



**QUALITY IMPROVEMENT
PROGRAM REPORT
FOR**



***Hillsborough County Family and Aging Services
Division of Children's Services
Child and Family Programs***

**3191 Clay Magnum Lane
Tampa, FL 33618
(Local Service Provider)**

***Review Date(s):
April 17-18, 2012***

CINS/FINS Rating Profile

Program Name: **Child and Family Programs-CINS/FINS**
 Provider Name: **Hillsborough County Government**
 Location: **Hillsborough / Circuit 13**
 Review Date(s): **April 17-18, 2012**

QA Program Code: **N/A**
 Contract Number: **V2021**
 Number of Beds: **24**
 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	Limited
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: 67%
% Indicators Rated Limited Compliance: 33%
% 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

Satisfactory Compliance:	89%
Limited Compliance:	11%
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

<input checked="" type="checkbox"/> Program Director	<u> 3 </u> # Case Managers	<u> </u> # Maintenance Personnel
<input type="checkbox"/> DJJ Monitor	<u> 2 </u> # Clinical Staff	<u> 2 </u> # Program Supervisors
<input type="checkbox"/> DHA or designee	<u> 1 </u> # Food Service Personnel	<u> 1 </u> # Other (listed by title):
<input type="checkbox"/> DMHA or designee	<u> 1 </u> # Healthcare Staff	<u>Division Director</u>

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> 8 </u> # Health Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	<input checked="" type="checkbox"/> Medical and Mental Health Alerts	<u> 6 </u> # MH/SA Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	<input type="checkbox"/> PAR Reports	<u> 7 </u> # Personnel Records
<input type="checkbox"/> Contract Scope of Services	<input checked="" type="checkbox"/> Precautionary Observation Logs	<u> 10 </u> # Training Records/CORE
<input checked="" type="checkbox"/> Egress Plans	<input checked="" type="checkbox"/> Program Schedules	<u> 8 </u> # Youth Records (Closed)
<input type="checkbox"/> Escape Notification/Logs	<input type="checkbox"/> Sick Call Logs	<u> 10 </u> # Youth Records (Open)
<input type="checkbox"/> Exposure Control Plan	<input type="checkbox"/> Supplemental Contracts	<u> 17 </u> # Other: <u>Outreach</u>
<input checked="" type="checkbox"/> Fire Drill Log	<input checked="" type="checkbox"/> Table of Organization	<u>Information, Disaster Plan, Netmis</u>
<input checked="" type="checkbox"/> Fire Inspection Report	<input type="checkbox"/> Telephone Logs	<u>Data, Grievances</u>

Surveys

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

<input checked="" type="checkbox"/> Admissions	<input checked="" type="checkbox"/> Posting of Abuse Hotline	<input checked="" 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 checked="" type="checkbox"/> Security Video Tapes	<input checked="" type="checkbox"/> Treatment Team Meetings
<input checked="" type="checkbox"/> Meals	<input type="checkbox"/> Sick Call	<input type="checkbox"/> Use of Mechanical Restraints
<input checked="" type="checkbox"/> Medical Clinic	<input type="checkbox"/> Social Skill Modeling by Staff	<input checked="" type="checkbox"/> Youth Movement and Counts
<input checked="" type="checkbox"/> Medication Administration	<input checked="" 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:

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 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

Pat Gerard, Chief Operations Officer, Family Resources Inc.

Kent Rinehart, Management Review Specialist, DJJ Bureau of Quality Improvement

Rebecca Lynn, Prevention Specialist, Office of Prevention and Victim Services

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

The Hillsborough County Child and Family Counseling Program operates the Children in Need of Services/Families in Need of Services (CINS/FINS) program operated by the Hillsborough County Government in Tampa, Florida. The purpose of the residential and non-residential Child and Family CINS/FINS Program is to reduce juvenile crime while assisting, supporting and strengthening the youth and families in Hillsborough County. The mission of the program is to provide the highest quality care and treatment for the youth and families we serve every day.

The Hillsborough County CINS / FINS Program has two (2) components: residential and nonresidential services, designed to help families whose youth exhibit risk factors that make them more susceptible to becoming involved with Juvenile Delinquency or Dependency system.

The youth served in the CINS / FINS program are youth that have not been adjudicated delinquent and who have not been adjudicated dependent, but are at risk for adjudication without intervention services. These risk factors include school problems and truancy, family behavioral problems and ungovernability, runaway behaviors or homelessness, poor peer relations, and or the use of drugs and / or alcohol.

The Hillsborough County program serves male and female youth between the ages of ten to seventeen (10-17) years that are status offenders (locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk). The program provides a full range of residential and non-residential services designed to maintain family structure, reduce truancy, as well as prevent and reduce the number of children that enter the Department of Juvenile Justice (DJJ) as status offenders and the Department of Children and Families (DCF). Residential services provided include counseling, referrals for a broad range of needs, behavior management and reunification assistance, diversion alternative placement services and respite. The non-residential services program consist of individual and family counseling and case management services. The CINS/FINS program is a designated Safe Place site. The Department of Children and Families has licensed the Hillsborough County CINS/FINS Program as a Child Caring Agency (CCA), with the current license in effect until July 31, 2012.

