FLORIDA NETWORK
of youth and family services

# QUALITY IMPROVEMENT PROGRAM REPORT FOR

## Lutheran Services Florida Southeast
## Lippman Youth Shelter

**4185 North State Road 7**
**Lauderdale Lakes, Florida 33319**
**(Administrative Office)**

***Review Date(s): May 22-23, 2012***

# CINS/FINS Rating Profile

| | | | |
|---|---|---|---|
| Program Name: | **Lutheran Services of Florida (Broward)** | QA Program Code: | **690** |
| Provider Name: | **Lutheran Services of Florida, Inc** | Contract Number: | **V2021** |
| Location: | **4185 North State Rd. 7, North Lauderdale, FL 33319** | Number of Beds: | **10** |
| Review Date(s): | **May 22-23, 2012** | Lead Reviewer Code: | **M. Tavares** |

## Indicator Ratings

| 1. Management Accountability | | |
|---|---|---|
| 1.01 | Background Screening of Employees/Vol. | Satisfactory |
| 1.02 | Provision of an Abuse Free Environment | Satisfactory |
| 1.03 | Incident Reporting | Satisfactory |
| 1.04 | Training Requirements | Satisfactory |
| 1.05 | Interagency Agreements and Outreach | Satisfactory |
| 1.06 | Disaster Planning | Satisfactory |
| **% Indicators Rated Satisfactory Compliance:** | | **100%** |
| **% Indicators Rated Limited Compliance:** | | **0%** |
| **% Indicators Rated Failed Compliance:** | | **0%** |

| 2. Intervention and Case Management | | |
|---|---|---|
| 2.01 | Screening and Intake | Satisfactory |
| 2.02 | Psychosocial Assessment | Satisfactory |
| 2.03 | Case/Service Plan | Satisfactory |
| 2.04 | Case Management and Service Delivery | Satisfactory |
| 2.05 | Counseling Services | Satisfactory |
| 2.06 | Adjudication/Petition Process | Satisfactory |
| **% Indicators Rated Satisfactory Compliance:** | | **100%** |
| **% Indicators Rated Limited Compliance:** | | **0%** |
| **% Indicators Rated Failed Compliance:** | | **0%** |

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

## Overall Rating Summary

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

# Methodology

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

## Persons Interviewed

- ☒ Program Director
- ☐ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- ____ # Case Managers
- 1 # Clinical Staff
- ____ # Food Service Personnel
- ____ # Healthcare Staff
- ____ # Maintenance Personnel
- 3 # Program Supervisors
- 4 # Other (**2 interns, 1 YCSIII, and 1 Admin Asst**):

## Documents Reviewed

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

## Surveys

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

## Observations During Review

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

## Comments

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

## Rating Definitions

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

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|---|---|
| **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:

Marcia Tavares, Lead Reviewer, Consultant, Forefront LLC
Gabriel Medina, QI Management Review Specialist, DJJ Bureau of Quality Improvement
Shandria Striggles-Hall, QI Review Specialist, DJJ Bureau of Quality Improvement
William Mann, Chief Operating Officer, Florida Keys Children's Shelter Inc.

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

## Strengths and Innovative Approaches

The Lutheran Services Florida (LSF) Broward is a Children In Need of Services/Families In Need of Services (CINS/FINS) program that provides residential and non-residential services to youth in Broward County. The program is sub-contracted through the Florida Network of Youth and Family Services (Florida Network). The program operates the Lippman Youth Shelter, located in the City of Oakland Park, Florida. The shelter provides twenty-four/seven crisis emergency services for youth ages ten to seventeen years of age in Broward County that do not have any current open cases of delinquency or dependency. In December 2011, LSF Broward moved its Administrative Offices and non-residential program, Broward Family Center, to 4185 North State Road 7 in Lauderdale Lakes. The new office is located on the second floor of the Lakes Medical Center Building, just two blocks south of the old location at 4675 North State Road 7.

