

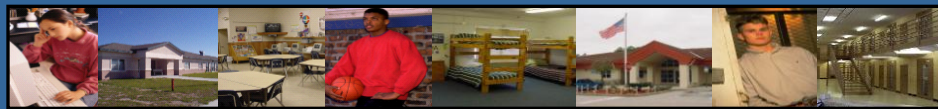
STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

**BUREAU OF QUALITY IMPROVEMENT
PROGRAM REPORT FOR**

Lutheran Services Florida - HOPE House
The Florida Network of Youth and Family Services
(Contract Provider)
5127 Eastland St.
Crestview, Florida 32539

Review Date(s): October 5-6, 2010

ADDENDUM ATTACHED, Exempt Review Date(s): December 6, 2011



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
JENNIFER RECHICHI, BUREAU CHIEF

CINS/FINS Performance Rating Profile

Program Name: HOPE House
 Provider Name: Lutheran Services Florida, Inc.
 County/Circuit #: Okaloosa/1
 Review Date(s): October 5-6, 2010

QA Program Code: 657
 Contract Number: V2021
 Number of Beds/Slots: 8
 Lead Reviewer Code: 112

Program Performance by Indicator/Standard

1. Management Accountability

1.01	Background Screening of Employees/Vol.	8
1.02	Provision of an Abuse Free Environment	8
1.03	Incident Reporting	8
1.04	Training Requirements	8
1.05	Interagency Agreements and Outreach	10
1.06	Disaster Planning	10

Commendable 87%

3. Shelter Care/Health Services

3.01	Shelter Care Requirements	8
3.02	Healthcare Admission Screening	8
3.03	Suicide Prevention	7
3.04	Medications	8
3.05	Medical/Mental Health Alert Process	8
3.06	Episodic/Emergency Care	10

Commendable 82%

2. Intervention and Case Management

2.01	Screening and Intake	8
2.02	Psychosocial Assessment	10
2.03	Case/Service Plan	7
2.04	Case Management and Service Delivery	8
2.05	Counseling Services	8
2.06	Adjudication/Petition Process	7

Commendable 80%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	52	60	87%				X	
2. Intervention and Case Management	48	60	80%				X	
3. Shelter Care/Health Services	49	60	82%				X	

Overall Program Performance

Commendable 83%

Methodology

This review was conducted in accordance with Florida Administrative Code 63L-2 (Quality Assurance, 6/10/10 Hearing Draft), 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 2010).

Persons Interviewed

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

Documents Reviewed

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

Surveys

- | | | |
|-----------|-----------------------|----------------------|
| 0 # Youth | 3 # Direct Care Staff | _____ # Other: _____ |
|-----------|-----------------------|----------------------|

Observations During Review

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

Comments

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

During the Quality Assurance review there were no CINS/FINS youth present in the shelter. Therefore, there were no youth surveys conducted. In addition, all files that were reviewed were closed.

Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by F.A.C. 63L-2.002(10)(a) (6/10/10 Hearing Draft):

Exceptional (10)	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.
Commendable (8)	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.
Acceptable (7)	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.
Minimal (5)	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.
Failed (0)	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.

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:

William Hardy, Lead Reviewer, DJJ Bureau of Quality Assurance
Daniel May, Review Specialist, DJJ Bureau of Quality Assurance
Lydia Breaux-Davis, Prevention Specialist, DJJ Prevention and Victim Services
Gina Dozier, Chief Operations Officer, Capital City Youth Services

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

Standard 1: Management Accountability



Overview

Lutheran Services of Florida operates The HOPE House Shelter, which serves up to eight (8) youth in shelter care and twenty (20) nonresidential youth in Okaloosa and Walton counties. HOPE House serves youth ages ten through seventeen (10-17), who are runaways or in crisis. The shelter has the capacity to house both male and female youth. Bedrooms and two restrooms are located upstairs, while the dayroom and kitchen areas are in the downstairs area of the facility. Staff coverage was adequate for the amount of youth present in the shelter, and there was evidence of having at least two (2) staff per shift. At the time of the review, there were no youth designated as CINS/FINS clients in the program, but youth are also served through the First Families Network. The shelter is overseen by a Shelter Manager who reports to the Shelter Services Manager. In the past year, there has been a significant amount of turnover in staff who works directly with youth.

The program provides services ranging from in-home interventions to individual and family counseling. The program works in conjunction with its sister program, Currie House, which provides management oversight, clinical supervision, and executive management functions. HOPE House has multiple community partnerships that address the needs of high-risk youth and families. Management is committed to improving service delivery, and this year, as an effort to enhance emergency preparedness, the facility participated in a full evacuation of their facility as a hurricane drill to ensure readiness in the event of an actual hurricane

1.01: Background Screening of Employees/Volunteers

Commendable (8)

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

1.02: Provision of an Abuse Free Environment

Commendable (8)

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

1.03: Incident Reporting

Commendable (8)

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

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's Outreach Specialist is heavily involved with the Okaloosa County Juvenile Justice Council. This counsel works in conjunction with the Coalition Against Underage Drinking (Walton County) and the Anti-Drug Coalition (Walton and Okaloosa County).
- The program participates in trainings and community presentations with law enforcement, as well as maintaining written agreements and outreach activities with the following: school resource officers, DJJ court system, Office of Probation, school systems for presentations to high-risk youth, local churches, activist groups, and civic organizations.

