



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Orange County

on 11/27/2012

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Interagency Agreements and Outreach	Satisfactory
1.06 Disaster Planning	Satisfactory
1.07 Analyzing and Reporting Information	Satisfactory

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

Standard 3: Shelter Care

3.01 Youth Room Assignment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Shelter Environment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Daily Programming	Satisfactory
3.06 Behavior Management Strategies	Satisfactory
3.07 Behavior Interventions	Satisfactory
3.08 Staffing and Youth Supervision	Satisfactory
3.09 Staff Secure Shelter	Satisfactory

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

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Psychosocial Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

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

Standard 4: Mental Health/Health Services

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

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

Overall Rating Summary

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

Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Review Team

Members

Marcia Tavares, Lead Reviewer - Consultant, Forefront LLC

Kristi Castaneda, Director of Program Support Services, Boys Town

Teresa Clove, Executive Director, Thaise Educational and Exposure Tours, Inc



Quality Improvement Review

Orange County - 11/27/2012

Lead Reviewer: Marcia Tavares

Brian Dye, Residential Services Manager, Stewart Marchment Act Behavioral

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 2 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 0 Clinical Staff | 2 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 Food Service Personnel | 3 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 0 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 0 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 7 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 0 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 1 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input checked="" type="checkbox"/> Sick Call Logs | 10 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 1 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- 3 Youth 3 Direct Care Staff 0 Other

Observations During Review

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

Comments

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

Rating Narrative

While doing the audit reviewer observed briefly the group on 11/27 in the "great room" on sexually transmitted diseases. The youth seemed to be interested in the topic and the staff doing the group. Presenter seemed knowledgeable in the topic being discussed. Reviewer also noticed staff interacting with the youth in a very positive manner.

Staff provided a lot of assistance during the review. They have great knowledge in the program and really seem to care a lot about the youth they serve and the shelter in general.

Strengths and Innovative Approaches

Rating Narrative

Orange County Youth and Family Services Division (OCYFS), through the Orange County Board of County Commissioners, contracts with the Florida Network of Youth and Family Services, Inc. to provide shelter and non-residential services for youth and their families in Orange County. Orange County Youth and Family Services Division provides a safety net for children and families of Orange County by offering needs based programs and services. Youth and Family Services Division serves children from infancy through age 18 and families of all ages and sizes. Programs offered by the Youth and Family Division include: Green Oaks Village is a foster care group home for abused, neglected, or abandoned children ages 6-18; Family Services Program that provides crisis assistance, family resources, home visitors, low income heating energy assistance and services to veterans; and Youth Services Program that consists of Family Counseling, Youth Shelter, and the Oaks Community Intervention Programs. These programs are jointly funded by Orange County and Florida Department of Juvenile Justice. The goal of Family Counseling is to provide services to struggling families with adolescent children that are truant, runaways or troubles. The Youth Shelter provides 24 hours per day, 7 days per week safe temporary housing for youth who are runaways, lockouts, and/or in need of respite. The Oaks Community Intervention Program provides intensive community based supervision, counseling, and support for youth recently placed on probation. OCYFS is currently accredited by the Council on Accreditation (COA) through July 31, 2016, demonstrating the provider's commitment to maintaining the highest level of standards and quality improvement.

The program is also committed to providing the most effective services to the youth and families it serves. Since the last DJJ QI review, the program has added Probation Respite beds to its residential program.

Standard 1: Management Accountability

Overview

Narrative

OCYFS provides Residential and Non-Residential CINS/FINS services for youth and their families in Orange County, Florida. The program located at 1800 East Michigan Street, Orlando, Florida is under the leadership of the Orange County Government. Program Managers oversee the residential and non-residential components of the program, including the volunteer and outreach initiatives. The program managers are responsible for supervising and conducting staff meetings with their respective staff members and conducting program-specific outreach. The shelter is licensed for 20 beds; at the time of the quality improvement review, there were a total of twelve youth in the shelter, nine of whom were CINS/FINS.

The shelter is comprised of a building that has two separate hallways on opposite sides of the building, to house female youth on one hallway, and male youth on the other. Each hallway can house up to twelve youth. The hallways are separated by a dayroom, a kitchen and master control. When not in school, the youth spend a majority of their free time in the dayroom either engaged in group activities, playing video games, watching television or completing homework assignments on the computers. There is onsite school that the youth attend from 8:30 a.m. – 2 p.m. as well as a cafeteria on-site in which the youth eat their meals.