Lutheran Services Florida Inc. was accredited by the Council on Accreditation (COA) in 2005 and has been continuously re-accredited by COA since its accreditation. This consistent achievement demonstrates the organization's commitment to maintaining the highest level of standards and provision of quality services to its consumers.

LSF Broward participates in the national Safe Place Program, a network of voluntary community sites where youth in need of help can go for safe refuge. As such, the provider serves as a partner with local businesses and schools to help youth in trouble. A designated staff is responsible for Safe Place site recruitment, training, and ongoing support as well as community and school presentations. The efforts of the program are evident by the display of the Safe Place sign on county libraries, fire stations, and other prominent businesses.

The program has traditionally served the needs of at risk youth ages 10-17 years and is well aware of the needs of youth transitioning into adulthood. Through its partnership with Broward County "Second Chance" Program, LSF Broward is now also able to provide case management services to transitional youth ages 17-21 years. The Second Chance program provides housing-focused case management and one year of housing and utility subsidy for these older youth, enabling them to learn how to budget, to save money, to locate and utilize community resources, and to put into practice the real-world life skills they are learning.

## Standard 1: Management Accountability

### Overview

LSF Broward operates both the Lippman Youth Shelter (residential) and Broward Family Center (non-residential) CINS/FINS Program in Broward County. The program has a management team that is comprised of an Associate Vice President of Quality Management; an Executive Program Director; a Residential Manager - MSW and PhD, a Clinical Supervisor (Counselor III) who is both a Licensed Marriage and Family Therapist (LMFT) and PhD, and a Senior Administrative Assistant. At the time of the review, the program had five vacant positions: four Youth Care Staff I (YCSI) positions and one YCSIII. The Executive Program Director oversees the activities of both the residential and the non-residential programs. The shelter program staff structure includes: a Program Manager, an Administrative Assistant, a Dietary Specialist, a Counselor II, a

YCSIII supervisor (vacant), three YCSII Team Leaders, and eleven fulltime, three part time, and three temporary YCSI. In addition to the Clinical Supervisor, the non-residential component has four Counselor positions, an Outreach Specialist, a Lead Program Assistant, and a part time Administrative Assistant.

The program has an Annual Training Plan for all staff and orientation training is provided to all new hires. Employees receive ongoing training from the program's local providers and the Florida Network. Each employee has a separate training file that contains a training plan and supporting documentation for training received. Annual training is tracked according to the employee's date of hire.

LSF Broward maintains valuable interagency agreements with several agencies that ensure a continuum of services for the youth and families. The program has a strong outreach component with participation of all program staff and emphasis on the designated high crime zip coded areas.

The Florida Network acknowledged receipt of the program's Disaster Preparedness plan for FY 2011-2012; the current plan shows a revision date of April 24, 2012. The Department of Children and Families has licensed Lippman Youth Shelter as a Child Caring Agency, with the current license in effect until June 27, 2012.

| 1.01: Background Screening of Employees/Volunteers | Satisfactory Compliance |
|---|---|

The program has a policy and procedures that address the screening of all Department employees, contracted providers, and volunteers as well as anyone else with direct and unsupervised access to youth. The screening is required to be conducted prior to hiring an employee or volunteer and is conducted using Live Scan. In addition to the DJJ Background Screening, the provider also conducts driver's license screening at hire and quarterly thereafter, annual local municipality and county screenings, and a drug screening upon hire and at random. The provider submitted its Annual Affidavit of Compliance with Good Moral Character Standards on January 19, 2012 prior to the January 31st deadline.

A total of nineteen (19) personnel files were reviewed for thirteen (13) new hires, three (3) five-year rescreened employees, and three (3) volunteers. Twelve (12) of the new hires were screened and received an eligible screening result prior to hire date. The DJJ background screening was received on 1/19/2012, after the hire date of 12/14/2011 for one employee. Per documentation in the employee file, the screening was delayed because of difficulty in reading the fingerprint card which had to be submitted. A DCF level two background clearance letter dated 12/6/2011 was obtained from DCF and is maintained in the file. However, the hiring of staff prior to receipt of an eligible DJJ screening is noncompliant with both the Department and the provider's policy.