The Hillsborough County Children's Program has undergone a major reorganization in the last year and a half. The reorganization included major staff changes in the Family and Aging and Children's Services divisions. Changes also included early retirement departures of staff members that were long time staff members of this department prior to the end of June 30, 2011.

These program divisions are now under the leadership of Dr. Don Dixon. Danielle Husband is the Program Manager of the Hillsborough County CINS/FINS Program. The agency has a total of five (5) licensed staff members. Of these, three (3) out of the 5 are Clinical Psychologist. The agency also has 1 ARNP and 1 RN. The program previously had three (3) ARNP Nurses accessible to the program and now has one (1) Registered Nurse. The program has two (2) residential cottage managers and twenty-three (23) Child Care Specialists. At the time of this onsite review, the program reports that there are no vacant CINS/FINS positions in the program.

The Hillsborough County CINS/FINS program has moved both female and male residents in the recently built residential cottages located on the Clay Magnum campus. Each cottage is licensed by DCF to house up to twelve (12) residents each. The cafeteria is rated to be able to withstand Category 3 weather conditions. The campus also contains an athletic gymnasium that includes a full length basketball court. The campus has a scenic pond that includes covered areas with picnic tables. The campus also includes a baseball field and a covered outside court area. There is also a Teen Center on campus that was established in 2011 as a multi-purpose social and activity center/outlet for older youth. The campus also has a School Resource Officer dedicated to the campus Monday-Friday.

Hillsborough County Government has a separate personnel department that conducts all screenings. This department also keeps all records of all trainings completed by each staff member. This department utilizes a data imaging system that manages all documents through a paperless electronic document system that scans and stores all background screening and training paper records for easy management.

Hillsborough County entered in to a Juvenile Detention Alternatives Initiative contract in January 2012 directly with the Department of Juvenile Justice to provide alternatives to detention for youth that would have been place immediately in juvenile detention.

The agency is a participating local member of the Youth At Risk Committee that includes local DJJ, ACTS, local Judges and various community partners. The agency is also participates in the National School Lunch Food Registry program.

The agency provides transportation services to and from to all youth to attend their home school. In addition, the agency has access to education services provided by Hillsborough County School Board. The County has an establish school site for Exceptional Students co-located on the campus that provides education to an estimated 80-100 students.

The agency has a contemporary full-service cafeteria that serves meals on a daily basis to school, all residential and day programs located on the Clay Magnum campus. The cafeteria is rated to be able to withstand Category 4 weather conditions.

The agency is preparing for their Council On Accreditation (COA) site visit that is scheduled for September 2012. The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.

Standard 1: Management Accountability

Overview

The Hillsborough County is governed by a board of County Commissioners. There are seven (7) members of the Board of County Commissioners. County Commissioners develop policy for the management of Hillsborough County and provide direction to the County Administrator on any programs for the improvement of the county and the welfare of its residents.

Dr. Donald Dixon, Department Director oversees the entire Department of Family and Aging Services. Danielle Husband, General Manager II manages the daily operations of the CINS/FINS residential program and Dr. Nancy Pape oversees the Clinical (non-residential) Department and Dr.

Richard Cipriano manages the Non-Residential program. In addition, the agency's organizational chart lists includes Mark Mueller, Manager, D. Gray, Acting Manager, 2 Treatment Counselors, 1 Senior Case Manager, 10 Senior Child Care Specialists, 13 Child Care Specialists and 1 Recreation Therapist

1.01: Background Screening of Employees/Volunteers

Satisfactory Compliance

The agency has a comprehensive policy that requires all prospective employees and current employees (5 year rescreens) to be appropriately screened. The policy addresses screening requirements and procedures for all prospective hire, transfers and interns. The agency provided a current roster of Residential and Non-Residential staff members. A review of nine (9) personnel files were reviewed to determine compliance with this standard.

Four (4) files that required 5 year Rescreens were conducted as required and were in full compliance with all screening requirements. The agency utilizes a data imaging system to scan, store and manager all personnel records. The agency also conducts local law enforcement background, driver's license checks and reference checks.

The agency has also demonstrated and provided evidence that the Annual Affidavit of Good Moral Character has been submitted to the DJJ Background Unit prior to the January 31 deadline.

1.02: Provision of an Abuse Free Environment

Satisfactory Compliance

The agency has a specific policy that addresses the provisions in the DJJ QA Standard 1.02 listed as employees, involved in reports of abuse, neglect, abandonment or exploitation. In addition, the agency has several other related policies that include verbal abuse of clients, corporal punishment, name calling or derogatory remarks, standards of conduct for staff, informing clients of rights and responsibilities. The review team conducted a query of incidents in the DJJ CCC database recorded for Hillsborough County.