The program's Continuity of Operations Plan (COOP) has been approved by the Florida Network. The Florida Network received the program's emergency response plan and hurricane plan that was revised on February 2012. A Universal Agreement for Emergency Disaster Shelter is also in force and was signed by the Program Director on February 2012. The building is equipped with a new roof, new sprinkler system and a new ceiling; the new roof allows the shelter to be utilized up to a level three hurricane.

The program maintains an individual training file for each employee, with training provided through the Florida Network, computer-based trainings and by Orange County staff. Upon attending outside trainings, staff members are responsible for submitting the documentation for recording in their training file. Annual training is tracked according to the employee's date of hire.

At the time of the quality improvement review, the program had one (1) vacant Non-Residential Master's level Counselor position vacant.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures in place that address the background screening of all employees, interns, and volunteers. The policy requires all staff and volunteers to complete a Background Screening in accordance with Chapter 985.407 of the Florida Statutes and in accordance with Orange County and Division background screening policies. Orange County conducts preliminary background screenings and driver's license checks for all employees, interns, and volunteers prior to their official start date and requires a favorable screening result prior to offering employment.

A total of seven applicable personnel files were reviewed for four staff and three volunteers. Two of the staff were hired after the last onsite QI visit and both received eligible screening results that were conducted by the Department of Juvenile Justice (DJJ) Background Screening Unit prior to hire. The two remaining staff files reviewed were eligible for 5-year re-screenings. Both five-year re-screenings were conducted within the required timeframe. The program had three volunteers during the review period. All of the volunteers received eligible screening results from DJJ prior to their start dates.

In addition to the DJJ Background Screening, the provider also conducts annual driver's license checks, local county background screenings, and Florida Sex Offender checks on all employees. Drug screening and a polygraph test are completed at hire and random drug screenings are also conducted thereafter.

The Annual Affidavit of Compliance with Good Moral Character Standards was completed and submitted to the DJJ Background Screening Unit on January 24, 2012, prior to the January 31st deadline.

No exceptions noted.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a Policy and Procedure that addresses all of the requirements of the QI Indicator. New staff, upon hire, is informed of the agency's Code of Conduct that is included in both the Agency's Policy and Procedures and Personnel Policies and Procedures Manual. The New Employee Orientation Handbook informs staff about the provider's Code of Ethics and the Code of Conduct Policy is outlined in the

Agency's SOP in Section 4 of the Management of Human Resources section. An acknowledgement of receipt signed by each staff is maintained in his/her personnel file. A verification of the signed acknowledgement was conducted during the personnel file review for the new employees. New employees receive Child Abuse training during program specific orientation upon hire. All of the training files reviewed demonstrated staff received the training.

In practice, evidence of abuse reporting by staff was observed. The provider maintains a monthly log of calls to the Abuse Hotline in the Behavioral Information Reports binder along with the completed abuse reports. In addition to the log, abuse reports called in are logged in the program logbook and a copy of the report is placed in the youth's file.

An onsite observation concluded the postings of the abuse hotline number in the shelter in common areas. Rights and responsibilities are posted in the dormitory hallways visibly to youth along with additional information from the youth handbook and other relative numbers.

The three youth surveyed indicated that they were aware of the abuse hotline and feel safe in the shelter. One of the youth did not know where the hotline number was located and one of the youth also indicated that staff is sometimes disrespectful when talking to youth.

No exception noted.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The Orange County Youth Shelter has an Incident Reporting and Risk Management Policy in effect with the last revision dated March 29, 2012. The policy does meet reporting requirements. A copy of the policy is included in this evaluation.

The Non-Residential Services has an Incident Reporting Policy in effect with the last revision dated June 21, 2010 and with a program manager's approval, dated 1/26/12. The policy does meet reporting requirements. A copy of their policy is included in the evaluation.

Onsite documentation of internal reports was made available and copies were taken. All documentation reviewed was legible and clearly described the incidents with the time frames listed. The supervisor/program manager reviewed the documents and signed off on them. Recommendations and/or follow-up actions were made.

