



**QUALITY IMPROVEMENT  
PROGRAM REPORT  
FOR**



***Family Resources, Inc.***  
**Safe Place 2B – Clearwater**

**1615 Union Street  
Clearwater, FL 33755  
(Local Service Provider)**

***Review Date(s):  
January 30-31, 2012***

## CINS/FINS Rating Profile

Program Name: **Safe Place 2B Clearwater**  
 Provider Name: **Family Resources, Inc.**  
 Location: **Pinellas / Circuit 6**  
 Review Date(s): **January 30-31, 2012**

QA Program Code: **1157**  
 Contract Number: **V2021**  
 Number of Beds: **10**  
 Lead Reviewer : **K. Carr**

### 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%**

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Satisfactory
3.04	Medications	Limited
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%**

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%**

### Overall Rating Summary

<b>Satisfactory Compliance:</b>	<b>94%</b>
<b>Limited Compliance:</b>	<b>6%</b>
<b>Failed Compliance:</b>	<b>0%</b>

## 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

<input checked="" type="checkbox"/> Program Director	<u>  2  </u> # Case Managers	<u>      </u> # Maintenance Personnel
<input checked="" type="checkbox"/> DJJ Monitor	<u>  2  </u> # Clinical Staff	<u>  1  </u> # Program Supervisors
<input type="checkbox"/> DHA or designee	<u>  1  </u> # Food Service Personnel	<u>      </u> # Other (listed by title): _____
<input type="checkbox"/> DMHA or designee	<u>      </u> # Healthcare Staff	

### Documents Reviewed

<input type="checkbox"/> Accreditation Reports	<input checked="" type="checkbox"/> Fire Prevention Plan	<input type="checkbox"/> Vehicle Inspection Reports
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	<input checked="" type="checkbox"/> Grievance Process/Records	<input type="checkbox"/> Visitation Logs
<input checked="" type="checkbox"/> CCC Reports	<input type="checkbox"/> Key Control Log	<input checked="" type="checkbox"/> Youth Handbook
<input type="checkbox"/> Confinement Reports	<input checked="" type="checkbox"/> Logbooks	<u>  3  </u> # Health Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Medical and Mental Health Alerts	<u>  3  </u> # MH/SA Records
<input type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> PAR Reports	<u>  8  </u> # Personnel Records
<input type="checkbox"/> Contract Scope of Services	<input checked="" type="checkbox"/> Precautionary Observation Logs	<u>  5  </u> # Training Records/CORE
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	<u>  0  </u> # Youth Records (Closed)
<input type="checkbox"/> Escape Notification/Logs	<input type="checkbox"/> Sick Call Logs	<u> 15  </u> # Youth Records (Open)
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Supplemental Contracts	<u>  0  </u> # Other: _____
<input checked="" type="checkbox"/> Fire Drill Log	<input checked="" type="checkbox"/> Table of Organization	
<input checked="" type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> Telephone Logs	

### Surveys

<u>  3  </u> # Youth	<u>  3  </u> # Direct Care Staff	<u>  0  </u> # Other: _____
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### Observations During Review

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

### Comments

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

## Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

<b>Satisfactory Compliance</b>	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.
<b>Limited Compliance</b>	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.
<b>Failed Compliance</b>	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 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:

Keith D. Carr, Lead Reviewer, Principal Consultant, Forefront LLC  
Kent Rinehart, QI Review Specialist, DJJ Bureau of Quality Improvement  
Pat McGhee, OMC II - QI Supervisor, Office of Prevention and Victim Services  
Carolyn Kerhr, Program Director, youth and Family Alternatives

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 Improvement website, at <http://www.djj.state.fl.us>.

## Strengths and Innovative Approaches

Family Resources, a private not-for-profit organization, provides a vital continuum of services to children, youth and families. The goal of the agency is to support the family as a whole and keep the family together. When keeping the family together is not a safe option, Family Resources offers community-based programs that teach young people effective coping skills as they transition into adulthood and other safe living arrangements.

The agency has two (2) licensed mental health counselors on staff. One staff member is a licensed clinical social worker and the other is as licensed mental health counselor. Both of these staff members are accessible to the agency's residential and non-residential CINS/FINS programs.

The agency has also implemented a web-based training program that offers an array of training options for staff members to complete through an online learning system (OLS). Additionally, the program has several other funding sources for program services that it provides to the community.

