



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Capital City Youth Services

on 03/02/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening of Employees/Volunteers	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	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 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Youth Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Special Populations	Satisfactory
3.08 Video Surveillance System	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 Needs 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%

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

Rating Definitions

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

Satisfactory Compliance	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.
Not Applicable	Does not apply.

Review Team

Members

Keith Carr, Lead Reviewer, Forefront LLC/Florida Network or Youth and Family Services

Cynthia L. Starling Regional Coordinator, CDS Family and Behavioral Health Services Inc.

Cindy Hoskins, Clinical Supervisor, Anchorage Children's Home

Patricia Rock, Shelter Services Manager, Lutheran Services Florida NW

Juan Youman, Regional Monitor, Department of Juvenile Justice

Persons Interviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input checked="" type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input checked="" type="checkbox"/> Clinical Director | <input checked="" type="checkbox"/> Counselor Licensed | <input checked="" type="checkbox"/> Counselor Non- Licensed |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 3 Case Managers | 0 Maintenance Personnel | 2 Clinical Staff |
| 1 Program Supervisors | 0 Food Service Personnel | 6 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input 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 checked="" type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 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 checked="" type="checkbox"/> Table of Organization | 0 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 9 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 6 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Telephone Logs | 2 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

8 Youth 9 Direct Care Staff

Observations During Review

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input type="checkbox"/> Facility and Grounds |
| <input checked="" type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage | <input type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input checked="" type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <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

Strengths and Innovative Approaches

Rating Narrative

Capital City Youth Services, Inc. (CCYS) began its commitment to serving children and families in 1975. The agency offers Children in Need of Services and Families in Need of Services (CINS/FINS) program to Jefferson, Madison, Leon, Wakulla, Franklin, and Taylor Counties. They administer and coordinate this in the form of residential and non-residential services as outlined in Florida Statute 984. The agency provides several other services through programs including youth population referred through the Juvenile Justice Court System for domestic violence, probation respite, and domestic minor sex trafficking. CCYS is also designated by the National Safe Place Program as a Safe Place provider who is responsible for building a network of safe place sites in the community to provide help and access to run away and homeless youth.

Since the Quality Improvement review team last visited CCYS in September of 2015, there have been a significant amount of changes/improvements. These differences might be grouped into three major categories though they are interrelated: Physical plant, programmatic, and staff related.

CCYS is involved in an on-going commitment to staff development. This includes promoting compensation, specific skill training, and professional growth for employees across programs. Shortly after the last QI visit, the agency partnered with other human/social service agencies (including the Florida Network of Youth and Family Services (FNYFS)) to host a special guest trainer from Massachusetts General Hospital who presented on Collaborative Problem Solving-- a revolutionary, evidence-based approach for helping children with behavioral challenges. This was one of the initial steps of CCYS' plan to implement more specific Trauma-Informed practices into the agency's programming. Over the course of 3 months in the spring of 2016, the agency again benefited from the FNYFS and was able to hold training for all staff in a three-stage training (Surrendering the One-Up Relationship, Why Try - Level 1, and Why Try - Level 2) of the WHY TRY Curriculum, which focuses on building resilience in youth.

These treatment approaches became the support/basis for the shelter departing from a points and level system. Elements (such as positive teaching) of the "old" model are still used, but point cards are not. The current system is reported by many staff and youth to seem less punitive and less artificial.

A third major component of staff training has been the utilization of the RCYCP (Residential Child and Youth Care Professional) certification. CCYS initially sent one Residential Supervisor to Oklahoma to become able to teach the curriculum. Later, when sponsored by the FNYFS, a second Residential Supervisor became an instructor as well. The agency set a goal to get all Youth Care Specials (YCS) in the shelter certified. The initiative began with certification of full time workers employees at the time. The next phase is to certify part-time staff. This is a significant commitment both by the agency and the staff involved, as the instruction requires approximately 48 hours and the individual must pass a certification test.

In addition to the professionalization for the direct care workers in the shelter, there are ongoing efforts to develop and utilize strong clinicians. CCYS continues to work with local colleges and universities as an internship site, particularly for those seeking degrees in Social Work and Mental Health Counseling. Somewhat regularly, staff positions are filled by interns. Many clinicians at CCYS (i.e. residential and non-residential CINS/FINS counselors) go on to seek licensure in their respective fields. CCYS supports those efforts and recently created a "Senior" Youth and Family Advocate position that recognizes that accomplishment, by providing compensation and responsibilities beyond the YFA position.