A total of four (4) incidents were reviewed to determine adherence to this standard. In addition, a total of eleven (11) grievances were reviewed. The agency also provided documentation of all disciplinary reports regarding employee related work performance, behavior or inappropriate behavior. The agency has evidence of three (3) internal work performance related written reports.

The agency provided documentation of an incident involving a staff member's Use of Force within the last six (6) months. A review of a Use of Force related incident that occurred on November 4, 2011. This incident involved a residential client that became angry with a staff member that had redirected him earlier related to the youth taking other clients' food. The youth became upset and charged the staff member. The staff member was in a space with limited confinement and was successful in restraining the youth to the ground using the NAPPI restraint. The youth was arrested for an assault on a staff member and transported to the Juvenile Assessment Center. Agency management placed the staff member involved on a desk assignment until further notice. Hillsborough County Child Protective Investigation concluded its investigation and the investigation was closed with no indicators of abuse.

The agency provided documentation of incident-related discussions with both the Florida Network of Youth and Family Services and the DJJ Office of Prevention and Victim Services. The staff member involved in the aforementioned incident was cleared of any allegations of abuse and

returned to their regular duties. The agency also required the staff member to retake Use of Force (NAPPI) on December 10-11, 2011. The agency also provided two (2) additional documented coaching/intervention examples that were not threatening, harmful or intimidating for clients served by the agency.

A total of eight (8) internal agency grievance reports were reviewed to determine the agency's adherence to this standard. Seven out of 8 eight grievances do not reflect any evidence of unsafe conditions, threats to safety or intimidating conditions in the residential shelter. One grievance indicates that a female resident reports some verbal related bullying issues with other female residents in the cottage in March 2012. This issue was received by the agency on the next day and the Program Manager addressed the issue by facilitating a group session with the parties involved within 48 hours.

A total of 3 staff member surveys and four (4) youth surveys were conducted. Of these surveys, none of the staff member surveys revealed responses regarding an abusive or threatening environment. One of the 4 youth surveys reports not feel safe, but the respondent does not explain in detail what makes them feel unsafe.

No other documents incidents or surveys submitted involve any significant evidence of abuse, threats of harm or intimidation to youth.

1.03: Incident Reporting

Satisfactory Compliance

The agency has a comprehensive policy and procedure regarding Incident Reporting. The agency's policy is documented as last being updated on 02/03/2011. The policy requires that all staff report eligible resident or staff member related incidents to the DJJ CCC within two (2) hours of becoming aware of the incident.

The review team member representing the Bureau of Quality Improvement conducted a search for all Hillsborough County related incidents that occurred within the last six (6) months. This query resulted in a total of four (4) incidents. Of these incidents, all four (4) were reported within the required 2 hour time deadline. However, one (1) of the 4 incidents that the staff member that reported the incident gained knowledge of the incident at 10:00am and the DJJ CCC representative documented that the report was taken and created at 12:10pm. The review team concluded that the time documented by the DJJ was an error due to the fact that the staff member that reported the incident actually called the DJJ CCC back at 11:45am. This indicates that the program was within the 2 hour time requirement. The agency continue to ensure that all staff members reporting eligible incident must be cognizant of the 2 hour time requirement at all times.

1.04: Training Requirements

Satisfactory Compliance

The agency has a training policy that addresses the minimum CINS/FINS training requirements on an annual basis for both residential and non-residential staff members. The policy includes details on training topics and hours for first year and on-going staff members. The agency records and tracks all training hours for each employee by its fiscal year (October 1-September 30).

The agency handles all personnel functions through its Human Resources department located onsite on the Clay Magnum campus. This office processes all state and local background

screenings and human resource functions. Annual training is tracked according to the program's fiscal year (October 1 through September 30). An individual electronic training file is maintained for each employee, which includes supporting documentation such as sign-in sheets, training records and certificates.

Ten (10) training files out of more than thirty (30) staff members were randomly selected to assess the agency's adherence to the requirement of this standard. Of the 10 training files reviewed, six (6) were first year staff members and four (4) were on-going staff members. All first year staff member files reviewed are staff members that have been transferred in from other county departments. All staff members have evidence of the required training topics and hours including CPR/First Aid and AED training.

A total of 4 on-going training files were reviewed. Four (4) of these files have detailed evidence of various training topics and hours that meet or exceed the minimum number of annual training hours required for this standard. All staff members have evidence of CPR/First Aid and AED training.

The provider agency conducts orientation training to all shelter personnel through a combination of training sources that include the Florida Network, local area and in-house trainers. The system is designed for each to have a program orientation, a training plan and verification of training topics and courses completed for training received.