The agency also maintains an Automated External Defibrillator (AED) in the youth shelter. The AED is a portable electronic device that automatically diagnoses potentially life threatening cardiac arrhythmias in a patient, and is able to treat them through defibrillation, the application of electrical therapy which stops the arrhythmia, allowing the heart to reestablish an effective rhythm.

## **Standard 1: Management Accountability**

### Overview

The Family Resources, Inc. Safe Place 2B program provides shelter and non-residential services for youth and their families in Pinellas County and Manatee County. The program, which is located at 1615 Union Street, Clearwater, Florida, is under the leadership of Kelly Reiff, Residential Supervisor. Other positions include separate staff members are in place for the shelter and non-residential components of the program. Residential shelter staff includes 11 Youth Care Workers, 2 Residential Counselors and a cook. In addition to the residential program, the non-residential component has a Director and Counselor. At the time of the quality improvement review, the shelter had one (1) vacant fulltime Youth Care staff vacant position at this location. The Department of Children and Families has licensed Safe Place 2B as an emergency runaway shelter, with the current license in effect until December 15, 2012.

The agency operates a total of three (3) youth shelters and the company handles all personnel functions are executed through its Human Resources division located at its central office in Pinellas Park Florida. This office processes all state and local background screenings. The provider agency conducts orientation training to all shelter personnel through its Residential Supervisor. The majority of core training is also provided by the Florida Network trainer. Each employee has a separate training file containing a training plan and copies of documentation for training received. Annual training is tracked according to the employee's date of hire. The program provides training through a combination of web-based and in person instructor-led courses.

The Florida Network approved the program's emergency response plan and hurricane plan for FY 2011-2012. The residential supervisor directs youth care worker staff members to conduct weekly safety and physical plant checks. The agency maintains weekly checklist documentation that is stored in a 3-ring binder.

**1.01: Background Screening of Employees/Volunteers**

Satisfactory Compliance

The agency has a comprehensive background screening policy that meets and addresses all major requirements of DJJ Background Policy 1800. A total of eight (8) applicable personnel files were reviewed to verify and confirm the agency's compliance regarding this standard. Seven (7) out of 8 personnel possessed evidence of screening results that confirmed that the agency met all minimum requirements to ensure that all initial and 5 year screens were conducted as required. One (1) of the 8 had background screening results that were submitted to the agency following after the employee's 5 year anniversary date. The agency has evidence that proves that their request for a 5 year rescreen was submitted 3 weeks prior to the employee's 5 year anniversary date. Many files reviewed also contain information that demonstrates that the agency conducts local background checks and driver's license checks.

The agency has also demonstrated and provided evidence that the Annual Affidavit of good moral character has been sent to the DJJ Background Unit prior to the January 31 deadline. The completed this task on January 4, 2012.

**1.02: Provision of an Abuse Free Environment**

Satisfactory Compliance

The program has posted the Florida Abuse Hotline number at various locations throughout the facility and informs youth of these procedures during program orientation and in the Resident Handbook. Employees receive a copy of the Agency's Code of Conduct upon hire. There has not been any imposed discipline towards staff for any incidents related to abuse. Similarly, no incidence of youth being deprived of basic needs or abused by program staffs was reported during youth surveys conducted during the review or observed during the visit. The three (3) youth surveyed said they feel safe in the program and have never heard staff threaten them or other youth; no youth stated that they have heard staff use profanity/inappropriate language; and none said they have been stopped from reporting abuse. One youth rated that the mental health and substances abuse services and grievance processes Fair. The three (3) staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard the use of profanity in the presence of youth. All staff agreed the working conditions have been adequate at the program.

An interview with the Residential Supervisor regarding the survey findings and other related staff behavior, client/youth actions that may have impacted the safety and security of the shelter environment. This reviewer assessed all reported DJJ-Central Communications Center incidents reported and all documented internal incidents. The agency utilizes a counseling and disciplinary procedures and actions policy. This policy uses a multi-step process that consists of verbal coaching, issues memorandums of understanding and counseling memorandums.

The agency also uses a graduated progression of disciplinary steps that include written reprimand, disciplinary probation, decision making leave and suspension. A review of one (1) agency response to disciplinary action taken was reviewed. The Residential Supervisor drafted a memorandum of understanding to address an incident involving 2 staff members that were acting out and displaying negative behavior towards each other in the work/shelter environment.