Two case managers were interviewed in reference to the incidents and reporting procedures. Both of the case managers were aware of the incident and reporting policies and gave examples of what actions should be taken if an incident occurred. They were familiar with the reporting procedures and requirements.

All incidents were reported to CCC within the allotted time frame except for one. A late notification was sent to CCC because it was unknown what the charges would be after contacting law enforcement. This response was written by the program manager dated 7/23/12 on the incident report form. The incident occurred 7/20/12 @ 4:30 pm and was reported to CCC 7/21/12 @ 10:30 pm. The child was arrested by Orlando Police and was discharged from the shelter. When a reportable incident occurs it should be reported to CCC even if the outcome is not known. A follow-up report can then be filed with the result.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy and procedures in place to ensure that staff receives the required training annually. A copy of the Staff Development Training Plan for FY 2012-2013 was in effect and was reviewed onsite.

Six (6) files were reviewed, three (3) from the Youth Shelter and three (3) for Non-Residential program staff. The training files were updated for the current training year, dated July, 2012, and list all the trainings for the year. Two (2) that were hired within 2012 are completing their first

year of training and four (4) that have been employed over a year are completing their annual training requirements. All six (6) files are in compliance with their first year and annual training requirements, respectively. The two that were in their first year has completed over 80 hours of training. The four that are working on their annual training hours are on target to be completed by their anniversary date or has completed their trainings.

The yearly Training Schedule was not submitted to the Florida Network of Youth and Family Services By September 15, 2012 although a Training Schedule is being implemented for the year.

Although a Training Plan is being utilized, a copy was not submitted to the Florida Network by September 15th.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

The program builds strong community partnerships and collaboration to ensure youth and families receive proper/appropriate services. As such, the program has over thirty-one Memorandum of Agreements (MOUs) and Interagency Agreements, maintained in two binders, one for each program. Agreements were evidenced in place with schools, prevention/intervention programs, universities, substance abuse and mental health providers, homeless providers, childcare assistance, counseling, behavioral, medical, planned parent-hood, and victim services. All of the agreements reviewed were current and/or showed an ongoing renewal process.

Although community outreach is a shared responsibility, the program has a designated staff person who is responsible for Community Outreach Activities and the responsibility for outreach is listed on her job description. The outreach staff provides community members with information about the programs, recruits resources for the agency, increases awareness of strengths, needs, and problems of clients served, develops stronger relationships with affiliates in order to provide better resources for clients, and encourages joint planning and collaboration among providers. The program has a variety of promotional materials, available in English, Spanish, and Creole, that provides information about services offered, as well as prevention and educational material on topics such as Lesbian, Bisexual, Transgender, and Questioning issues, teen dating violence, runaway/homelessness, and substance abuse.

A copy of the provider's Outreach Plan for FY 2012-2013 was reviewed. The plan identifies a designated outreach staff, target areas, informal service linkages, formal/informal service providers, and describes a process for participation on community boards and coalitions as well as participation in community needs assessment through involvement with task forces, associations, and other affiliations.

Outreach activities are entered into Netmis by staff. The Netmis outreach activity report shows activities that were conducted in various community settings such as schools, mental health, behavioral, and counseling organizations, recreational facilities, and other local community service providers.

No exceptions noted.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

The program has a comprehensive policy and procedures as well as an Agency Disaster Plan and Continuity of Operations Plans (COOP) for both the Residential and Non-Residential programs. The Disaster Plan procedures were reviewed and approved February 2012 and contains

the following elements of the indicator: 1) required types of emergency situations (except for terrorist acts); 2) procedures to follow in a severe weather warning; 3) necessary equipment and secure transportation; 4) conditions under which evacuation would occur; 5) Identification of specific evacuation facilities; 6) procedures to bring necessary food and; and 7) notification procedures to the Florida Network.

Employees are trained in emergency procedures during their orientation training and all of the training files reviewed showed that staff had received Fire Safety and Emergency Preparedness training. Emergency episodic and fire drills are conducted by the program and are documented on a log and corresponding reports that provide details of each drill including an analysis and critique. Both types of drills were reviewed for the review period. Fire drills were conducted by staff once on each shift each month and episodic drills were also conducted quarterly on each shift. All of the drills reviewed onsite were also recorded in the program logbook.

The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies. The Universal Agreement was signed February 1, 2012.

No exceptions noted.