The reviewer confirmed the completion of training for new hires that includes Program Orientation, CINS/FINS Core Training, Substance Abuse, DJJ Civil Rights Training, Stages of Adolescent Development, Supervising Volunteers, Administrative Procedures and Program Goals, Gang Awareness, Understanding Child Behavior, Emergency Preparedness, NAPPI, Title IV-E, Reporting Abuse, Fire Extinguisher/Fire Safety, Netmis Training Lab, Food Safety Training, Central Communications Call-in Log, Suicide Awareness and Prevention, Substance Abuse, Cultural Diversity, Domestic Violence, Cultural Diversity, Prevention, Reporting and Services to Missing Children, Trauma Informed Care and logbook Policy Training.

At this time, the agency does not require new hires to receive priority training topics by a certain date such as within 30, 60 or 90 days of hire. The agency was advised of the five (5) new training topics offered online by the Florida Network of Youth and Family Services.

1.05: Interagency Agreements and Outreach

Satisfactory Compliance

Review of Hillsborough County Child and Family CINS/FINS Program's Policy on Outreach and Partnership effective March 2012 thru March 2014 was conducted. A review of the agency's Counseling Outreach Policy dated April 2012 was also completed. The aforementioned policies reviewed describe the agency's methods of providing services to the specific client; where the services is to be provided; and when the service is to be provided.

The review for this indicator included review of agency publications to include: CINS/FINS Brochure; Anti-Gangs Pamphlet; Safe Place Brochure and CINS/FINS one-page flyer which identifies and details community partners. In addition, the Power-Point presentation used for Community Awareness, the agency's CINS/FINS Guide focusing on parents which is available in English and Spanish was a part of the review for this indicator. Content well defined. The lead staff designated by the agency for Community Outreach is identified as Danielle Husband, General Manager.

Multiple promotional community event flyers were reviewed in addition to the Netmis printouts that track outreach activities and events. A review of the most recent partnership agreements signed by the agency was conducted. This review included the following: Homeless Coalition signed 04/10/2012 by both parties; Crisis Center of Tampa Bay signed 02/9/12 by CINS Provider only; The Children's Homes agreement signed 04/13/2012. This is a month to month agreement due to financial constraints. The Bright Beginning interagency agreement was reviewed with an ending date of 9/30/11. On 04/18/12 during the QI program review Danielle Husband, General Manager provided the reviewer with an updated agreement for Bright Beginning with a projected start date of 05/1/12 thru 09/30/12. Also, it was noted that the Public Schools Title I Part D agreement is ending 6/30/12. The agency has an internal policy on Interagency Agreements and Outreach. The review included assessing interagency agreements and outreach effects. Most agreements are dated 2009 and some these documents are dated as being established in 2010.

1.06: Disaster Planning

Satisfactory Compliance

The program has a written Emergency Preparedness/Disaster and Emergency Plan to address the requirements as listed in indicator 1.06 Disaster Planning. A review of internal documents included the Florida Network Letter of Approval of the agency Disaster Plan and the Universal Agreement signed on 02/22/2012 by the Hillsborough County Board of County Commissioners. The agency has an agency Emergency Plan that is effective as of 03/01/2012.

The content of the plan is in compliance with inclusion of: Emergency evacuation; Weather Procedures; Transportation; Evacuation Conditions; Facility Identification; Procedures for Necessities and Processes for Network. The reviewer also notes that due to the agency being a division of local government, the plan is exceptionally well defined and detailed. Further, during the walk-thru tour of the male and female shelters the reviewer observed storage areas containing supplies. During the facility tour emergency containers with supplies to be used in transportation vans in an emergency were inspected. The Disaster Preparedness Plan viewed during the onsite review has an effective date of 01/27/04.

The Fire Safety and Mock Emergency Drill Logs were observed during this onsite program review. The most recent quarterly inspection and testing of emergency equipment was completed on 01/29/2012. The monthly fire inspection log also observed and indicates that the last review was completed 03/1/2012.

The agency Fire and Safety Evacuation Drill logs were observed during the onsite program review. The most recent drill is dated 03/31/2012 for the female shelter and 03/30/12 for the male shelter. A Mock Emergency Drill was completed on 03/25/2012 which is thorough and documents all major aspects of the drill.

The current policy is documented as last revised in July 2011. The agency posts maps/egress plans in the dormitory areas and at specific exit points throughout the youth shelter. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies.

Standard 2: Intervention and Case Management

Overview

Hillsborough County Government is contracted to provide both shelter and non-residential services for youth and their families primarily in Hillsborough County. Youth and families receive help in a community setting through the Children in Need of Services / Families in Need of Services (CINS / FINS) Non-Residential Program. This program serves youth that meet status offender eligibility status that includes runaways, truants, ungovernable and lockout youth. Trained counselors provide individual and family therapy to youth ages 7 to 17 at sites throughout Hillsborough County with flexible daytime and evening hours.