The agency management action took place on July 29, 2011. The memorandum of understanding was drafted to address negative behavior and to prevent both staff from talking negatively about each other.

### **1.03: Incident Reporting**

**Satisfactory Compliance**

The agency has a comprehensive incident reporting policy. The agency's policy program specifies that agency notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident. As of the date of this onsite program review, there were a total of twenty-six (26) incidents. Of these incidents, two (2) were DJJ-CCC eligible incidents. Of the DJJ-CCC incidents all were reported within the 2 hour time requirement. The agency has a protocol that reviews the practice and execution of each documented incident. It is recommended that the agency ensure that all staff members are trained on all issues/events that can be determined to be reportable as DJJ-CCC incidents.

### **1.04: Training Requirements**

**Satisfactory Compliance**

The agency has a comprehensive training policy that requires the agency staff to achieve a total of eighty (80) hours for all new hires and complete a minimum of forty (40) hours for all on-going full-time, part-time and on-call agency staff members. First Aid and CPR certifications were completed and valid certificates were present in the training files. A total of five (5) agency staff member files were reviewed. One (1) staff member file reviewed indicates completing 36 out of 40 hours. This employee was on extended leave which impacted his ability to complete the required 40 hours prior to his anniversary date. The agency has begun training on Trauma Informed Care (TIC) for the entire agency. This new training component will better prepare the staff members for various youth and family issues.

### **1.05: Interagency Agreements and Outreach**

**Satisfactory Compliance**

The agency interagency agreement manual was reviewed for current agreements and outreach effects, basic behavior, abuse parenting, family and various services. The reviewer of this standard reviewed a total of twenty-six (26) agreements. Of these agreements, all except five (5) agreements have information that indicates that the original agreement period have expired dates with no indication of renewal. The remaining agreement include several interagency agreements, including schools in all service area counties served by the agency, law enforcement, local schools, health, mental health, and substance abuse providers. It was recommended that the agency establish a minimum time frame for the lifespan of an agreement and to establish a renewal process for all expiring or expired interagency agreements.

### **1.06: Disaster Planning**

**Satisfactory Compliance**

Reviewed the disaster and emergency manual and the organization is in line with the all standards of 1.06 disaster planning. The program has a comprehensive Emergency Response Plan that was approved by the local Fire Department. The Emergency Response Plan includes: 1) all of the required types of emergency situations; 2) evacuation sites for the shelter; 3) 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 sources/agencies. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies. In general the plan is very clear and easy to following each step.

## **Standard 2: Intervention and Case Management**

### **Overview**

Safe Place to be is contracted to provide both shelter and non-residential services for youth and their families in Pinellas and surrounding counties. The program provides centralized intake and screening twenty-four hours per day, seven days per week. Trained staff members 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 shelter staff includes a program supervisor, a secretary, a residential supervisor, a group living manager and youth care workers. The youth care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision.

The non-residential component consists of a residential program director and one (1) counselor. The counselors are responsible for providing case management services and linking youth and families to community services. Safe Place 2B 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 as needed.

### **2.01: Screening and Intake**

### **Satisfactory Compliance**

The program consistently met all requirements for this indicator without exception. The reviewer also requested information from staff services options and brochure. A total of four (4) non-residential files reviewed had the required information for the DJJ standard 2.01. Of the 4 files, only 1 file did not include evidence of a completed service plan but the bio-psychosocial assessment was signed by all parties.

All files reviewed documented eligibility screening was completed within seven calendar days of the referral. Parents are given a consumer handbook, available in both English and Spanish, which explains rights and responsibilities, how to receive services, release of confidential information, grievance procedures, and other relevant program information. Screening and intake areas meet each standard required. Case notes on each file were detailed with specific information following psychosocial assessments met the requirement of 2 to 3 face to face contact after the initial intake/update. Parent receive brochures on the agency's other programs and 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. Youth also receive a Safe Place 2B Resident Handbook that explains program procedures, services, expectations, as well as similar information that was provided to the parents.

## 2.02: Psychosocial Assessment

Satisfactory Compliance

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 2.02. A total of eight (8) residential files were reviewed for adherence to this standard. Of these files, all 4 possessed evidence of a documented Psychosocial Assessment that was initiated within seventy-two hours of admission. All four non-residential files reviewed documented that the non-residential Psychosocial Assessments were completed within the two to three face-to-face contacts after the initial intake. All Psychosocial Assessments were completed by a Bachelor's or Master's level staff and included a supervisor's review signature upon completion.