All three employees who were eligible for a five-year re-screening had the rescreening completed prior to their five-year anniversary dates. Similarly, the three volunteers utilized by the provider were background screened and eligible screening results were obtained prior to providing volunteer services.

| 1.02: Provision of an Abuse Free Environment | Satisfactory Compliance |
|---|---|

The program has a policy and procedures in place that address all elements of the indicator and

include procedures for: 1) enforcing a code of conduct regarding staff's behavioral expectations, 2) mandating the reporting of all allegations/suspected abuse to the abuse hotline, and 3) requiring management to take immediate actions to address incidents of physical and/or psychological abuse or staff's failure to adhere to the agency's behavioral policy.

Upon hire, staff receives a copy of the agency's Personnel Policies and Procedures that includes a description of its behavioral expectations and code of conduct in Section 12 of the manual. An acknowledgement of receipt is signed by the employee and a copy is maintained in the employee's personnel file. The program also has a detailed policy and procedures regarding Child Abuse Reporting. Staff's responsibility and protocols for reporting child abuse are clearly outlined in the procedures. Corporal punishment is prohibited and shelter staff is required to sign a Corporal Punishment Acknowledgement statement indicating receipt and knowledge of the policy.

The Abuse Hotline telephone number is visibly posted throughout the facility and is also included in the Resident handbook that is reviewed with youth and parents during admission. Included in the handbook are the youth's rights, information on the grievance process, the abuse hotline number, and behavioral expectations. The youth and parent or guardian sign the orientation checklist acknowledging receipt of the handbook and their understanding of the information provided during orientation. This form was located in all files that were reviewed.

A log is maintained for all calls made to the Abuse Hotline in the nonresidential program but not at the shelter. There was one incident involving illegal search of a youth by two staff members. The incident was reported as required and both staff involved were terminated immediately by management.

The three youth surveyed stated that they knew about the abuse hotline and location of the telephone number. However, one of the three youth surveyed indicated that s/he did not feel safe in the shelter and one youth also indicated that adults in the shelter program are sometimes disrespectful when talking to youth. Additionally, all three youth have heard adults (youth care staff) use profanity when speaking with youth but none of the youth reported hearing staff threaten other youth.

The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline and have never heard observed staff using threat, intimidation, or humiliation when interacting with youth. However, one staff of the three staff indicated that s/he has observed a co-worker using profanity when speaking with youth.

| **1.03: Incident Reporting** | Satisfactory Compliance |
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The program has a written policy and procedures for incident reporting that comply with the Department's requirements. During the review period, the program reported ten (10) incidents called in to the Central Communications Center (CCC). A review of the ten incidents was conducted along with a review of the provider's Incident Report Binder and program logbook. All incidents were documented and highlighted in the logbook, with the exception of one that was not highlighted in which a youth was taken to the hospital. Incidents are recorded on either an Incident Report Form or a CCC form. The program also attaches a Broward Sheriff's Office card with information such as the case number, officer's name, district, and phone number to the corresponding page in the logbook when a police officer was called.

One of the ten incidents reviewed was reported outside of the two-hour timeframe, and two

incidents related to inappropriate staff conduct and falsification, respectively, led to the termination of three staff.

| 1.04: Training Requirements | Satisfactory Compliance |
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The program has a comprehensive written policy and procedures to address staff training and has developed an annual Training Plan to ensure staff receives the necessary training to successfully complete job requirements.

A review of seven training files for three first year and four in-service staff was conducted to assess compliance with the indicator. One of three new staff had completed the first year of employment but was missing four of the required trainings: Title IVE, Signs and Symptoms of Mental Health and Substance Abuse, Universal Precaution, and Cultural Diversity. Two of the three new hires still had time to complete their training but all three staff had completed 80 hours of orientation training and averaged over 90 hours of training. The four in-service staff are on target for completing the 24 training hours required and averaged about 19 hours of training to date. A review of the training calendar shows additional training topics are scheduled to be completed.