Additional aspects of the CINS / FINS program include a nationwide system of Safe Place sites where runaway youth may request services at designated sites throughout Hillsborough County and receive free transportation to the CINS/FINS shelter.

Also included in the service array is the Case Staffing Committee where parents may file a Seven-Day Letter which is a formal document to request their child's case be brought to the attention of a judge.

The program provides centralized intake and screening twenty-four hours per day, seven days per week for status offenders that include runaways, truants, ungovernable and lockout youth. Trained staff members are available to determine the needs of the family and youth. Residential services, including individual youth, family and group services. Case management and substance abuse prevention education are also offered on an as needed basis. Aftercare planning includes referring youth to community resources, on-going counseling and educational assistance on an as needed basis.

At the time of this review, according to agency's organizational chart lists Dr. Richard Cipriano, Psychologist as the Outpatient Services Director and oversees the Non-Residential and Clinical Services. At the time of this review, he oversees two (2) Treatment Counselors, four (4) Outpatient Counselors and one (1) Senior Case Manager. Counselors are responsible for providing case management services and linking youth and families to various community services. Outpatient services or the non-residential program is responsible for coordinating 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. This component of the agency also recommends the filing CINS Petitions with the court as needed.

2.01: Screening and Intake

Satisfactory Compliance

A screening and intake review included an onsite review of randomly selected number of open and closed files from the last 6 months. The agency maintains a paperless non-residential client file system. This system utilizes electronic documents that each counselor maintains all files on a dedicated drive. Further, each counselor utilizes a laptop to manage scanned files that are then placed in folders. A random selection of six (6) Non-Res files were reviewed which consisted of three (3) open and 3 closed files.

The reviewer of this indicator encountered multiple obstacles during the course of the file review due to inconsistent document/form identification. An example includes the following: Form . Florida

Network of Youth and Family Services Introduction to Services was labeled with the following varied file names: IntrotoFLNTWK; Intro to Services; Notice of Privacy Policies and Intro to SVCS. Also, files often contained scanned blank forms which lead to unreliability. The reviewer requested that the agency to assist with clarifying search instructions and proper identification of files.

The agency utilizes a document labeled %6 Network of Youth and Family Services -Introduction to Services+is used to provide: Rights and Responsibilities of Youth/Parents/Guardians; Services Options; Actions; and Grievances. The NetMis/CINS/FINS intake form is used during the initial screening process.

2.02: Psychosocial Assessment

Satisfactory Compliance

A review of the agency's policy and procedures for psychological assessments were conducted and was found to be inclusive of all components required by Indicator 2.02. The review for this indicator included a review of six (6) non-residential files. Of these files, all demonstrate evidence of full and properly executed assessments that were conducted in a consistent and timely manner. All Paperless files reviewed contained evidence of completed psychosocial assessments. Of the files reviewed, no files indicated that any of the youth assessments resulted in an elevated risk of suicide. Dr. Richard Cipriano reviews and signs all CINS/FINS files as supervisor following completion.

A total of four (4) separate staff members completed reviews. All agency staff members completing assessments and reviews have a bachelor's or higher level certification. The reviewer for this indicator confirmed that all staff members exceed the minimum educational certification requirements in order to execute and complete assessments. In addition, the reviewer confirms that all background screenings on staff members are current.

2.03: Case/Service Plan

Satisfactory Compliance

A review of the agency's policy for case/service planning was conducted and was found to be inclusive of all components required by Standard 2.03. The agency has a comprehensive policy and procedure for initial service plans that addresses all requirements of the indicator. A case service plan is developed with each client in both residential and non-residential files.

A total of six (6) non-residential and four (4) residential shelter files were reviewed for this indicator. All initial plans were completed within 7 days of the psychosocial assessment being completed, when there was an assessment in place.

Further, the service plans reviewed were generally completed on the same day as the assessment. All plans included identified needs and goals, type and frequency of services, persons responsible, and target dates. Some of the plans did not indicate the location of the services to be provided, however that information was contained in elsewhere in the client file. None of the plans in shelter or non-residential indicated actual completion dates for all assigned goals. Nine (9) out of the ten (10) plans had evidence of signatures. A total of eight (8) of the ten (10) have evidence of the date that the plan was initiated. Two (2) of four (4) residential files did not have psychosocial assessments. Initial shelter service plans were not

individualized. When the duration of counseling services was over thirty days, those plans had been reviewed and updated.

2.04: Case Management and Service Delivery

Satisfactory Compliance

A review of the agency's policy and procedures for case management and service delivery was conducted and was found to be inclusive of all components required by Standard 2.04.

The agency has nine (9) different policies that address the identification of client needs, referral processes, and case monitoring which provide comprehensive direction for all aspects of this indicator. A total of six (6) non-residential files, four (4) shelter files, and three (3) case staffing files were reviewed for this indicator. In each case reviewed, a counselor/case manager was assigned in each client case file.