## 2.03: Case/Service Plan

Satisfactory Compliance

10 charts were reviewed to review the agency's adherence to this standard. Of these cases 6 CINS were Non-residential with 2 being Case Staffing charts and 4 Residential with 1 being a Case Staffing chart. All residential and three non-residential files reviewed documented a service plan that was developed within seven (7) working days of the Psychosocial Assessment. Goals were individualized for 9 out of 10 youth (one Service Plan missing for one youth) based on extensive information gathered during the Bio psychosocial assessments. Evidence of detailed documentation in case notes demonstrates that counselors are engaged with the client/family during the assessment and worked with the family to develop goals and objectives toward which the family can work toward success. All remaining service plans included individualized and prioritized needs, and goals identified in the Psychosocial Assessment. All plans included the implementation date, type of service, frequency, location, persons responsible, target dates for completion, and actual completion dates. The agency's counseling practice shows paperwork consistently documents the signatures required. In addition, the program's has a practice where the 30, 60, 90 day, and every six months thereafter, reviews are clearly documented. All major requirements and procedures required by the Florida Network's Manual for CINS/FINS are evidenced by agency documentation and counseling practices.

## 2.04: Case Management and Service Delivery

Satisfactory Compliance

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 2.04. A total of ten (10) charts were reviewed to review the agency's adherence to this standard. Of these cases 6 CINS were Non-residential with 2 being Case Staffing charts and 4 Residential with 1 being a Case Staffing chart.

A review of the aforementioned cases revealed, 9 out of 10 youth were assigned a counselor/case manager as designated by signatures for case plans, assessments and all other paperwork, as well as the youth assignment shown on the counselor's caseload. (Same youth as above was not on counselor's caseload but did receive services as evidenced in case notes showing progress in services, referral form signed and provided to family.) A total of 3 out of 10 youth were referred to case staff committee to address truancy issues. It was noted that agency recommended that Committee members requested judicial intervention for each case. Further, the Case manager accompanied client/family to court hearings and monitored court orders to date. This documentation

was consistent and clear for all 3 charts in a Case Staffing binder. The agency's practice displays consistent effort to meet compliance requirements and procedures outlined in the Florida Network's Policy and Procedure manual for CINS/FINS for this indicator.

## 2.05: Counseling Services

Satisfactory Compliance

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 2.05. Counseling services are provided on a consistent and regular schedule for the youth in both CINS/FINS Non-residential and Residential programs. Of these cases 6 CINS were Non-residential with 2 being Case Staffing charts and 4 Residential with 1 being a Case Staffing chart. A total of 10 out of 10 charts show evidence of individual and family counseling services provided through the review of Service Plans (excluding 1 non-residential chart) with all 10 having extensive, clear and informative case notes.

The 4 Residential charts not only have case notes indicating group counseling sessions, but also contain evidence in each chart of the individual's participation (including worksheets, writing, art, etc). Further, there is a consistent chart protocol and documentation evidencing clinical review of case records, youth management and staff performance for CINS/FINS service in all 10 charts. (One non-residential chart did not have a supervisor's signature on one Service Plan. All other paperwork in that chart had supervisor's signature where required.) The agency consistently displays compliance with major requirements and procedures outlined in the Florida Network's Policy and Procedure manual for CINS/FINS for this indicator.

The program has a process in place where all youth files, both residential and non-residential, are reviewed at least monthly by a supervisor to ensure accuracy and completion of major documents regarding the service provided.

## 2.06: Adjudication/Petition Process

Satisfactory Compliance

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 2.06. Counseling services are provided on a consistent and regular schedule for the youth in both CINS/FINS Non-residential and Residential programs. Of these cases, six (6) CINS were Non-residential with two (2) being Case Staffing charts and four (4) Residential with one (1) being a Case Staffing chart.

The agency's case staffing committee meets to review cases of youth/families not in agreement with services and/or not participating in services. In the 3 charts reviewed none of the parents had requested in writing a case staffing. Further, 3 of the 10 charts are adjudicated youth with 2 charts from Non-residential and 1 from Residential (due to a court order for shelter at the adjudication).