The past year was exciting for CCYS staff in other ways as well. Five full time staff members (a shelter YCS, a Residential Supervisor, a shelter YFA, the Outreach and Development Director, and the Shelter Program Manager all celebrated the birth of a child). Additionally, the agency's Human Resource Manager celebrated her 25th year with the agency (having started as a direct care worker in the shelter and working in several different positions through the years). Shortly after that anniversary, she moved into yet another position, becoming the Program Manager for the Transitional Living Program.

Upgrades and additions to the agency's facilities are evident in several places. As part of the ongoing effort to increasingly practice Trauma-Informed Care, the staff has been very deliberate in design and

décor of the shelter as maintenance needs arose. One of the overarching goals is to create an environment that is comfortable and welcoming and has less of an “institutional” feel. The furniture in the main common area of the shelter was replaced with more modern colorful furniture (while still meeting safety and durability needs) and two sizeable bean bags were added. The bathrooms in the shelter were also remodeled with new ceramic tile and furnishings. All the wooden bed frames in the shelter were replaced metal ones. The new frames are more aesthetically pleasing as well as more resistant to infestations (such as by bed bugs). Youth bedrooms were also enhanced with framed photography donated by a local physician/photographer. (This donor has also expressed interest/intent regarding other financial support of the agency in an ongoing way.)

There were less obvious, but important technology upgrades as well. The video surveillance system in the shelter was upgraded. This included the addition/replacement of several cameras with higher resolution ones, more memory/storage, and capability for remote viewing. The agency was also able to obtain a new computer server with designated funds made available by the Department of Juvenile Justice/Florida Network. Shelter and other administrators had an on-site demonstration of digital/electronic logbooks and has committed to implementing that technology in the shelter in 2017.

CCYS experienced growth and change in several programs over the past 12-18 months. The Street Outreach Program’s federal funding from the Department of Health and Human Services ended in September 2015 and that funding was not regained until October of 2016. Meanwhile other sources of support for the program were utilized. Throughout the changes the program continued to grow in service to clients and went from a 2-3 person unit to having a supervisor specific to that program and additional staff and interns. The program also moved the location of its Drop in Center to a shared space with a local food co-op that will, among other things, provide job-training opportunities for youth.

CCYS was one of four initial sites that the Network chose to implement the S.N.A.P program. The boys curriculum was implemented with its first group cycle in January of 2016. This brought new partnerships with the Early Learning Coalition and several elementary schools. However, staff ultimately needed space and an additional office was created with renovations to the agency’s existing admin and counseling building. The program has now expanded to include use of the girls curriculum/groups in 2016-2017.

Another non-residential service expansion was the delivery of Family Intervention Services in Wakulla County through a DOH-Ounce of Prevention Fund grant. This was a compliment to CINS/FINS services in that county for some families who needed additional assistance or who didn’t meet criteria for FINS services. Wakulla County is one of the rural counties in the CCYS catchment area.

Also, the Family Place (non-residential) program was recognized by the Florida Network of Youth and Family Services as the Program of the Year in 2016.

Standard 1: Management Accountability

Overview

Narrative

Capital City Youth Services (CCYS) is led by Kevin Priest, Chief Executive Officer. Mr. Priest oversees a team of educated professionals that includes Gina Dozier, Chief Operating Officer; Rachel Greene, Clinical Director of Residential Services; Jason Ishley, Clinical Director of Non-Residential Services; and Patrick Minzie, Shelter Program Manager. The agency trains all new and on-going staff as required. The agency utilizes a combination of live instructor and online web-based training. In addition, the agency uses a training format that captures all training dates, topics, and hours that is maintained on each staff member.

1.01 Background Screening

Satisfactory Limited Failed

Rating Narrative

CCYS has an established background screening policy for employees and volunteers. The policy specifies that background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth. Employees and volunteers are re-screened every five years of employment. The Annual Affidavit of Compliance with Good Moral Character Standards (Form IG/BSU-006) is completed by January 31st of each year.

Each staff or volunteer is background screened by DJJ Background Screening Unit prior to hire date. After five years of employment each staff is re-screened.

A review of the staff roster found sixteen staff members hired in 2016 and eligible for background screening. Each of the staff were background screened prior to their hire date. Each of the staff received a rating of eligible for hire. A review of staff roster found four staff members eligible for five-year screening after date of the initial hire. All four of the staff were re-screened.

The program completed and sent the Annual Affidavit of Compliance with Level 2 Screening Standards to Background Screening Unit (BSU) on January 26, 2017.