Review of the training files validated that each staff maintained an individual training file, tracking form, training calendar, and supporting documentation such as sing-in sheets, certifications, etc. Refresher training is scheduled throughout the year and staff can also take courses over the internet through webinars.

| 1.05: Interagency Agreements and Outreach | Satisfactory Compliance |
|---|---|

The program builds strong community partnerships and collaboration to ensure youth and families receive proper/appropriate services. As such, the program has a centrally located binder that holds all its Memorandum of Agreements (MOUs) and Interagency Agreements. Forty-six such agreements were evidenced in the indexing with the agreements in place with prevention/intervention programs, universities, substance abuse and mental health providers, housing, workforce development, health, and translation services. All but two of the agreements reviewed were current and/or showed on ongoing renewal process. The agreements with Chrysalis Center and Spectrum are expired and need to be renewed.

Although community outreach is a shared responsibility, the program has a designated staff person who is responsible for Community Outreach Activities. The Outreach staff coordinates the Safe Place Program and is responsible for recruiting sites as well as conducting presentations. accountable for the interagency agreements as well as any community partnership and collaboration. LSF Broward also participates in the national Safe Place Program and maintains an outreach presentation log and outreach statistics on a monthly basis. The program conducts volunteer recruitment and currently has three Interns from Nova Southeastern University.

| 1.06: Disaster Planning | Satisfactory Compliance |
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The program has a comprehensive Disaster Plan as outlined in the indicator. The plan was updated and revised April 24, 2012 and the Fire Safety Plan was approved by the Fire Rescue Department on February 4, 2011. The Emergency Response Plan contained all the required

elements including: 1) required types of emergency situations; 2) procedures to follow in a severe weather warning; 3) necessary equipment and secure transportation; 4) staff contact list; and 5) notification procedures to the Florida Network and other funding agencies. Evidence was provided by way of email correspondence from the Florida Network to verify that the plan was received. The majority of program staff had received Fire Safety training, with the remaining staff still having time to complete the training.

Emergency episodic and fire drills are conducted by the program and are documented on a log and reports. Both types of drills were conducted by staff on a monthly basis and on each shift, as required by the provider, with the exception of the overnight shift that missed a fire drill and an emergency drill in December and November 2011, respectively. Corresponding reports provide details of each drill including an analysis and critique.

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

## Standard 2: Intervention and Case Management

| Overview |
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LSF BROWARD is contracted to provide both shelter and non-residential services for youth and their families in Broward County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, and each day of the year. Trained staff are available at each program site to determine the needs of the family and youth. Upon referral, a screening for eligibility is conducted and the screening is the initiation of the assessment process. Information regarding the youths' presenting problems, living situation, etc. is collected. Upon intake into either program (residential shelter or non-residential services), a more thorough assessment is completed. After all assessments are completed, the assigned counselor develops a case services plan with the family during the initial family session. If the assessment indicates the need for a referral to a more intensive or specialized service such as substance abuse or mental health treatment, the counselor makes the necessary referral for service. After the development of the case service plan, the counselor works with the family to implement the plan. Counselors document progress towards completion of the service plan goals.

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

| 2.01: Screening and Intake | Satisfactory Compliance |
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The program has a policy and procedures in place that is consistent with all the requirements of this indicator. All three residential and three non-residential files reviewed documented eligibility screenings were completed within seven calendar days of the referral. In all six cases, youth and parent/guardian were given service options, rights and responsibilities, and grievance procedures. This information is provided in the form of a folder and handbook for youth in the non-residential and residential programs, respectively. They also receive a brochure on parent options for ungovernable children and possible actions occurring through involvement with CINS/FINS services. The brochure also includes information about the Case Staffing Committee, CINS

Petition, and CINS Adjudication.