The current adjudication/petition process encompasses a designated staff member who initiates the case staffing process for all youth/families non-compliant with service plans and did so for all 3 cases. An organized binder provides copies of letters of family notification of over five (5) working days prior to the case staffing. Documentation of e-mails for the notification of the case staffing committee members were provided as required. In addition, committee members were notified by e-mail more than 5 working days prior to the case staffing. Local school district representatives and DJJ and/or CINS/FINS providers were present for all three meetings. Other members included for all three were non-residential community counselors, local law enforcement representative, school resource officers. There was no indication the youth/family asked for anyone else to be invited nor did anyone else attend.

All 3 youth/families were provided with new service plans after adjudication as a CINS youth. Recommendations were provided for all 3 families as new and/or revised service goals. Copies of letters sent to all 3 families were in the Case Staffing binder dated within 7 days of the meeting outlining recommendations and reasons behind the recommendations. The Case Staffing case manager has all legal documents filed in each of the 3 charts for the adjudication of the youth and court orders presenting the judicial intervention for the youth/families. The Case Staffing binder had copies of the summary reviews for all 3 cases to case staffing committee members and youth/family prior to the court hearing. The agency's adherence to Indicator 2.06 was well documented and organized in accordance to the Florida Network's Policy and Procedure Manual for CINS/FINS.

### **Standard 3: Shelter Care/Health Services**

#### **Overview**

The Safe Place 2B youth shelter is located is a modern structure that is licensed by the Department of Children and Families (DCF) for 12 beds and it primarily serves youth from Pinellas County, as well as youth from surrounding counties. The shelter also admits youth from the Department of Children and Families (DCF) and as part of the Basic Center and Street Outreach Programs. At the time of the quality assurance review, the shelter was providing services to nine DJJ youth. The shelter is not designated by the Florida Network to provide staff secure services.

During the tour of the facility, the structure was found to be generally clean and in good working order and all major furnishings were in furnishings in good repair. Major areas such as the common area and dining room were clean. There were minor kitchen exceptions found and addressed on site. The direct care staff members are primarily responsible for hygiene and cleaning of the shelter. The bedrooms were found to be clean. Each sleeping room is categorized by a right, middle and left sequence. Four of the bedrooms house 3 beds each with an individual bed, bed coverings and pillows. Youth have access to an outside gazebo, backyard with a basketball court.

#### **3.01: Shelter Care Requirements**

**Satisfactory Compliance**

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 3.01. A total of five (5) open CINS/FINS residential client files were reviewed to assess this indicator. Of these files, all 5 have evidence of each resident receiving a comprehensive orientation with the 24 hours time requirement following admission. All 5 youth residents also received Youth Rights information, Grievance Procedure and process information. Specifically, the youth receive a handbook that outlines their rights and responsibilities and formal grievance process, which are also posted on a bulletin board in the common area, as well as program rules and expectations. The grievance box is full with blank forms, is posted in plain view and accessible to all shelter residents.

The agency is an official staff secure program per their contract with the Florida Network of Youth and Family Services. The agency has not had any staff secure youth referred to their agency within the last year. The agency maintains an up to date Staff Secure policy that requires a plan of action that increases the staff supervision and more intensive staffing, meetings and individualized sessions.

The agency has an overnight bed check policy. The current policy requires that all resident bedrooms and residents be admitted to the youth shelter be checked via visual observation and documentation every 10-15 minutes. The agency uses an electronic scan gun to scan and track all bed checks. A random selection of 15 overnight shifts were selected. Each bed check is conducted by the Youth Care Worker. The monitor reviewing this indicator reviewed bed check shift logs from August 2011 through January 2012. At the time of this onsite review, all bed check documentation reflects a consistent accounting of count on average of 10 minutes on the overnight shift. In addition, the schedule reflects compliance with at least one male and one female staff member is scheduled to work on each overnight shift.

### 3.02: Healthcare Admission Screening

Satisfactory Compliance

All youth are required to be screened upon admission for any medical concerns and conditions. The program completes the CINS/FINS Intake form that delineates any medical condition, medications, dental conditions, dietary restrictions or allergies. The screening form includes twenty-four specific conditions along with an area to identify any other issue the youth may have. The following conditions require medical follow-up once identified; asthma, recent head injury, hemophilia, seizures/blackouts, heart conditions, tuberculosis, diabetes and pregnancy. Once an issue is identified, the shelter coordinates follow-up with the parent when possible to ensure services are available to the youth. Seven (7) youth files were reviewed for completion of the CINS/FINS Intake Form. All files had the form completed on the day of admission. One youth file documented the youth was taking medication according to the alert system sticker on file. A review of the medication administration log indicated the youth was taking a PRN over-the-counter (OTC) medication that had been brought in by her family. There was no indication in the youth's file of the medication being provided by the family for the youth.