In both shelter and non-residential files, there were no referrals for services outside the shelter other than a referral to a local mental health entity to conduct an emergency assessment. At the time of this review, the case staffing files showed many referrals being made and followed up on. In all files cases progress notes indicate that the counselor was coordinating services, monitoring client progress and providing support for families.

In the four (4) case staffing files, there is documentation of the referral to case staffing, recommendations from the committee, follow up by the counselor, active case monitoring and review of court orders.

2.05: Counseling Services

Satisfactory Compliance

A review of the agency's policy and procedures for Counseling Services was conducted to determine adherence to all by Standard 2.05.

Agency policies are in place to address all aspects of this indicator, including the development of assessments, case plans, case plan reviews, case management, confidentiality, progress notes, quality improvement and internal review. A policy also addresses the provision and documentation of group counseling in the shelter.

A total of six (6) non-residential and four (4) shelter files were reviewed for this indicator. All non-residential files contained presenting problems, psychosocial assessments and case service plans. Of these files, all have documented consistency between issues identified in the assessment and the service plan goals. All files contained case progress notes.

Two (2) out of the six (6) cases had services provided after the initial assessment and case plans were completed. In those cases, it was evident that client services were focused on improving family relationships, stabilizing the home situation and preventing system involvement. Client services for the non-residential program were provided in community based locations and agency offices.

The residential shelter services indicate that two (2) out of the four (4) files had no psychosocial assessment. The services provided were primarily focused on the presenting problem(s). The two

(2) shelter cases without an assessment were youth with significant mental health issues (Baker Acted) who were within ten (10) days of entering shelter. There was significant documentation of assessment of the ongoing suicidal ideations, and coordination of services to address those issues.

All files contained chronological case notes, and documentation of supervisor review. Some files reviewed contained documentation of team case consults as well. Client files were treated as confidential in all cases. All file folders are marked %confidential+and files locked up at the end of the day. Agency shelter group counseling logs show that groups are held and documented with topic and attendance a minimum of five times a week in each facility and at times exceeded that number.

2.06: Adjudication/Petition Process

Satisfactory Compliance

A review of the agency's policy and procedures for the adjudication/petition process was conducted and was found to be inclusive of all components required by Standard 2.06. A total of five (5) agency policies are in place to address various aspects of the adjudication and CINS petition processes, covering all parts of this indicator.

A total of three (3) case staffing files were reviewed for this indicator. The reviewer also observed the agency's case staffing policies and procedures, schedules, and lists of members and their attendance at meetings.

The case staffing committee meets monthly at a regularly scheduled date and time. Committee members receive the schedule for the next meeting at least five (5) business days prior to the meeting. All meetings had a CINS/FINS representative, school board personnel, and the state attorney's office as required.

In two (2) of the cases, the school system made the referral. In the third case, the mother of a client made a request. The agency responded to the mother's request by having a case staffing within 2 days of receipt of the request.

In each case, the parent was notified by certified mail a minimum of 5 working days before the scheduled hearing. Recommendations were generated and documented at the committee meeting, and the parent given a copy of the recommendations before leaving the meeting. In each case, a comprehensive review summary was prepared prior to the initial hearing as well as for review hearings.

Standard 3: Shelter Care/Health Services

Overview

The Hillsborough County CINS/FINS is licensed by the Department of Children and Families (DCF) for twenty four (24) beds and it primarily serves youth from Hillsborough and limited service to surrounding Counties. The shelter also provides services to youth referred to them from the Department of Children and Families through a separate contractual

agreement. The residential program utilizes two (2) separate shelter buildings for male and female residents. Each residential facility includes a common area or day room, individual rooms and double bed rooms, bathrooms, eat-in kitchen, laundry room and staff offices. The resident bedrooms are divided into two (2) areas separated by the common room. During the quality assurance review, both residential shelters were found to be in excellent condition and the furnishings in good order. At the time of this review, all resident bed rooms, bath rooms and common areas were clean. Each residential shelter sleeps a maximum of twelve (12) youth; each youth has an individual bed, bed coverings and pillows. In addition, the youth have access to a host of recreational games, open green space, play grounds, covered basketball court and a teen activity center. This youth shelter is not designated by the Florida Network of Youth and Family Services to provide staff secure services.

There are a total of twenty-three (23) Residential staff members (full-time, part-time and on-call) assigned to perform residential duties. This number of residential staff members includes one (1) Program Director, two (2) Assistant Program Directors and 2 counselors. The Child Care Specialists are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision and programming to all residents. Child Care Specialists also assist in the delivery of self-administration of prescribed and over-the-counter medications and administer first aid when needed.