In the residential files, the grievance procedure was documented in four separate places. All three youth surveyed reported knowing the grievance procedure, knowing whom to speak to, and thought that it was fair. In one residential case (JP), the parental receipt of the parent brochure was not noted as the box was unchecked; however, it was initialed by the parent/guardian.

| 2.02: Psychosocial Assessment | Satisfactory Compliance |
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The three residential files reviewed documented Psychosocial Assessments were initiated the same day as intake and within seventy-two hours of admission as required. Similarly, the three non-residential files reviewed documented the Psychosocial Assessment was completed within two to three face-to-face contacts after the initial intake. All six Psychosocial Assessments were completed by a Bachelor's or Master's level staff and all had a supervisor's signature for review and approval of the assessments. None of the cases required follow up for suicidal risk.

| 2.03: Case/Service Plan | Satisfactory Compliance |
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The program consistently met all requirements of the indicator with some exceptions. A total of six service plans were reviewed for three residential and three non-residential files. All service plans were completed within the required time frame. All three non-residential files had all required signatures as did the residential files with the exception of one parent signature on a residential service plan. However, that plan had just been completed and there was a counseling note stating the attempts to contact the parent as well as plans for further attempts. All of the service plans has target dates and completion dates listed where appropriate. Required 30-day reviews were in place with an exception that was fifteen days late but attempts to contact the parent and youth were well documented. In one file (DC-J), the revised goals were missing the location and person responsible; similarly, in one residential file (MH) three of the nine goals were also missing the location and person(s) responsible.

| 2.04: Case Management and Service Delivery | Satisfactory Compliance |
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The program consistently met all requirements of the indicator without exception. All six files reviewed documented a Counselor/Case Manager was assigned to the youth and all elements of the indicator were met when appropriate in all cases. In addition, the agency has a Quality Improvement Consent Form in all of the case files which explained the process and gave consent for follow up and future satisfaction surveys. Policies and procedures are in place to reflect all of the requirements of the indicator. Multiple referrals were made and documented in all of the cases where required. The program counselor coordinates the service plan implementation by monitoring the youth and family's via phone and face-to-face visits. In addition, the counselor supports the family, monitors out of home placements if necessary, and makes referrals for additional services. The counselor also makes referral to the Case Staffing Committee, as needed, to address problems and needs of the youth/family. Judicial intervention is recommended when deemed necessary and the counselor accompanies youth to court hearings, related appointments, and provides case monitoring and review court orders. Case termination and 180-day follow-up is conducted by the counselor.

| 2.05: Counseling Services | Satisfactory Compliance |
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All of the six files reviewed showed very detailed counseling notes and documented the youth and families received services in accordance with the service plan. The Counselors are able to provide individual and family counseling as needed. The non-residential program provides community based therapeutic services designed to intervene in crisis and stabilize the family, keep the family intact, minimize out-of-home placement, provide after care for youth returning from shelter, and prevent involvement of youth/family in Dependency/Delinquency systems. Non-residential services are provided in the youth/family home, community, or office location.

Residential youth receive group counseling five times per week during the past month; however, prior to that, some weeks did not have documentation for all five groups. Presenting problems were consistently documented between screening, assessment, psychosocial assessment, service plan, and counseling notes. Case reviews were signed by the supervisor, and policies and procedures reflected the requirements of the indicator.

| 2.06: Adjudication/Petition Process | Satisfactory Compliance |
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The program has formal procedures in place to ensure case staffing meetings are convened when requested by a parent/guardian (P/G) or when it's recommended by program staff. The policy and procedures include a list of core committee members, including DJJ Attorney and Broward School Board Representative, and details a process that is consistent with the indicator. Case staffing meetings are scheduled regularly on a monthly basis as needed and also facilitated to meet for an emergency meeting based on the critical needs of the youth and family, such as youth being denied access to the home or a parent who requests a staffing in writing. The provider maintains a separate binder that includes meeting notifications, agenda, sign-in sheets, case summaries and recommendations, and other pertinent information.