There were no exceptions noted for this indicator.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

According to program policy and procedures, the program provides an environment in which youth, staff and others feel safe, secure, and not threatened by any form of abuse or harassment. The program staff adheres to a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation. Per policy, youth are not deprived of basic needs such as food, clothing, shelter, medical, care and security. The program has an accessible and responsible grievance process for youth to provide feedback and address complaints. Youth are allowed to grieve actions of staff and conditions or circumstances related to violation or denial of basic rights. Direct care staff do not handle the complaint/grievance documents unless assistance requested by youth. Management takes immediate action to address incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive

use of force.

Once hired each staff signs a code of ethics form. If a staff or any person has reasonable cause to suspect that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, reports such knowledge or suspicion to the Florida Abuse Hotline. Once a youth feels their rights have been violated or denied the youth are allowed to grieve actions of staff and conditions or circumstances.

A review of twenty staff records found each of them signed a Code of Conduct that prohibits the use of physical abuse, profanity, threat, or intimidation. Postings of the Florida Abuse Hotline number was observed during a tour of the program. All child abuse hotline calls are documented on an internal incident form if made by staff. If a youth makes the call it is documented in the youth file. The program has a grievance box located in an area that is accessible to youth. Supervisory staff check the grievance box daily and handles all grievances and complaints from youth.

Eight youth were surveyed and all stated they knew about the abuse hotline and its availability to report abuse at the shelter. All youth surveyed knew exactly where the abuse hotline number is located. None of the youth surveyed reported being stopped or delayed in making the call to the abuse hotline. All of the youth surveyed stated they feel safe at the shelter.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy in place concerning incident reporting. Internal reports convey critical information concerning significant safety and liability issues to assure prompt attention by management for mitigation of damages. Each internal incident report includes the following sections: Type of incident, CCYS staff conduct, Damage to CCYS property, Health/Safety, Individuals Involved, Description of incident, and Notification. The report should be completed within twenty-four hours of the incident if it is not one which requires a report to DJJ's CCC. The program notifies the Department's CCC no later than two hours after any reportable incident occurs or within two hours of the program learning of the incident.

If any of the following circumstances or incidents occur, they will be documented on an incident report form: Runaway/AWOL, property/destruction, physical violence, sexual activity, drug/alcohol possession, weapon possession, Law Enforcement assistance, Client arrested or any other major problem behavior likely to involve an outside agency or the media. Each incident will be documented within twenty-four hours unless it is reportable to CCC. Any reportable incidents must be reported within two hours of gaining knowledge of the incident.

The program had a total of eight Central Communications Center (CCC) reports from the last six months. Of the eight reports reviewed, one was reported sixteen minutes and another was eleven minutes late. Two separate reports were not reviewed and signed by the supervisor/director. All of the incidents were documented on incident reporting forms. There was documentation of the program completing follow-up communication task/special instructions as required by CCC.

Exceptions:

There were two incidents that were reported to the CCC beyond the two-hour time frame.

There were two incidents that were not reviewed and signed by program supervisor/director.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency maintains a yearly training plan. The 2016-2017 Training Plan was revised in August 2016.

The plan states that the agency is committed to providing all staff the opportunity for professional development through continued training and technical assistance. Employees are required to complete and submit training documentation to the Human Resource Manager within 5 working days of the training with the appropriate documentation. The training plan also states that supervisors will review documented hours each quarter to ensure staff are staying "on-track". The agency tracks training based on hire date. The training plan lists many of the required training and timeframes but does not specifically cite the most current nine training topics that are required to be completed within the first 120 days.

There are scheduled monthly training opportunities for staff to attend and also numerous on-line web based training sites/topics available for staff to complete. For new employees and interns, an "orientation" training (40 hours) is offered three times per year and it covers many topics including: Civil Rights, Ethical Issues, CPR/First Aid, Title IV-E, Behavior Management, Substance Abuse & Mental Health, Suicide Prevention, LGBTQ Youth in Care, CINS Core, Youth Development, Managing Aggressive Behavior, and other training topics.

The agency also has staff members who are qualified trainers for Managing Aggressive Behavior, CPR/First Aid, and the Residential Child and Youth Care Professional program.

The Human Resources Director documents the cumulative "Training Transcript" for every employee. The form captures the course title, course number, version, status, begin date, trained date, score, credits, and hours. The transcript is supported by corresponding training certificates, agendas, and/or sign-in sheets.