1.07 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a Performance and Quality Improvement Plan that describes the agency's policy and procedures for analyzing and reporting data for case record reviews, incidents, accidents, grievances, customer satisfaction, and outcome data. Procedures for the review of Netmis data reports are included in the Incident Reporting and Risk Management SOPs that were revised June 28, 2012.

The agency's clinical Program Managers conduct quarterly service verification client file audits of at least 10% of all active client files. Reports are generated and reviewed by the Senior Program Managers.

Risk management reviews are conducted quarterly and include: compliance issues, grievances, incidents/accidents, use of behavioral interventions, safety and security, and medication records.

Consumer satisfaction surveys are completed for both employees and clients. Employee questionnaires are administered twice a year during the first and third quarters. The data from these questionnaires are tabulated and analyzed for internal quality improvement purposes. Youth feedback is solicited on a regular basis through client surveys, grievance process, and suggestions.

Monthly management and staff meetings are held to discuss the findings of the various data analysis activities. Data is also aggregated on the Balances Quality Scorecard (BQS) monthly. This report is shared with staff at staff meetings, with senior management monthly, and with the County on a quarterly basis.

Netmis data and program benchmarks are reviewed monthly by the program manager and data quality checks is performed by the Administrative Assistant.

No exceptions noted.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Family Counseling Program provides non-residential services for youth and their families in Orange County. The program's main office is located at 507 East Michigan Street, Orlando, Florida. The non-residential component consists of a program manager, a counseling services supervisor, an administrative specialist, six senior children's services counselors, a court supervision children's services counselor, and an intake and screening counselor.

The program's intake and screening counselor initially handles calls from the public, as well as calls through the crisis intervention and screening unit (CISU). The screening counselor will either refer the youth and family to one of the program's counselors, or will make a referral for the family to another appropriate community agency, according to the youth's zip code. Case management and substance abuse prevention education are also offered. Referral and aftercare services begin when the youth are admitted for services. OCYFS 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

Limited

Failed

Rating Narrative

There is a Screening and Intake policy in place for both the residential and non-residential programs.

All screenings were completed within seven days of referral. There was one non-residential file in which the screening was not completed within seven days of the referral; however, there were detailed notes on attempts to complete the screening before the timeframe but the family's phone was disconnected. In the end, a letter was sent by the provider and the parent/guardian called back approximately two months later for services.

All files reviewed were marked confidential and were well organized. This made it easy to find all required documents.

The youth and parent/guardian is given a shelter handbook which describes services that can be provided, grievance procedures, youth and parent/guardian rights and responsibilities, shelter rules, daily schedule and medical and mental health care services.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

The provider has a Standard Operating Procedure (SOP) for assessing the needs of each client and family prior to provision of services. The SOP addresses the various types of assessments to be conducted, the development of Service Plans, as well as routine Service Plan reviews at 30, 60, 90-day intervals.

Three open residential and three open non-residential files were reviewed. All of the six files had psychosocial assessments that were completed within the required timeframe. All of the psychosocial assessments were also completed by master's level staff and all of the assessments were reviewed and signed by a supervisor. Of the six open files, two files, one from each residential and non-residential program, had an identified risk of suicide as a result of the assessment and both had an Assessment of Suicide Risk conducted by a licensed staff.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The provider has a current policy for Service Plans that meet the completion requirement timeframe for its Residential and Non-residential program. In the residential program, service plans are reviewed every 14 days to determine progress in achieving goals and objectives.

All the six service plans that were reviewed were developed within seven working days of the completion of the psychosocial assessment. All service plans had frequency, location, person(s) responsible, target and completion dates, signatures of the youth and parent/guardian, as well

as signatures of the counselor and supervisor. There was one residential case plan that was missing a parent signature and there is a flag for staff to get signature from parent.

In one of the residential files, there was an updated assessment due to the youth being in the shelter since July 2012. The updated assessment had two focus recommendations which were educational success and substance abuse refrainment. In reviewing this service plan, there were three goals: improve school attendance, increase anger management skills, and develop positive decision making. There was not a goal or objective around substance abuse. The substance abuse focus could be a separate goal or fall under the goal of positive decision making and create an objective around substance abuse.