A review was conducted of two case staffing youth files: one was requested by a P/G and the other was requested by agency staff. However, the case staffing meeting was not held within seven days of the parent's request because the parent was unable to attend the initial meeting that was scheduled. The notifications to the family of the scheduled meetings were not documented in both files but they were present at their respective meetings. Similarly, the notification to the committee members was less than five days in one of the cases. The meetings were also attended by other community representatives in addition to the core committee members. As a result of the staffing, a list of recommendations were made and signed off by all participants. Revised and/or new service plans were developed and implemented, incorporating all of the recommendations made by the staffing committee. A copy of the recommendations was provided to the P/G at the end of the case staffing meetings. Prior to the court hearing, staff prepared and submitted a summary of the case with the CINS Petition and a copy was maintained in the file along with the petition.

## Standard 3: Shelter Care/Health Services

| Overview |
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LSF BROWARD operates its residential program, Lippman Youth Shelter, in Oakland Park, Broward County, Florida. The shelter is a twenty bed facility that provides residential services to youth in the Department of Juvenile Justice (DJJ) CINS/FINS program and

youth from the Department of Children and Families (DCF). At the time of the quality improvement review, the shelter was providing services to ten DJJ youth and 8 DCF youth. The shelter is not designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

Clinical services are supervised by a licensed LMFT-PhD Supervisor. Services provided include individual, group and/or family counseling, and any other applicable intervention required. The youth admitted to the program are screened using the Network Management Information System (NETMIS) Youth Screening Form, the CINS/FINS Intake Form, and a brief FAM (Family) General Scale. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form or if the staff member's observations of the youth's behavior would indicate any area of concern, an Assessment of Suicide Risk (ASR) is completed. The ASR is completed by either licensed professional or a non-licensed counselor under the direct supervision of the LCSW. A medical and mental health alert system is in place and the shelter staff that administers medications have been trained in the distribution of medication.

| 3.01: Shelter Care Requirements | Satisfactory Compliance |
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The program has extensive policy and procedures for this indicator. The program policy and procedures included all the required elements and was last updated May 20, 2012.

A review of three active youth files confirmed that all youth received a comprehensive orientation to the program within 24 hours of admission. The program has a 20-page Resident and Parent Orientation Handbook. The handbook contained youth's rights and responsibilities, the grievance procedures, as well as the shelter rules and regulations. During the tour it was also observed that the youth rights and responsibilities was posted in the youth's living room. Grievance forms are made available to youth in a clearly marked box mounted on the wall at the entrance to the dormitory. All youth admitted to the program also received (as part of the orientation process) a copy of the Substance Abuse Education/Awareness Manual and the Health Awareness Manual and Pregnancy Prevention. Use of force is used and documented utilizing the Incident/Complaint Report Form. At the time of the review, the program is not providing staff secure services.

| 3.02: Healthcare Admission Screening | Satisfactory Compliance |
|---|---|

The program has policy and procedures for this indicator revised on May 20, 2012. The policy included the elements required.

A review of three randomly selected active youth files found that in all cases, the program completed a NETMIS screening form to identify eligibility. In addition to the NETMIS screening, the CINS/FINS Intake form is completed to identify any physical health issues and current medications. The assessment also includes substance abuse screening, suicide risk screening, physical health screening and room assignment. At admission, youth are screened by answering questions regarding their current and past health issues. In the three residential files were reviewed, all of the youth received a preliminary health care screening on the day of admission and the health screening included the required elements.

| 3.03: Suicide Prevention | Limited Compliance |
|---|---|

The program has a Suicide Prevention Plan revised on May 20, 2012, that contained all the elements required. A review of three youth files indicated that all were screened for suicide risk at admission utilizing the CINS/FINS Intake Form. Youth admitted to the program are initially screened using the CINS/FINS Intake Form. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, they are immediately placed under sight and sound supervision until an ASR is performed by the licensed staff or a Master's level counselor under the supervision of the LMFT. The program's Assessment of Suicide Risk (ASR) is approved by the Florida Network.

