BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Family Resources - Bradenton
The Florida Network of Youth and Family Services
(Contract Provider)
361 6th Avenue West
Bradenton, Florida 34205

Review Date(s): September 20-21, 2011

PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY IN JUVENILE JUSTICE PROGRAMS AND SERVICES

WANSLEY WALTERS, SECRETARY
JEFF WENHOLD, BUREAU CHIEF
CINS/FINS Performance Rating Profile

Program Name: Family Resources - Bradenton  
QA Program Code: 570
Provider Name: The Florida Network of Youth and Family Services  
Contract Number: V2021
Location: Manatee County / Circuit 12  
Number of Beds/Slots: 12
Review Date(s): September 20-21, 2011  
Lead Reviewer Code: 25

Program Performance by Indicator/Standard

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<th>3. Shelter Care/Health Services</th>
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Commendable 82%  
Acceptable 77%

2. Intervention and Case Management

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<th>2.01 Screening and Intake</th>
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<td>2.05 Counseling Services</td>
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Commendable 80%

Overall Program Performance

Acceptable 79%
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
- # Clinical Staff
- # Food Service Personnel
- # Healthcare Staff
- # Maintenance Personnel
- # Program Supervisors
- # Other (listed by title): ___

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
- Health Records
- MH/SA Records
- Personnel Records
- Training Records/CORE
- Youth Records (Closed)
- Youth Records (Open)
- Other: ___

Surveys

- # Youth
- # Direct Care Staff
- # 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.
**Performance Ratings**

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by FDJJ-1720:

<table>
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<tr>
<th>Rating</th>
<th>Description</th>
</tr>
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<tr>
<td>Exceptional (10)</td>
<td>The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.</td>
</tr>
<tr>
<td>Commendable (8)</td>
<td>The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td>Acceptable (7)</td>
<td>The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.</td>
</tr>
<tr>
<td>Minimal (5)</td>
<td>The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.</td>
</tr>
<tr>
<td>Failed (0)</td>
<td>The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.</td>
</tr>
</tbody>
</table>

**Review Team**

The Bureau of Quality Assurance 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:

Kent H. Rinehart, Lead Reviewer, DJJ Bureau of Quality Assurance  
Lisa Baird, Program Director, Youth and Family Alternatives  
Melissa Johnson, Delinquency Prevention Specialist, DJJ Prevention Services  
Keith Carr, Principal Consultant, Forefront Consulting, LLC
Standard 1: Management Accountability

Overview

Family Resources of Manatee contracts with the Florida Network of Youth and Family Services to provide non-residential, emergency shelter and residential services to at-risk youth. The Executive Director oversees the activities of both the non-residential and the shelter facility. The shelter facility houses a Clinical Director, two master's level Counselors and a Supervisor position. There are six full-time Youth Care Worker positions and five part-time positions. The shelter is contracted for twelve beds. At the time of the review there were two youth admitted to the shelter. The shelter has been operational since June 19, 2000 and non-residential services have been provided since January 1, 1992. Family Resources of Manatee is operated by Family Resources Inc. located in St. Petersburg, Florida. Family Resources of Manatee provides non-residential services at the main counseling center and has a shelter that is located about a mile away. The shelter is a member of Safe Place, Inc. There was one staff vacancy at the time of the review.

1.01: Background Screening of Employees/Volunteers

- The program consistently met all requirements for this indicator without exception.

1.02: Provision of an Abuse Free Environment

- The program consistently met all requirements for this indicator without exception.

1.03: Incident Reporting

- Documentation reviewed indicated three different youth missed one dose of medication on three separate occasions. The program’s administration did not feel these met the definition of a reportable incident as defined in Florida Administrative Rule 63F-11. These three incidents were called into the Central Communications Center (CCC) by the review team. The program had previously reported a medication issue to the CCC.
1.04: Training Requirements  
Commendable (8)

- The program consistently met all requirements for this indicator without exception.