In one non-residential file, a parent/guardian's signature was missing for service reviews on 10/4 & 11/2. There was a note as to why the signature was missing on the 10/4 review but no explanation for the missing signature for the 11/2 review. Additionally, another youth should have had a 30-day service plan review on 11/26/12 that was not completed based on the date the counselor developed and signed the initial service plan. In talking with the program manager, they go by the latest signature date. This could be the youth or parent signature date, whichever is the later date. This is not stated in the programs policy and service plan implementation date is not clearly identified on the service plans.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

There is a current policy for Case Management and Services Provided. In all of the files reviewed referrals were made in each case for outside services. The correspondence and contact sections in the file document service plan implementation as well as youth and family progress. Court documents when applicable were reviewed in the files. Both programs have a 180-day follow up binder and combined they are at 94% compliance based on the year to date Florida Network Netmis report.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

There is a current policy for Counseling Services for both programs. There is a separate policy for group counseling. In all six residential and non-residential files reviewed, there was documentation of individual, family and/or group counseling. Youth and family presenting problems were all addressed in the assessments, service plans and reviews, when applicable.

The shelter is providing group counseling seven days a week on diverse subject matter such as the following: substance abuse, coping skills, emotional intelligence, character education, sexual health, crime, integrity etc. The shelter has a group counseling binder with the days, topic, coordinator, and youth participating signatures. Reviews of this binder were conducted from July 1, 2012 to November 26, 2012.

There were two group counseling days missing from July 1, 2012 to November 26, 2012 (10/12 & 11/21).

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

There is a current policy for Case Staffing. Two case staffing files were reviewed for one open and one closed file in which the counselor or counselor's supervisor initiated the staffing. Notifications to the parents and staffing committee members were all completed within the timeframe requirement and were done either by letter or email. The staffing committee included the local school representative, a DJJ representative and/or CINS representative, and in one case a truancy case manager attended. The counselor gave the parents a copy of the recommendations at the end of the staffing and also sent a written report to the parents within the timeframe required. A Case Staffing schedule for April and July was provided for review and included the names of the youth who participated.

In one file the youth's signature was not obtained at the case staffing meeting. However, all other signatures were documented.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

All of the six youth records reviewed were marked confidential and are kept in a locked secure location. Each file had a table of contents with separate dividers for sections that kept files organized and easy to access information.

Standard 3: Shelter Care

Overview

Rating Narrative

OCYFS Youth Shelter is located in Orange County. The facility is in operation twenty-four hours per day, seven days per week, every day of the year and is licensed by the Department of Children and Families for 20 beds. Youth admitted in the shelter program are provided with an orientation of the shelter, which includes a review of the youth handbook with the staff, and a time to ask questions and take a tour of the shelter.

The shelter staff includes a program manager, an administrative specialist, a senior youth care supervisor, a counseling services supervisor, three senior counselors, two children services counselors, eight case workers, six family teacher assistant, and two youth resident coordinators. The family youth resident coordinators and teacher assistants are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision.

The shelter's direct care staff are trained to provide the following services for the youth: medication administration; health, mental health and substance abuse screenings, first aid, cardio pulmonary resuscitation (CPR) and referrals. The supervisory and counseling staff receive referrals and monitor the provision of services. The medication and first aid supplies are stored in the staff office adjacent to the multi-purpose room. The counseling staff have offices in the hallway adjacent to the girls dorm, and in the front office hallway. Residential services, including individual, family, and group services, are provided. Case management and substance abuse prevention education are also offered. The shelter has a color-coded medical and mental health alert system in place. The program also has an effective grievance process, in which the majority of grievances are responded to within twenty-four hours of being submitted to management.

At the time of the quality improvement review, the shelter was providing services to nine CINS/FINS youth. The shelter is not designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

3.01 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

A written policy and procedure is in place that demonstrates the goal to ensure that the youth has the most appropriate sleeping room assignment.

Three charts were reviewed and the information found on the CINS/FINS Intake form showed the shelter was in compliance with the indicator and their policy. All files reviewed were color coded that showed indicators of alerts for staff. The alert codes also matched with the color codes on the population board in the staff office.

One of the three charts reviewed showed one youth was on sight & sound but on the CINS/FINS Intake form, in the client room assignment section, the suicide risk was not checked. However, on the summary observation line it had that the youth documented on sight and sound for past suicide thoughts and recent self-cuttings. When the youth's observation record was reviewed it reflected that the youth was on sight and sound.