Interview with the Clinical Supervisor (Counselor III) indicated that if the youth is in imminent danger of suicide, the program contacts the Henderson Youth Emergency Services YES Team. A review of the sight-and-sound log indicated that in one case in which youth were placed on constant sight-and-sound supervision, there was no documentation indicating that a licensed clinician removed the youth from sight and sound (K.Q.). In addition, the program failed to complete one Assessment of Suicide Risk. The program's Counselor III position was vacant from 12/19/11 to 1/27/12 and the program did not have an agreement with a licensed professional for the provision of clinical supervision of the suicide assessments and documentation. The program completed safety plans for youth as needed and observation logs were completed as required.

Training files were reviewed for receipt of Suicide Prevention training. All of the training files documented staff had received the necessary training. The program has a knife-for-life and pliers available to staff. All but one staff received knife-for-life training.

| 3.04: Medications | Satisfactory Compliance |
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The program has written policy and procedures that address the safe and secure storage, access, inventory, distribution, documentation, and disposal of medications. The program's procedures include the required mandatory components of the indicator.

Observation confirmed that the program has all medication stored in a metal locked cabinet located in the YCS III's room, which is inaccessible to youth. Psychotropic medications are stored behind two locks; the program maintains all the metallic medication boxes' keys in a color coded system located inside the locked metallic cabinet. Only the shift leaders have keys for the room and the cabinet. The program did not have any injectable medications, syringes, or sharps at the time of the visit. Oral and topical medications are stored separately. Although the program did not have any medication that required refrigeration, there is a secure locked refrigerator that is used only for medications.

Shift to shift inventories of the psychotropic medication was verified. Perpetual inventories with running balances are maintained of controlled substances when needed. Over the counter (OTC) medications that are accessed regularly are inventoried weekly and maintained perpetually. The youth medication records reviewed contained all the information required.

Although the program delineated in writing the staff with access to secured medication, the list was not updated until during the review.

| 3.05: Medical/Mental Health Alert Process | Satisfactory Compliance |
|---|---|

The program has written policy and procedures for the medical and mental health alert process to ensure that information concerning a youth's medical condition, allergies, common side effects, etc. is communicated to staff on a daily basis. The program has a medical alert system to communicate medical conditions and other health related issues between staff in the program. The alert system includes: posting of alerts on a board in the staff office, using a 16-color coded alert system, documentation of coded alerts on a "Shelter Alert System Sheet" maintained in the youth's individual case file, and on the cover of the case file. The types of alerts documented include: medication and other allergies, sexual offender, sexually aggressive, sexually reactive without sexual aggression, physically aggressive, victim of sexual abuse, arson, no medical or mental problems, special diets and/or food allergies, sight and sound/suicide watch, medication and/or side effects, no medication, substance abuse, mental health history, medical condition, and mental health diagnosis. Observation indicated that all the shelter staff have the alert codes in the back of their program ID cards. The program also utilized the shift exchange staffing form to communicate medical information related to youth.

During the visit the alert board that contained the youth's name, alert code, and allergies did not show the alert for a youth who was on psychotropic medication; however, the code was placed on the cover of the youth's file.

| 3.06: Episodic/Emergency Care | Satisfactory Compliance |
|---|---|

The program's policy and procedures address all of the elements of the indicator including procedures for staff to follow in various emergency situations prior to the arrival of Emergency Medical Services (EMS). Procedures are also in place to ensure the provision of emergency medical and dental care. Interagency and/or collaborative agreements are executed with health care providers to provide access to these off-site emergency services.

All emergency transport of youth and emergency medical/dental care provided are documented in the Emergency Care Log binder as well as in the program logbook. Parental notifications are also documented on the Emergency Care Log forms.

The program has a knife-for-life and wire cutter on site that is stored in a locked box in the staff area of the youth's living room. Two main first aid kits were inspected. The kits are locked and are located in the dining and the living room. The program maintained a monthly first aid inventory kit but the documentation reviewed revealed that the kits have not been inventoried since April 2012; one of the kits was missing 1x3 band aids.

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