A total of four (4) first year training files were reviewed. All four completed the required eighty (80) hours of training within the first year. An additional five (5) training files were reviewed for on-going annual in-service training requirements. The files contained the required training topics and the employees had met or exceeded the required 40 hours of yearly training.

Exception:

In a review of the plan, the agency has not included the most current nine training topics which are required to be completed within the first 120 days.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

Capital City Youth Services regularly collects data and review several sources of information, including reports from that data, to identify patterns and trends. The information collected is used to evaluate efficacy or to identify areas where modification of practices may be needed.

Youth and Family Advocates or other assigned staff members collect and enter client specific information into NetMIS on each individual case. The Chief Operating Officer (COO) reviews official monthly NetMIS data reports received from FNYFS then forward reports and any noteworthy observations to Program Managers and Clinical Directors. Information is then shared with staff. Incidents are reviewed immediately by the appropriate program supervisor.

There is documentation of the program collecting and reviewing several sources of information to identify patterns and trends. The program conducts monthly reviews of NetMIS data reports. The program conducts quarterly case record review reports. CCYS reviews incidents, accidents, and grievances quarterly. The program conducts annual reviews of customer satisfaction data and outcome data. On the reports is documentation of strengths and weaknesses, and improvements implemented or modified. Staff are informed and involved throughout the process.

There were no exceptions noted for this indicator.

1.06 Client Transportation

Satisfactory Limited Failed

Rating Narrative

The program has a policy in place which guarantees the safe use and responsible maintenance of the agency vehicles for Capital City Youth Services. Only staff properly licensed, insured, and approved by insurance company and agency administration may operate CCYS vehicle. Staff are discouraged from transporting a client unless accompanied by a third party such as an approved volunteer, intern, another client or agency staff. The supervisor on-call must authorize any transports without a third party.

The staff will take the assigned van phone or ensure they have a functioning cell phone during van operations. Staff members are encouraged to check-in by phone at agreed upon intervals if the transport is one-to-one. Check-in calls will be documented in the log book at the facility. All clients and staff are to use seat belts while vehicle is in motion. Only staff on duty may transport clients. The number of passengers shall not exceed number of available seats and seat belts.

The agency has a practice, review, and approval process in place regarding Client Transportation of youth. The agency does not prohibit but discourages transporting a client without maintaining at least one other passenger in the vehicle during the trip. All approved agency drivers are documented as having a valid Florida driver's licenses and are covered under the company insurance policy. In the event that a third party cannot be obtained there is documentation of the program supervisor being notified prior to the transport and consent is documented. There is also documentation for the use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.

There were no exceptions noted for this indicator.

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

There was no specific policy provided related to Outreach Services. The program has developed an outreach plan which contains Capital City Youth Services vision of outreach.

The plan provides an outline to meet their goals and objectives.

The agency has informative, color brochures that are available and provided to the community during community outreach activities and also distributes SAFE PLACE cards/information. The agency also maintains a website, Facebook page, and Twitter account. The agency's Chief Executive Officer attends the quarterly circuit level Juvenile Justice Council meetings to ensure CINS/FINS services are represented. The agency has representatives attend Shared Services meetings, Coalition for Youth meetings, Human Trafficking meetings, Local Review Team, and Challenge group meetings.

The agency has interagency agreements with local schools, law enforcement, local mental health facilities and many others such as Big Bend Cares, Apalachee Center, Inc., Big Brothers/Big Sisters, and Early Learning Coalition.

There were no exceptions noted for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Capital City Youth Services (CCYS) agency provides residential and non-residential services to youth ages 6 - 17. The Some Place Else Youth Shelter residential facility is located in Tallahassee. The non-residential services provide services to four counties: Franklin, Gadsden, Jefferson, Leon, Liberty, Madison, Taylor and Wakulla. The Non-Residential program is under the direct supervision of a Licensed Mental Health Counselor (LMHC). The agency LMHC supervises the counseling team comprised of 10 Counselors. The Residential program is under the direct supervision of a Licensed Clinical Social Worker (LCSW). The agency's LCSW supervises the counseling team comprised of 4 staff members. The Non-Residential program services client need across several counties. Several of these counties are in rural and outer-lying areas. The agency provides several services. The referrals for services are received from parents, school, counselors, the court system, the youth themselves and other sources. The services provided by CCYS include individual, family and group counseling along with case management services. Case management services include life skills, social skills and referrals for services upon the youth's return to the home/community. Youth also receive referrals for substance abuse and mental health services.