The "my triggers" questionnaire in the youth's charts is a really good tool to know what could set the youth off.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

There is a policy and procedure in place that provides orientation to the youth within 24 hours of their admission to the shelter.

The youth are provided a handbook at the time of admission. Three files reviewed indicated that youth had received the handbook as documented by the signature of the youth, parent and staff on the voluntary placement agreement/consent for services form. It was also observed on the orientation checklist in the three charts reviewed that the orientation process was reviewed with the youth by staff. It was signed by the youth, staff and supervisor.

Grievance forms are located in both the girls' and boys' bedroom hallways. There is also a flow chart showing the grievance procedure. The grievance form binder was reviewed. There were four grievances and all were addressed in a timely manner. Three of the four were addressed and the youth were satisfied with the outcome. All were reviewed by the program manager/supervisor.

Three youth surveys were completed. Two of the three youth surveyed stated they did not know about the grievance process; however, all three youth demonstrated knowledge of procedures for addressing their complaints. One youth asked "what is a grievance?" while completing the

survey. The one youth that answered "Yes" rated the process as fair.

3.03 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

During the tour of the facility it was observed that the property was well maintained. Outside the grass was cut and all shrubs were trimmed which made the shelter appealing. Inside the furnishings were in good shape with no noticeable graffiti.

The youths' rooms were neat and orderly with all the beds being made with the appropriate linens, blankets and pillows. Youth were furnished a dresser in their rooms to put their belongings. Lighting seemed appropriate in rooms and the common areas.

The youth's bathrooms were clean and appeared to accommodate the youth's needs. There is 1 bathroom that is designated as handicap accessible. One stall in the girls bathroom was labeled as "out of order" which happened the morning of the audit. A work order for repair was completed the same morning.

No insects or bugs were observed in any of the areas. The shelter is inspected every month. The shelter just switched pest services from Massey to Hulett.

Youth are provided a locked cabinet that is located in the staff's office to store their valuables. There is another locked box in that cabinet that is used to lock up money in the event youth has some in shelter. There is a log that the info is logged into.

The facility has Fire & health department inspections yearly. Both are current and up to date: Fire inspection was completed on 10/24/12 & Health Department completed on 11/6/12. Only problem noted on the Health Department Inspection was a chipped tile base board by the boy's entrance which has already been repaired.

Three youth surveys were completed. All three said they feel safe in the shelter. All three answered that they have never been threatened by staff nor have they heard staff threaten another youth.

Three staff were surveyed: all stated that they have not observed a co-worker using threats, intimidations or humiliation when interacting with youth.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

There is a policy and procedure in place for staff to document daily operational and shift information. All entries were brief & written in ink. Date was documented at the top of the page, times of the entries were on the left hand side, and entries were signed at the end of each entry. The Logbook has a highlighted legend in the front of the book to clarify and identify references/notations in the logbook. Entries reviewed that were highlighted matched up with the legend.

Logbook reviewed showed initials of staff at the top of the page that they reviewed that page. There are staff signatures in the front of the book with their corresponding initials to aid in identifying their individual logbook records; however, some of the signatures have initials but some did not.

Both the QI indicator and the shelters policy requires that when an error is made a single line is drawn through it and staff initials & date the cross out. Of the entries reviewed that were crossed out, not all were initialed by the staff and only one had the date.

Rating Narrative

There is a policy and procedure in place for structured daily activities that provide the youth with health, social, emotional, intellectual & physical development. Schedules of these activities are located in the handbook that the youth receive at intake. They are also posted in the "great room", in the girl's bedroom hallway and in the boy's bedroom hallway.

The shelter's Activities Binder was reviewed. The activity sheets listed the activity for the day and on most sheets there was an alternative activity planned. The activities are planned out for the month with the monthly calendar and the activity sheets. There is also an activity calendar for the month posted in the "great room" that is accessible to the youth and staff.

Youth are offered to participate in faith based activities. If the youth does not wish to participate then alternative activities are provided. When reviewing the logbook, entries were documented showing where youth were offered these services.

The schedule of weekly groups was posted on the staff office door that is accessible to the youth.

3.06 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

There is a policy and procedure in place that ensures the program has a structured behavior management system that is based on positive reinforcement and logical consequences.