### 3.03: Suicide Prevention

Satisfactory Compliance

The program has a written suicide prevention plan that meets the requirements identified in the Policy and Procedure Manual for the CINS/FINS Florida Network Youth and Family Services. All youth are to be screened for suicide risk upon admission to the shelter. Youth are initially screened as a component of the telephone screening prior to entering the shelter. When risk is indicated by the CINS/FINS Intake Form, an Assessment of Suicide Risk (ASR) is completed by a mental health professional. Youth awaiting the assessment are placed on constant sight-and-sound supervision. Youth that show signs of being of making active statements, threats or attempts to harm themselves are referred for involuntary placement in the local Crisis Stabilization Unit (CSU) through implementation of the Baker Act procedure. Seven (7) youth files were reviewed for suicide risk screening and implementation of suicide prevention procedures. Four (4) of the files reviewed documented that the youth determined to be at risk of suicide and appropriate actions taken by staff. The youth were referred to the mental health staff for an Assessment of Suicide Risk. Two (2) of the youth were sent to the CSU through a Baker Act referral. One (1) youth returned three days later and all precautions were implemented as required by the plan. There was no specific documented training for the staff members on the completion of the ASR. The Residential Supervisor, a licensed staff person stated that she had trained the staff members, but did not have evidence of this training.

### 3.04: Medications

Limited Compliance

The program is responsible for ensuring that all youth admitted to the shelter are provided their medication in a safe and secure manner. The written policy indicates the medication will only be disturbed for self-administration pursuant to a physician's order. Over-the-counter (OTC) medications will be available to youth if provided by the youth's parent. The program has written procedures for medication storage, access and inventory. One (1) oral medication in the medical cabinet was in a container marked as topical. There were five (5) medical errors documented through incident reports over the last 5 months. These included one medication not given to a youth, two medication counts being inaccurate, one youth receiving a whole pill instead of a half and one youth receiving another youth's medication of the same type and dosage. The staff involved in giving one youth's medication to another received corrective action and training. There was no documented training or corrective action for the other aforementioned medical errors noted. The issues with medication management and administration appear to be on-going and of a systemic nature. An administration of medication was observed by two (2) review team members. The youth was given his medication in a cup, put the medication in his mouth and allowed to turn away from the staff member to go to the water fountain. The youth had ample opportunity to conceal the medication from staff.

### 3.05: Medical/Mental Health Alert Process

Satisfactory Compliance

The program has a written policy for the provision of a medical and mental health alert system. The system allows for information to be shared among all staff regarding the medical and mental health concerns of youth admitted to the shelter. The youth's condition is to be documented in the log and highlighted with a yellow marker. The condition is documented in the shift exchange log until the youth is released or the condition no longer exists. The youth's file is identified with a color-coded sticker that corresponds to the identified condition. The medication administration notebook contains medication side effect information. Seven (7) youth files were reviewed for implementation of the medical and mental health alert system. One youth file indicated the youth has an Osteochondroma, ~~bone tumor~~ that was not indicated through the medical alert system.

### 3.06: Episodic/Emergency Care

Satisfactory Compliance

The program's written policy indicates they provide immediate on-site first aid and emergency care in case of injury, acute illness, and suicide or homicide attempts. All staff members are to be trained in first aid and Cardio Pulmonary Resuscitation (CPR) within three months of employment. Staff members are also required to be trained on the location and use of the knife-for-life. A review of training files indicated that staff members were trained in first aid and CPR. The policy identifies the required contents for the shelter's first aid kit. The first aid kit was fully stocked. Staff members were aware of the location of the kit and the knife-for-life.

There was one incident requiring a youth to be transported to the local emergency room. Documentation indicated staff dealt with a difficult parent and ensured the youth received the required medical treatment.

### Overall Rating Summary

**Satisfactory Compliance: 94%**

**Limited Compliance: 6%**

**Failed Compliance: 0%**