The program has disaster plans, knife-for-life, wire cutters, and first aid kits are located in multiple locations throughout the facility, to include the staff station, medication room and kitchen. The program's behavior management system consists of four (4) levels (Level 1, Level 2, Level 3 and Orientation Level). Residents start on the orientation level and advance up or down the levels depending on the total number of points accumulated each day; and privileges are based on the youth's level.

The program has access to two (2) licensed medical staff. One is an Advanced Registered Nurse Practitioner (ARNP) and one is a Registered Nurse (RN). The agency's Clinical staff members include three (3) Clinical Psychologist, five (5) licensed mental health professionals, two (2) Treatment Counselors, one (1) Senior Case Manager and four (4) Out Patient Counselors.

3.01: Shelter Care Requirements

Limited 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 Indicator 3.01. The agency has a series of policies related to shelter policies and procedures. These policies include Use Force, Approved Intervention Techniques, Bed Check Policy (10 minute requirement), Client Grievance policy, Residential Youth Orientation, Client Rights and Responsibilities, Behavioral Management System, Intake and Discharge Process, Prevention and Intrusion of Contraband into Residential Programs, Sleeping Arrangements, House Keeping, Pest Control, Prevention, Reporting and Services to Missing Children and the Resident Handbook.

A total of six (6) clients were reviewed to assess the agency's adherence to the 24 hour Orientation, Rights and Responsibilities, Grievance, Bed Check, Use of Force and Staff Secure requirements. The agency is not designated as a Staff Secure placement facility. The agency has a specific/individual policy on each of the aforementioned shelter care requirement areas.

All 6 files contained evidence that each youth received the program's Orientation and client hand book within 24 hours of admission. All 6 files have documentation that indicates youth receive

and acknowledge their available rights and specific information on the grievance system and process.

The agency's Use of Force policy does not permit staff to put their hands on client, unless the youth is in danger of harming themselves or others. The policy emphasizes the use of Verbal Intervention techniques and to use the least amount of force necessary to successfully intervene in confrontations in order to protect youth and staff members. The agency also trains staff on Use of Force using the NAPPI physical restraint technique.

The agency's policy requires bed check every ten (10) minutes. A review of camera surveillance tape was conducted. The monitor reviewed a random selected sample of several nights surveillance video of bed checks from each of the last 45 days. The review revealed that many bed check counts are not consistent. Specifically, bed check count times are delayed and not well documented in some instances. One (1) staff is also seen checking their mobile phone while conducting bed checks.

It is recommended that the agency ensure that the times associated with the surveillance camera are accurate. In addition, ensure that staff members are as accurate and documentation of times are complete when conducting bed checks. Exact and accurate documentation of the bed check count is equal to the actual performance of the duty.

3.02: Healthcare Admission Screening

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 Indicator 3.02. This policy addresses healthcare screening practices for all youth entering shelter care. An Admissions Checklist/Physical Health Screening form is completed at the time of intake. This screening includes the following medical categories: recent injuries, youth medications, reason for medication, availability of medication, pregnancy, exposure to illness/disease, tuberculosis, diabetes, seizures, cardiac disorders, asthma, hemophilia, sickle cell, cancer, and head injuries in the last two weeks. A secondary health screening is also completed through the application of the CINS/FINS Intake Form. This form includes a screening section that inquires about the youth's following areas: observable injury, illness or health issue, any current medical, dental or health conditions, recent hospital visits, recent treatment or medication for mental health disorder, current medications, allergies, and dietary concerns.

The form also includes a Physical Health Screening section that inquires about the following medical conditions: asthma, head injury, hepatitis, hypertension, headaches, renal problems, hemophilia, seizures/blackouts, eating disorder, gynecological problems, vision, digestion, cardiac, tuberculosis, sexually transmitted disease, chronic cough, hearing, diabetes, pregnancy, epilepsy, disability, rash, pain, tattoos and scars.

Eight (8) youth files were reviewed for completion of the health screening upon admission to the shelter. All 8 contained both forms completed by the staff conducting the admission. One (1) youth file documented conflicting information on the two (2) completed screenings. The admissions checklist indicated the youth has used substances and the intake form indicated there was no usage. The admissions form asked various health related questions and requires a circle of Y/N. One (1) form had both Y/N circled on 2 questions and 1 file had five

(5) instances where no response was circled for the questions. The admission checklist indicates it is good for thirty days. One (1) youth had an admission checklist dated 3/9/12 and the intake form dated 4/12/12. The admission date appears to be more than thirty (30) days beyond the completion of the admission checklist.

3.03: Suicide Prevention

Limited Compliance

The program had written policies and procedures related to Mental Health, Substance Abuse and Suicide Risk Screening and Suicide Assessment. The procedures include suicide screening, suicide precautions, and referral for the Baker Act process. The written procedures indicate all youth are screened through the admission of the CINS/FINS Intake form. This form includes six (6) questions regarding the current/past mental state of the youth regarding any suicidal issues. A yes answer to any of those 6 questions require youth to be placed on constant sight and sound supervision until the youth can be assessed by a Treatment Counselor. The Treatment Counselor is required to assess the youth using the Suicide Probability Scale (SPS) or the Child Depression Inventory (CDI-2) Assessment Tool. Based on the SPS assessment, the Treatment Counselor may reduce the youth's status from constant to Elevated Supervision.