Youth is given the handbook that outlines the behavior management system which list levels, how points are earned, categories for fines, shelter rules, how the point card works, how the "way to go store" operates, required acceptable behaviors, unacceptable behaviors and about the cardinal rule.

Three charts were reviewed and the daily point sheets matched the weekly sheets. The daily sheets list the points earned, level of the youth, and amount the youth has for the "way to go store". Also observed were the sheets for when the youth loses points. In all three charts it appeared that points given and taken were consistent.

Staff evaluations reviewed reflected that they have received training on the behavior management system and supervisors are trained to monitor the use of rewards and consequences by their staff. Additionally, the cardinal restriction form was reviewed and was found to be consistently signed by youth, staff and supervisor.

3.07 Behavior Interventions

Satisfactory

Limited

Failed

Rating Narrative

There is a policy and procedure in place to utilize the least amount of force necessary to address the basic rights of the youth and if a child requires physical engagement then only CPI techniques are allowed.

In the shelter policy it states that room restriction is not used for any reason. Three youth were surveyed about being sent to their room for punishment. One of the three said "Yes, with the door open". The Reviewer talked with program manager who stated that the only time youth are sent to their rooms is if there is a physical altercation occurring. Most of the time, it is the youth being victimized or the less aggressor that is put in the room for their safety, and although they are placed in their room, it is not a form of restriction as a form of punishment. The Program manager also stated that there is a staff member with the youth if this type of situation occurs and the youth is only in their room until the situation is de-escalated.

Three staff surveyed answered that youth are not sent to their room or isolated to their room for punishment. The CPI training tool was also reviewed and all current staff are trained in this technique.

3.08 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

There is a policy and procedure in place that ensures the safety and security of both the youth and staff. According to the policy, schedules are posted three days prior to the beginning of the new work week. Staff schedules were reviewed and they showed that the ratio of 1 staff to 6 youth during awake hours and 1 staff to 12 youth during sleeping times which is in compliance with the requirement; there was also a female and male staff on each shift at all of the schedules reviewed. The schedule is in the staff office and is accessible to staff.

The holdover/overtime binder was reviewed. Staff names and phone numbers were listed in case the on-call supervisor needed coverage for shifts.

The observation check sheets for the youth were reviewed. They were in compliance with the indicator and the shelter policy. They were

completed at least every 15 minutes, staff initial each entry and signature was at the bottom of the page.

3.09 Staff Secure Shelter

Satisfactory

Limited

Failed

Rating Narrative

N/A - OCYFS is not a designated Staff Secure Facility.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

OCYFS has specific procedures related to the admission, interviewing and room assignment of youth to ensure the safety and appropriate supervision of youth admitted in the program. Upon admission, program staff will interview youth. An initial assessment occurs to determine the most appropriate room assignment given the youth's needs and issues, the current population at the facility, physical space available and staff's assessment of the youth's ability to function effectively within program rules and expectations. Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history including gang or criminal involvement, potential for aggression, and apparent emotional or mental health issues. Based on this information, the youth is assigned a room which can change after further assessment. Room assignment is documented on the CINS/FINS Intake Assessment page 2. Staff on duty at the time of admission immediately identifies youth who are admitted with special needs and risks, such as risk of suicide, mental health, substance abuse, physical health, or security risk factors, etc. The shelter manager, licensed clinician, and/or youth resident coordinator is notified immediately if risks and/alerts are present and recommendations regarding placement and supervision are provided to the direct care staff. This information is documented in the daily log, on the alert board, and in the youth files using a color coding system. Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission. Medications are stored in a double locked cabinet, and topical and/or injectable medications are stored separately from oral medication. Refrigeration is available for medication requiring cool storage. The program has a list of staff who are authorized to distribute medication ensures that an approved staff is scheduled on each shift. Medication records are maintained for each youth and stored in a MDR Binder.

4.01 Healthcare Admission Screening

Satisfactory
 Limited
 Failed

Rating Narrative

The Youth Shelter and the Non-Residential Service programs are in compliance with this indicator and a copy of both the Youth Shelter and Non-Residential policies for this standard were received. The policy and procedure is in place to ensure health care screenings are completed at the time of admission.