A CINS/FINS screening is conducted on each youth prior to their entry into the facility to determine if they are appropriate for the program. Trained staff are available to determine the needs of the family and youth. A needs assessment is then conducted on each youth to ascertain what services they will need to be provided. The youth and family participate in a face-to-face session in order for the staff to assess their individual needs and develop an individualized plan of services to accomplish specified goals. After completion of the needs assessment a case/service plan is created to address these issues. Residential counseling services including individual, family, and group therapy are provided. In addition, case management and substance abuse prevention services are offered in non-residential settings. Referral and aftercare services begin when the youth are admitted for services. Aftercare planning includes referring youth to community resources, ongoing counseling, peer support, advocacy, financial assistance, housing assistance, and educational assistance.

CCYS leads and 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 may include representatives from the school district, DJJ or CINS/FINS provider, State Attorney's Office, Mental Health and Substance Abuse organizations, law enforcement and DCF. The Case Staffing Committee meets monthly and can also recommend a CINS Petition be filed to court-order participation with treatment services.

The Residential and Non-residential Programs are meeting the requirements of this standard. There were a total of eight files reviewed: one open and three closed files from shelter and one open and three closed files from non-residential services.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

There is a screening policy effective/revised in January 2017 and signed by the Chief Operating Officer (COO).

The forms to support this Indicator are CCYS Screening & Eligibility, Family Place Intake & Assessment Form, Someplace Else (SPE) Intake & Assessment Form, CCYS Informed Consent Agreement, Family Place Rights and Responsibilities and A Guide to CINS/FINS Services for Parents. These forms include the

available service options, rights and responsibilities for the youth and parents, grievance procedures and possible actions through the CINS/FINS process.

Four residential and four non-residential files were reviewed. All residential and non-residential files met the standard with regards to the screening and intake with two exceptions. Parents signed the CCYS Informed Consent Agreement in two non-residential cases but did not initial that they received the Parent/Guardian Brochure. The open non-residential case did not have a client name on the Informed Consent or a client name or date on the Family Place Rights and responsibilities although they were both signed by the client/parent, YFA and supervisor.

Exceptions:

In two non-residential cases parents did not initial that they received the Parent/Guardian Brochure.

A non-residential open case did not have a client name on the Informed Consent or a client name or date on the Family Place Rights and responsibilities although they were both signed by the client/parent, YFA and supervisor.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy titled Assessment and Service Plan Development revised and signed by the COO in February 2017.

The procedure indicates the Needs Assessment will be initiated at intake and completed within two to three face-to-face sessions. Suicide assessments are required as the result of a screening and signed by licensed staff. Forms supporting the policy are the Needs Assessment and Suicide Assessment - Residential Programs.

Six residential and non-residential files met all parts of the Indicator and Assessments of Suicide Risk were not needed. The Needs Assessment for an open residential case took about a month to complete but it was noted the client was resistant by not participating in the Intake and reportedly telling his mother he did not want to be in counseling. The section on sexuality and cultural identity on the Needs Assessment was not completed.

Exception:

The policy does not specify that needs assessments are completed by bachelors or masters level personnel.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency policy titled Assessment and Service Plan Development was revised and signed in February 2017. It aligns with the Florida Network requirements of the Case/Service Plan indicator.

The policy does require the Plan Of Service to have the identified needs, type, frequency and location of services and other specifics listed in the indicator. The policy also requires reviews by the counselor and all involved parties every 30 days. The Forms Family Place Plan of Service Agreement and Someplace Else

Plan of Service Agreement supports the policy and this indicator.

Of the eight cases reviewed, two did not have a target date and one did not have a completed date on the Plan of Service. Four of the eight reviewed cases were not open past 30 days. Of the four open more than 30 days, a review was completed and signed in all cases by all needed parties. Two of these files had two or more reviews that were past the 30 day requirement by more than two days. All files had a service plan that captured identified goals and needs; type, frequency, and location of services; persons responsible; signatures of youth, parent/guardian, counselor, and supervisor; and the date the plan was initiated.

Exceptions:

The policy does not address reviews for files open more than 6 months.

Two files did not have a target date.

One file did not have a completed date on the Plan of Service.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

[Rating Narrative](#)

The agency has a policy titled Service Modalities and Interventions Policy that was effective/revised and signed in February 2017.

The policy specifically mentions assessing the needs of youth and families and referring to other services as appropriate. It states that both individual and family and group counselling may be provided if felt it be best for the client and their situation. It mentions counseling modalities that may be helpful in working with families.

Of the eight cases reviewed, all had a counselor/case manager assigned and evidence in the progress notes of establishing referral needs, coordination of the service plan, providing support for the family and monitoring progress on their time in counseling.