The written procedures and documented practice conflict with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS. The network requires youth be screened upon admission through one (1) of four (4) screenings: 1 the 6 questions in the CINS/FINS Intake Form (2) the TEEN Screen (3) the Evaluation of Imminent Danger of Suicide (EIDS) (4) the Suicide Probability Scale (SPS). Once one (1) of these screenings is completed and the youth is identified as at risk for suicide, the youth must be referred to a licensed mental health professional or an unlicensed professional working under the supervision of a licensed professional for an assessment of suicide. The network requires the program to submit the assessment form(s) for approval. There was no documentation to indicate the Network had approved the current practice of suicide assessment. The current procedure utilized by the program results in a screening instrument (SPS) being utilized as an Assessment of Suicide Risk.

Eight (8) files were reviewed for application of the suicide prevention procedures. Four (4) files documented the youth answered yes to 1 of the 6 suicide related questions on the intake form. Each youth was placed on constant sight and sound supervision until the completion of the SPS. The SPS was not always completed by the Treatment Counselor. A trained Child Care Supervisor II completed one of the reviewed SPS forms. The program documented this process on a Suicide Risk Assessment Summary form that was divided into three (3) sections. These included: Risk Level, Clinical Staff Review, and Removal from Elevated Observation Status. Documentation indicated the youth was interviewed by a mental health professional during the clinical staff review portion of the process.

Three (3) youth files were reviewed for application of the mental health emergency procedures. All 3 youth were identified by staff as experiencing a mental health emergency related to suicide ideation. Staff acted swiftly and appropriately by contacting mental health staff and law enforcement to implement the Baker Act process. Each youth was transported by the Hillsborough County Sheriff's Office to the Children's Crisis Center.

3.04: Medications

Satisfactory Compliance

The program had written policies and procedures related to Medications. A review of the agency's policy and procedures for Medications was conducted and found to address all requirements for this standard.

The program has written procedures for the administration, storage, access, inventory and disposal of medications. The medications for the boys and girls shelter are maintained in a locked room in the boys shelter. The program is currently utilizing a Medication Distribution Record (MDR) to document the safe administration of medication to youth. The current record was reviewed along with numerous completed records for the past months. There were no discrepancies noted in any of the records.

All medications are stored in a cabinet behind two locks. The cabinet contains separate drawers with individual locks for each youth requiring medication. Oral medications were separated from topical medications. The program has a refrigerator available for any medication requiring refrigeration. Staff members with access to medication are designated in writing.

The program maintains inventories of all medication on site with counts conducted on a shift or weekly basis depending on medication type. Syringes and sharps were secure and counted on a weekly basis. The program's ARNP reviews the medication logs and storage on a weekly basis.

3.05: Medical/Mental Health Alert Process

Satisfactory Compliance

The program has a written procedure for sharing critical information with staff regarding any information concerning a youth's medical condition, allergies, side effects of medications, or any information regarding a youth's treatment.

The program documents youth alerts in numerous areas. The information is documented on the large staff alert board in the staff office and in the youth's file. Staff also complete an Alert Communication Check List and document the concerns in the Alert Log. The agency uses a color coded system to identify alert types. Youth with mental health/suicide alerts have red dots placed on the youth's file and on the alert board; a red sheet is placed in the youth's file. Youth with a medical issue have the same documentation but in the color blue. Youth with behavioral issues such as: runaways, criminal history, predatory behaviors, aggressive behaviors or a mental health diagnosis are identified on the alert system with the use of yellow identifiers.

Eight (8) files were reviewed for implementation of the medical/mental health alert system. All applicable alerts were documented through use of the appropriate color coded system. Suicide alerts were identified in red, medical in blue and behavioral in yellow as identified in the written policy.

3.06: Episodic/Emergency Care**Satisfactory Compliance**

The program had written procedures for episodic and Emergency Care. The program had written procedures for the provision of episodic and emergency care. All staff members are to be certified in first aid and CPR/AED. All buildings contained fully stocked first aid kits that were inspected on a monthly basis. Each shelter is stocked with emergency suicide prevention equipment. The vehicles utilized to transport youth will contain emergency vehicle escape equipment. Procedures include emergency response for youth with illness or accidental injury.

The program has not had an incident requiring emergency response in the last six (6) months involving a CINS youth. Documentation was available for youth with minor aches and pains that were addressed by the on-site medical staff. All staff members were certified in first aid and CPR/AED.

Overall Rating Summary

Satisfactory Compliance:	89%
Limited Compliance:	11%
Failed Compliance:	0%