Three (3) files from the Youth Shelter were reviewed and only one had a preliminary health issue for a youth who was on medication. The youth came in to the shelter with a pre-existing illness. Staff documented it on the screening form and in the medical file. The client medication was logged in on the medication log and was given as prescribed. The parent/guardian coordinated and scheduled appointment for medical care while the youth was in the Youth Shelter. All procedures were followed according to this requirement.

Three (3) files reviewed from the Non-Residential Services showed health care screenings were completed but no pre-existing or current conditions were noted. All policy and procedures were followed.

4.02 Suicide Prevention

Satisfactory
 Limited
 Failed

Rating Narrative

The provider has suicide policies and procedures in effect that meets the requirement of the QI Indicator and the Florida Network Policy and Procedure Manual.

Each youth is being screened for suicide tendencies at the intake and screening process. A supervisor reviews the results, and documents and signs in the youth files. Six (6) client files were reviewed, three (3) from the Youth Shelter and three (3) from the Non-Residential program. Only one youth was assessed for suicide tendencies and placed on site and sound. A suicide assessment was completed by a licensed mental health professional within the time frame and recommendations were made and followed.

Three (3) Youth Shelter staff were surveyed. The staff demonstrated knowledge of the program's suicide procedures and were also aware of the process and documentation requirements.

4.03 Medications

Satisfactory
 Limited
 Failed

Rating Narrative

There is a policy and procedure in place that ensures that prescription and non-prescription medications are properly documented, dispensed and secured. All meds including narcotics are in a cabinet in the staff office that is doubled locked and is only accessible by staff.

The shelter does a perpetual count on all medications (prescribed and over the counter). Binders were reviewed and counts appear to be done on a consistent basis.

The shelter has a refrigerator in the file room that is used for medications that need refrigeration. The refrigerator has a lock on it and the file room door is locked; therefore, it is not accessible to the youth.

There are no syringes in shelter and the only medical sharp in shelter is the pill cutter that is in the medication cabinet which is locked and secured. The pill cutter is on the perpetual count as well.

During the visit, only two youth in shelter were on medications. Both files reviewed were in the med closet in the staff office and had a picture of the youth, youth's name, date of intake, and if applicable, the youth's allergies on the front cover. Inside the folder were the medication distribution record sheets which show the medication given. Times are documented when medication is distributed and all counts were found to be accurate and procedures are in compliance with the requirements. Staff and youth both signed for the distribution of medication.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The Youth Shelter has a policy and procedure in effect for this indicator. They have a color code system in place that addresses medical, mental health, allergies, substance use, and trauma. The color code system is as follows:

Red Dot = Medical issues.

Yellow Dot = Mental Health issues.

Green Dot = Allergies.

Blue Dot = Substance Abuse issues.

Orange Dot = some type of Trauma.

The system also includes precaution concerning prescribed medications. When a client is placed on medication a list of side effects are placed in the medical files beside the medical chart. All staff are provided sufficient training, information and instructions that allow them to recognize and respond to the need for emergency care and treatment. The training is also noted in their training log.

One staff was interviewed in relationship to how to handle a medical emergency with a youth. The staff responded that he would check the file for the medical problems, contact the parent/guardian, call 911 if needed and notify the supervisor. All were appropriately addressed.

Three (3) client files were reviewed and all three files were screened for medical issues. Out of the three (3) files, two (2) indicated medical conditions and one (1) indicated substance abuse. They were appropriately placed on the color code alert system and their files were color coded with a dot according to their condition. A chart in the staff office also had the client's name along with the color code alert.

However, another file reviewed during the file review was marked "no" for alerts on the cover page but the youth had three different color alerts on the front of his file. This was corrected the same day it was found by reviewer.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The Youth Shelter has a policy in effect that addresses Emergency and Non Emergency care for the youth. They are in compliance with this indicator.

Three (3) files were reviewed for emergency care and only one (1) was indicated for dental services. The parent was notified and took the child to the emergency room for services. The information was written in the daily log sheet, medical file and client file.

All staffed are trained on emergency medical procedures and is listed on their training sheet.

The knife for life, wire cutters and first aid kit/supplies are all located in the staff office in a locked file cabinet. All direct care staff on duty have the keys to the locked cabinet and can access it as needed.



Quality Improvement Review

Orange County - 11/27/2012

Lead Reviewer: Marcia Tavares
