the LMHC either by telephone or fax. Three youth were placed on standard supervision after consulting with the LMHC and the remaining two staff were placed on elevated supervision. There were fifteen observations maintained the entire time the youth were on sight and sound supervision. If the youth were on sight and sound supervision during the overnight hours there was documentation the youth slept on the couch in the dayroom. All supervision levels and changes were documented in the shelter logbook.

4.03 Medications

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a policy in place to address medication procedures recently reviewed and updated in September 2013. The policy addresses storage, inventory and verification procedures, over-the-counter medications, disposal, and incident reporting. The policy addresses requirements outlined in the DJJ Health Services Manual. The shelter provided documentation of all staff who are trained to help youth in self-administering medication.

Observations of medication storage revealed medications are stored in a locked room, in a double-locked medication cart. In addition, the key to get into the locked room is stored in a separate area in a locked key box. There are two cameras recording the medication administration area. One camera is pointing directly at the medication cart and the other camera is pointing down the hall. This helps ensure youth are receiving their medications as required and helps with any investigations needed to be conducted due to medication errors. Oral and topical medications are stored in separate, labeled, drawers. At the time of the review, the shelter had no youth currently on any topical medications and only one youth receiving oral medications. There is a small refrigerator located in the same locked room as the medication cart for any medications requiring refrigeration. At the time of the review there were no medications requiring refrigeration. The shelter does not provide over-the-counter medications, unless the youth comes in with it and has a doctor's order, so they did not have a stock of over-the-counter medications.

The shelter keeps a small supply of sharps in a locked cabinet, in a locked box. The supply includes four pairs of scissors and razors that the youth bring in to use. A detailed inventory of the sharps in conducted each time a youth enters or leaves the shelter and brings in new razors or disposes of old razors. As a result the inventory of the sharps ends up being conducted more than once a week. Youth are required to sign-out and sign-in razors when they need to use them. If a youth is on sharps restrictions they are not allowed to use a razor.

At the time of the review there was one youth in shelter on medications, this youth's file, as well as, three additional closed files were reviewed to verify the medication administration process. All four files contained a medication verification form that was completed and documented all

medications the youth was taking. All four files contained a cover sheet with the Medication Distribution Logs (MDLs) that documented the youth's name, date of birth, admission date, all medications with time to be given, any approved over-the-counter medications, and a picture of the youth. Each MDL reviewed documented the youth's name, date of birth, allergies, side effects, staff initials, youth initials, full printed name and signature of each staff member who initialed a dosage, and the full name and signature of the youth receiving medication. Each MDL also documented a weekly review by the residential supervisor. All four files documented medications were given at the time specified or within the one hour time frame before or after the time specified. All perpetual inventory with running balances was maintained on each MDL, as well as, shift-to-shift inventories. Each file also contained a print-out, for each medication, of side effects from different websites.

4.04 Medical/Mental Health Alert Process

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a policy and procedure in place to address this CQI indicator. The policy is consistent with the requirements of CQI indicator 4.04 and was reviewed and updated in September of 2013 by Pat Gerard, Family Resources COO.

The program has a comprehensive medical mental health alert system in place that utilizes a color coding system to identify various types of safety and security risks among the youth placed at the facility. There are eight color codes that are used to categorize the medical or mental health risk factors youth may present with. These risks are identified upon admission to the facility during the initial intake process utilizing the CINS Intake form.

The colors and their respective risk indicators are:

Red: Sight and Sound (Suicide Risk)

Yellow: Elevated Support

Green: Mental Health

Purple: Sharps Restriction

Black: Medical Issues

Orange: Medication

Pink: Allergies

During this site visit there were five youth currently at the facility and all five had alerts of one form or another. In fact a total of sixteen different alerts were identified for the five youth present at the time of this CQI review.

We observed the alerts being documented on an alert board posted on the wall which is located in the staff work area and the main living area of the facility. Alerts were also found to be documented on the spine of the client case files. In comparing the alerts on the board and case file it was found that the alerts were consistent across both methods of staff notification.

During this site review we conducted two youth care staff interviews to confirm that the practice was consistent across all shifts. The interviews did support the finding that the practice that was in place consistently followed the written policy.

4.05 Episodic/Emergency Care

☒ Satisfactory ☐ Limited ☐ Failed

Rating Narrative

The agency has a written policy and procedure in place to address the requirements of this CQI indicator. The policy was reviewed and signed in September, 2013 by the agency's COO Pat Gerard.

All staff are trained in CPR/First Aid and receive training from the agency on emergency response and disaster planning. The program

maintains a separate Episodic Care Log to document minor and major medical incidents and first aid care provide on site by staff.

There was one related CCC reportable incident in August of 2013 that involved a medical emergency. On 8/11/2013 around 3 PM a female shelter resident complained of chest pains. The staff immediately contacted the youth's parent by phone while another staff called 911 to request emergency medical services. EMS arrived and the client was eventually transported to Manatee Memorial Hospital. The staff member accompanied the youth to the hospital and waited until law enforcement and CPS arrived before being authorized to leave and return to the shelter.

First aid kits are located at three locations in the facility (first aid closet, wall in kitchen, van) and an AED is located in the dining room. The kits are checked and inventoried on weekly basis during the physical plant inspection.

There were no exceptions noted during time of this review.