1.06: Disaster Planning

Exceptional (10)

- The program has a current disaster preparedness plan that is detailed and comprehensive. Copies of the Emergency Procedures Manual are available to staff in the facility and staff are trained on emergency procedures.
- The program enhanced its preparedness efforts during the past year by conducting a mock hurricane drill at the beginning of hurricane season that went a step further than previous drills in that the agency actually evacuated rather than stopping just to the point of evacuation. The drill simulated the daily advisories / tracking of the storm, issuance of watches and warnings etc. over the course of several days and culminated in the evacuation of HOPE House, including several clients, to a facility in Pensacola.

Standard 2: Intervention and Case Management



Overview

HOPE House Shelter provides screening, intake and assessment functions residential and non-residential 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 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.

2.01: Screening and Intake

Commendable (8)

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

2.02: Psychosocial Assessment

Exceptional (10)

- A review of five (5) closed files found that in two (2) shelter files and three (3) non residential files the psychosocial assessment was completed during the intake conference. Further review revealed a detailed and comprehensive assessment targeting appropriate needs and issues of each youth.
- All psychosocial assessments were completed by a Bachelor's or Master's level counselor and signed by a supervisor.
- In two (2) files, the youth was identified with an elevated risk of suicide and a further assessment of suicide risk was conducted/ documented by a licensed mental health professional.

2.03: Case/Service Plan

Acceptable (7)

- Review of service plans in residential files found plans to include the location that the services were to be rendered. However, review of three (3) non-residential service plans found that the form used does not have a pre-printed space for location and therefore two (2) of three (3) nonresidential plans did not included the location of services to be rendered.

2.04: Case Management and Service Delivery

Commendable (8)

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

2.05: Counseling Services

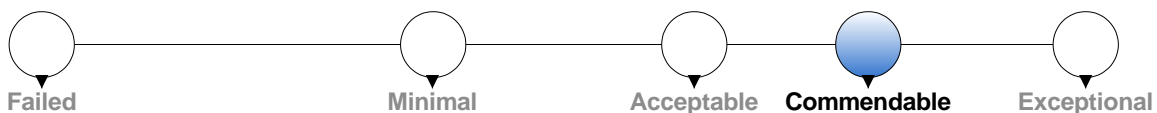
Commendable (8)

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

2.06: Adjudication/Petition Process

Acceptable (7)

- The program has a policy and procedure in place to address the adjudication and petition processes, however there was no practice to review or observe.

Standard 3: Shelter Care/Health Services

Overview

Mental health services are coordinated by a licensed mental health professional who serves in this capacity for both HOPE House and its sister program, Currie House in Pensacola, FL. There is a counselor dedicated for the youth in the residential shelter program, and this individual is responsible for developing care plans, providing group, family, and individual sessions, and monitoring youth progress on care plan goals.

Youth complete a screening process that assesses needs, through completion of an intake screening and a psychosocial assessment. In addition, the Suicide Risk Evaluation (SRE) is also completed. When appropriate, youth are placed on constant sight and sound supervision, and an assessment of suicide risk is completed by a counselor.

The program does not have medical personnel on-site. However, a nurse from the Health Department is utilized to train staff on the assisted self-medication process. According to the policy, all staff have access to medication when on-site.

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

Acceptable (7)

- A review of three (3) youth files showed evidence of the initial CINS/FINS intake screening being completed as required. In one (1) instance, however, there was no evidence that a supervisor or counselor reviewed and signed the screening form.

3.04: Medications

Commendable (8)

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

3.05: Medical/Mental Health Alert Process

Commendable (8)

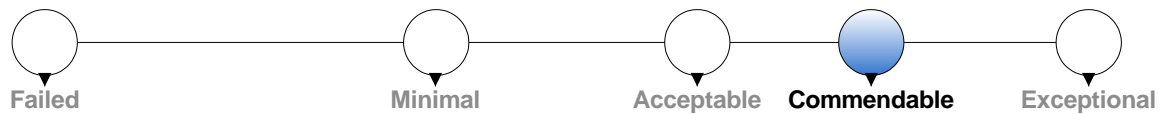
- The program currently had no CINS/FINS youth in the shelter, and so it was impossible to assess the effectiveness of the alert system. The shelter did, however, have provisions in place for a multi-faceted alert system.
- This system consisted of entering alert information into the facility logbook at the time of admission. Further, color-coded dots (e.g. orange to represent sight and sound supervision) are to be placed on youth files when an identified alert is present.
- The program utilizes a dry-erase board in the staff office to further identify potential youth alerts and needs.