There were no exceptions noted for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

[Rating Narrative](#)

The policy that addresses counseling services is the same that addresses case management and service delivery-- Service Modalities & Interventions policy.

The policy states that CCYS does not permit the use of non-traditional or unconventional service modalities. In reference to shelter counseling services, the goal of all services is to reintegrate the youth back into the community and into the least restrictive setting. The agency provides individual, family and group counseling.

All clients had their own individual file with "confidential" on each file. Files also show coordination

between the presenting problem, needs assessment, and case plans. There were chronological case notes on the youth's progress. There was clear indication of clinical review and supervision of case files.

Exception:

The groups held in shelter had inadequate documentation to determine their appropriateness. In reviewing the activity log, there were many times where the group topic was blank or the topic did not appear to be a topic for group counseling i.e. deep cleaning the laundry room or soccer ball. The topics in some cases may have been appropriate but there was no description to verify this. There is no documentation as to who leads the group or clients' participation.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The agency has a policy entitled CINS/FINS Case Staffing Committee Policy effective, revised and signed in February 2017 by the COO.

The policy states the case staffing committee (CSC) will meet when traditional counseling services have failed or the family has not followed through with services. The policy indicates the CSC will meet on an as needed basis. A referral is to be made to the Clinical Director of non-residential services who will serve as the chairperson for the CSC meetings.

The supervisors for both non-residential and residential services state they have staffing weekly to discuss cases. They do consider the CSC as an alternative when making recommendations. They do not currently have any cases in the CINS process.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

The agency has a policy and procedures in place adheres to the standards of this indicator. It is contained within two (2) policies: 1. Confidentiality of Client Information which was reviewed and revised in February 2017. 2. The Record Retention policy was reviewed by the CEO in February 2017. Both policies are applicable to residential and non-residential services.

The Confidentiality policy states that all agency programs and employees maintain the confidentiality of client information and it provides the specific exceptions to client confidentiality. The policy outlines how and under what conditions information can be released. The Record Retention policy/procedure states that CCYS will retain all client records in a manner consistent with applicable federal, state, and local laws as well as any contractual obligations set forth by various funders or contracting agencies. These records will be maintained in a confidential manner and will be accessible only to authorized CCYS staff members. Client records will be secured in lockable filing cabinets and cabinets will be locked when staff are not present.

All files that were reviewed were stamped “Confidential” and were maintained in a neat and orderly manner. The closed files for all programs are maintained behind a locked door in a room with locked file cabinets which are marked “confidential”. Only limited personnel have access to the room that contains the closed files. The room is located in the administration/non-residential counseling building. The shelter's open files are maintained in a locked file cabinet in the "staff station". The non-residential counselors transport files in a locked, opaque box that is marked “confidential”.

There were no exceptions to this indicator.

Standard 3: Shelter Care

Overview

Rating Narrative

The SPE shelter provides short-term respite residential services to youth ages 6-17 in the Department of Juvenile Justice (DJJ) CINS/FINS program as well as for youth from the Department of Children and Families DCF. The SPE youth shelter is designated by the Florida Network of Youth and Family Services to provide staff secure services and other special populations. Specifically, this shelter is designated by the Florida Network to provide staff secure services, Domestic Violence (DV) respite, Probation Respite, and Domestic Minor Sex Trafficking.

The shelter program management team is comprised of a Residential Shelter Manager and two (2) Residential Supervisors. Each shift also has YCS that is the designated team leader. An organization chart dated 02/07/2017 shows a total of eighteen (18) Youth Care Specialist positions in the shelter program. There are also two (2) residential counseling positions.

The CCYS SPE youth shelter building includes a large day room, individual girls' and boys' sleeping rooms, individual bath rooms, kitchen, laundry, residential and counseling staff offices. The exterior of the office includes a large outside basketball and recreation area. During the Quality Improvement review, the shelter was found to be in clean and good condition. The furnishings are in adequate condition and the rooms and common areas were clean. The bathroom floors are tiled and the plumbing appeared functional. The sleeping rooms houses two - three (3) youth each. The sleeping room is equipped with individual beds, bed coverings and pillows. The windows are equipped for privacy for the youth.

The program has policies and procedures in place for its Shelter Care programming. The Direct Care workers are responsible for completing all applicable admission paperwork conducting youth orientation to the shelter, and providing necessary supervision. Health and medication related activities are the responsibility of the staff. The facility has a part-time Registered Nurse (RN) as required by the CINS/FINS contract. Oversight of clinical services is provided by both the residential and non-residential Licensed Clinicians.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place that addresses their shelter environment. It was last reviewed in February 2017 by the COO.