1.05: Interagency Agreements and Outreach  
Exceptional (10)

- The program had twenty-nine interagency written agreements and informal linkages to enhance the outcomes for families, children and the youth they served.
- The program participates in social networking. The program maintains a Facebook page website as an additional means of communication to the public. The web page is updated monthly and future event notices are sent to all contacts regularly.
- The program had an annual goal setting meeting, which included an Outreach Plan. Outreach Objectives were developed to ensure maximum utilization of program resources.
- The shelter was equipped with many resource broshures and pamphlets promoting services within the county that were available to all visitors.

1.06: Disaster Planning  
Commendable (8)

- The program consistently met all requirements for this indicator without exception.

**Standard 2: Intervention and Case Management**

All referrals were screened for eligibility. The program completed psychosocial assessments and case/service plans for all youth. Each youth had a counselor that ensured the delivery of the program’s services. The shelter is located about one mile from the main administrative counseling office in Bradenton. The shelter contracts with the Department of Juvenile Justice for twelve CINS/FINS beds. At the time of the review, there were two youth in the shelter. The program schedules case staffing committee meetings as needed or requested for any youth or family in need of services or treatment.

2.01: Screening and Intake  
Commendable (8)

- The program consistently met all requirements for this indicator without exception.
2.02: Psychosocial Assessment

- The program consistently met all requirements for this indicator without exception.

2.03: Case/Service Plan

- Three of the five case plans did not contain signatures of the parent. There were no documented reasons for the lack of parental signatures.

2.04: Case Management and Service Delivery

- The program consistently met all requirements for this indicator without exception.

2.05: Counseling Services

- Documentation indicated group was not consistently offered five times a week. During the seven week period reviewed, group was held at least five times during three weeks, four times during three weeks and three times during one week.

2.06: Adjudication/Petition Process

- The program has a set schedule of case staffing conferences set for the year. This allows all community partners to schedule the meetings and provides a positive turnout for the conferences.
- Parents were notified by telephone, e-mail and letter to ensure communication and attendance at the meeting.
- The new service plan is created during the meeting, signed by all parties and given to the youth/parent at that time.

Standard 3: Shelter Care/Health Services

Overview

The shelter has been designated by the Florida Network to provide staff secure services, however the program reported they had not received any staff secure youth in the past year. The program is not licensed under Chapter 397. The youth admitted to the program are screened using the CINS/FINS Intake Form, the Centralized Intake Screening Form and Health Screening Form. If a youth answers “yes” to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, the program completes an Assessment of Suicide Risk.
for-life, wire cutters, and first aid kits are located in the medication room, kitchen and transport vehicle. All medications and sharps are stored in a locked box in the medication closet.

### 3.01: Shelter Care Requirements
Commendable (8)

- The program consistently met all requirements for this indicator without exception.

### 3.02: Healthcare Admission Screening
Commendable (8)

- The program consistently met all requirements for this indicator without exception.

### 3.03: Suicide Prevention
Commendable (8)

- The program consistently met all requirements for this indicator without exception.

### 3.04: Medications
Minimal (5)

- Documentation indicated three different youth missed one dose of prescribed medication (Tenex, Trileptal, Abilify). One additional youth was documented as missing one dose of her morning medication (aspirin) for two consecutive mornings. No adverse effects were documented for the youth missing the one dose of medication.
- The program is utilizing a Medication Administration Record (MAR) completed by facility staff rather than licensed medical professionals.

### 3.05: Medical/Mental Health Alert Process
Exceptional (10)

- The program identifies all youth with special medical and mental health issues during the admission process. All conditions are entered into the program log and identified through a color-coded dot alert system and a color-coded recording system in the daily logbooks.
- The program maintains an alert board that identifies youth issues through the color-coded system. All alerts were documented accurately.

### 3.06: Episodic/Emergency Care
Acceptable (7)

- The program had a written policy delineating episodic/emergency care requirements. The policy was not specific to the shelter and identified the emergency hospital locations for the Pinellas county shelters.
Overall Program Performance

Acceptable  79%

Failed  Minimal  Acceptable  Commendable  Exceptional