- Lastly, for youth with food allergies or requiring special diets, the food service manager received the alert from a counselor. The food service manager then entered the information on the meal roster, as well as a “Special Alert” list hanging near the food service area for easy access and recognition.

3.06: Episodic/Emergency Care	Exceptional (10)
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- A review of three (3) instances of first aid rendered to youth found that all were completed on an “Emergency Record” form, and these documents were arranged chronologically in the Episodic Care log. Though each instance was minor, the certified First Aid and Cardiopulmonary Resuscitation (CPR) trainer reviewed and critiqued each instance to ensure that care was consistent with principles of first aid.
- There was also evidence of realistic drills conducted monthly. These drills simulated events such as seizures, heat-stress injury, unconscious youth, profuse bleeding, etc.
- Each drill was conducted and documented in the presence of the CPR trainer, who provided detailed debrief and critique of the drill. As a further measure of accountability, each drill was also reviewed and critiqued by the Shelter Services Manager.

Overall Program Performance
Commendable 83%



**BUREAU OF QUALITY ASSURANCE
EXEMPT REVIEW ADDENDUM**

Program Name: Lutheran Services Florida - HOPE House
Program Type: CINS/FINS
Provider Name: Lutheran Services of Florida, Inc.
Location: Okaloosa County / Circuit 1
Original Review Date(s): October 5-6, 2010
Exempt Review Date: December 6, 2011

QA Program Code: 657
Contract Number: V2021
Number of Beds/Slots: 8
Lead Reviewer Code: 112

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:

William Hardy, Lead Reviewer, DJJ Bureau of Quality Assurance
Lydia Breaux-Davis, Prevention Specialist, DJJ Prevention and Victim Services
Janice Marino, Independent Contractor, Forefront Consulting LLC.

Summary

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures).

Lutheran Services Florida, Inc. operates HOPE House, which serves up to eight (8) youth in residential shelter care and twenty (20) nonresidential youth in Okaloosa and Walton counties. HOPE House serves youth ages ten through seventeen (10-17), who are runaways or in crisis. The program provides services ranging from in-home interventions to individual and family counseling. The program works in conjunction with its sister program, Currie House, which provides management oversight, clinical supervision, and executive management functions. HOPE House has multiple community partnerships that address the needs of high-risk youth and families.

A quality assurance review was conducted on October 5-6, 2010, at which time the program received commendable ratings in all standards, placing the program in Exempt Status with the Department of Juvenile Justice. The current Quality Assurance Exempt review was conducted on December 6, 2011, in order to determine if the program would continue to maintain an acceptable level of performance in nine (9) key indicators. These indicators include; medical/mental health alert process, background screening, training, psychosocial assessment, counseling services, healthcare admission screening, medications, suicide prevention and case plan / service delivery.

The methodology used for this review included observations of the youth and staff while at the program, formal and informal surveys/interviews with staff and youth, and review of documentation with candid and open dialog with the Clinical Director and other administrative staff. Three (3) youth files were reviewed along with other pertinent items that were relevant to the completion of the review.

All newly hired employees received an approved background screening. In addition, there was no applicable staff that required a five-year screening during the time of review. The Annual Affidavit of Good Moral Character was sent to the Department within the appropriate timeframe. The shelter has had no reportable incidents to the Central Communications Center (CCC) since the last Quality Assurance review in October 2010.

Documentation during the file review found that the development of service plans was taking place within the required timeframes. Service plans were developed after the completion of the psychosocial assessments. One case was not applicable as the family failed to appear for their scheduled appointment. The service plans were signed by the youth and the counseling staff. A review of the progress notes found that staff was referring the youth to appropriate services, when needs were identified. Staff provided: counseling to the youth and their families, networked with school officials and other community-based agencies, etc.

To assess needs, a screening process is completed for all youth that enter HOPE House. This process includes the completion of an intake screening and a psychosocial assessment. In addition, a more thorough evaluation called Imminent Danger of Suicide (EIDS) is completed. When appropriate, youth are placed on constant sight and sound supervision, and an assessment of suicide risk is completed by a counselor. During the on-site quality assurance review, there were no youth in the shelter that required the use of medication. However, there was evidence through documentation and processes that the facility would be fully capable of meeting those needs if necessary.

There is a medical and mental health alert system. The system consists of a "dot" system where different color dots on the youth's file indicate the type of alert the youth is on. The three (3) different colored dots are for medical, mental health, or risk for running away. An orange dot indicates the youth is on sight and sound supervision, green dot indicates the youth is on medications and a red dot is for any youth who is at risk for running away from the shelter or is likely to be violent or aggressive. A youth can be on multiple alerts at the same time.

Findings

As a result of this Exempt review, the review team determined that the program:

would receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, the program **RETAINS EXEMPT STATUS**.

would not receive an overall program performance rating of at least Acceptable on a regular review. Accordingly, **EXEMPT STATUS IS REVOKED**, and a regular review will be conducted within 90 days.