The agency is to provide a clean, well-maintained program. The youth shall be provided an individual bed and clean coverings. The lighting is to be adequate. A safe shall be provided to keep personal belongings, if requested. The youth will be offered a variety of activities that include faith-based activities and activities to keep them active and involved which includes opportunities for physical, mental, and social maturity through exposure. A schedule shall be posted publicly and accessible to youth and staff.

Records of a current health and fire safety inspection were reviewed. Physical Activity, Food Safety/Security, Program Based Activities, Nutrition Guidelines, and Snacks are implemented in the program. The agency utilizes direct care staff to prepare and serve food. Training is provided regarding health and nutrition. Youth participate in creating menus for cultural studies. Special dietary needs are addressed upon intake. The USDA National School Lunch Program is followed.

Shelter Environment was observed by a tour of the facility. Findings were: furnishings are in good repair (includes new bed frames, chairs, etc). Grounds and interior is well maintained, and bathroom and showers are clean and operable. Individual bedrooms are clean, decorated and free from graffiti. Documentation of youth activities (i.e. outside physical activity and inside TV programs) was observed. Staff indicated the clients participate in faith-based activities and is not punitive for non-participation. One client was

interviewed, who stated they are not punished if they don't want to participate in faith-based activities. An activity schedule was observed, which has a wealth of various activities to keep the clients stimulated (i.e. reading, TV viewing, outside activity).

The facility has two schedules (Sunday - Wednesday: Quiet time, social skills, group, study hall, and Thursday - Saturday: Physical, musical therapy, educational, social skills, etc.), posted in the staff station and TV area. Youth are able to keep belongings (i.e. make up) behind the desk in a cabinet that is not locked, however, not accessible to youth. If there are valuables (i.e. money, jewelry, etc.), these items are kept in the counselors office, locked.

There were no exceptions noted for this indicator.

3.02 Program Orientation

Satisfactory Limited Failed

Rating Narrative

The agency has a policy in place that addresses all aspects of the Indicator. It was last reviewed in February 2017. A SPE contract that addresses rights and responsibilities, program overview and guidelines, intake and assessment form, sight and sound observation log, residential grievance form, and emergency disaster preparedness information is included in the policy and/or file.

The agency's procedures include giving the youth opportunities to learn about the program and it's expectation through a positive orientation process that includes behavior management. Each youth is given a list of contraband items, informed of disciplinary actions, explained dress code, access to medical and mental health services, procedures for visitation, mail and telephone, grievance procedure, disaster preparedness instructions, physical layout of the facility, sleeping room assignment and introductions, suicide prevention-alerting staff of feelings or awareness. The staff are trained on how to orient the youth to the program in a welcoming and respectful way.

Eight out of eight files have documented evidence of the program orientation to the youth. A checklist of items as identified in the indicator is discussed, signed and dated by the client (i.e. comprehensive orientation, disciplinary actions explained, grievance procedures, emergency disaster procedures, contraband rules, physical layout of the facility, room assignment, suicide prevention alert notification, daily activity and abuse hotline number provided). This checklist is in the client file.

Training records were reviewed and indicate staff are trained on how to orient a youth to the program during their first 40 hours of training (under Session A: Shelter Intakes and Documentations of Day 2). Orientation is conducted with the youth on an individual basis at intake to include introductions to the other resident youth. Grievances and the abuse hotline number is accessible to youth in the TV area.

There were no exceptions noted for this indicator.

3.03 Youth Room Assignment

Satisfactory Limited Failed

Rating Narrative

The agency has a policy in place (last reviewed in February 2017) that addresses the indicator. It indicates

an alert system legend to be used in each file.

The program has a system in place to ensure youth are assigned to appropriate sleeping rooms. These room assignments take into consideration the youth's safety and security concerns identified by the indicator. An alert system is in place to identify special needs (i.e. medical, mental health, allergies, room assignments, etc.).

Eight files were reviewed and had documentation of the requirements of the indicator. Youth are assigned rooms based on history of trauma, collateral contacts, age, gender, and susceptibility to victimization, medical, mental and physical needs, suicide risk, sexual aggression and predatory behavior. Interview with the program manager also validated this information.

There were no exceptions noted for this indicator.

3.04 Log Books

Satisfactory
 Limited
 Failed

Rating Narrative

An agency policy is in place that addresses all aspects of the indicator. It includes the alert legend (i.e. pink: medication, yellow: parent/guardian, orange: youth behavior, blue: law enforcement, purple: administrative, green: safety).

The agency has a permanent bound book documentation of routine daily activities, events and incidents in the program that impact the safety and security of the youth. These documentations are to be highlighted to identify specific events, incidents, written briefly and legibly in ink. Entries include date, time, name and signature of the person documenting. According to procedure, errors are struck through with a single line, initialed and dated. No whiteout is permitted to be used in the log. Reviews of the log are to be conducted by the program director or designee, oncoming supervisor and direct care staff in the unit indicating he/she have read and reviewed, dating each review.

The program log book was reviewed and indicated all required of the indicator. Entries are brief and legibly written in ink, that include date and time of incidents, events or activities. Safety and security incidents are highlighted by color-code based on the particular incident (i.e. pink: medication, yellow: parent/guardian, orange: youth behavior, blue: law enforcement, purple: administrative, green: safety). A separate paper log was observed that keeps track of bed checks only. White out was not seen in the logs reviewed.

The direct care staff indicates in the log that they are reviewing the logbook and sign/date that the book is read/reviewed. The program manager generally reviews the logbooks weekly and make notes indicating dates reviewed and if any corrections, recommendations and follow-up are required and sign/date the entry. The errors are struck through once with initials and date of correction. The logbook is a bound, permanent record with sequential pages.

There were no exceptions noted for this indicator.

3.05 Behavior Management Strategies

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a policy in place and addresses the indicator. The agency uses at least three different behavior management strategies (i.e. RCYCP, WHYTRY and Managing Aggressive Behavior).

The program has a behavior management strategy designed to not only gain compliance with program rules, but influence the youth to make positive choices.

Procedures include all staff will be trained in the theory and practice of facilitating successful interventions. Counseling, verbal intervention and de-escalation techniques are to be used.

The behavior management strategies are implemented through at least three ways. The program uses RCYCP, WHYTRY and Managing Aggressive Behavior. Consequences are used on an as needed basis only. RCYCP teaches to the behavior, natural consequences. WHYTRY teaches through daily group activities (critical thinking). A trauma informed evidence based curriculum is used which is designed to promote resiliency (ability to overcome challenges, crisis) in the youth. They may get a verbal warning or "Take-5". Managing Aggressive Behavior teaches to the behavior as well, identifying why the youth is behaving as he/she does. The youth may be asked to read a book for a short time, then the staff will address the issue after they have had time to cool off.

A residential staff member was interviewed and it was clear that he understood what is expected of the behavior strategies. A youth was interviewed and reported that he didn't remember the various types of behavior management strategies, however, he said they do get rewarded or there are certain things they may not get to do if behavior is not good. They are never punished.

Natural consequences are used to reinforce good behavior (i.e. positive peer pressure). Constructive discipline is through conversation. Staff are trained on the theory during the first forty days of their onboarding process.

There were no exceptions noted for this indicator.

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

All program staff ensures the safety and orderly conduct of clients through consistent use of standard procedures, policies and basic client supervision. Youth Care Specialists are responsible for the care and safety of all clients. Formal and informal headcounts will be conducted on each shift. Bed checks are conducted every ten minutes between bedtime and wake-up time and recorded on the Bed Check log. There is to be a minimum of one male and one female staff on duty at all times.

Staff will have visual contact with all residents during waking hours. Formal headcounts are conducted at the beginning of each shift by duty staff and documented in the log book. Emergency headcounts refer to spontaneous counting procedure conducted after an unscheduled event/incident or fire drill. Staff are called in as needed when a hold over occurs.

The program has a policy in place that meets general staffing ratio requirements. The program maintains a minimum staff ratio of 1:6 during awake hours and community events and 1:12 during sleep hours. Per staff schedule, the program maintains at least one staff on duty of the same gender as the youth on each work shift including all overnight shifts. The program's staff schedule is located behind the staff desk. The program does not have a holdover overtime roster but they call whomever is available to come in. The program has interior and exterior cameras well positioned throughout the facility. The staff observe and document every ten minutes while youth are in their sleeping rooms.

There were no exceptions noted for this indicator.

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy in place that addresses Staff Secure clients.

Interview with agency management was conducted onsite to determine the agency's practice.

STAFF SECURE: The agency currently has one (1) Staff Secure youth in shelter and one (1) closed file was reviewed. Evidence in the open file and closed files indicates the youth received orientation to the program and received/is receiving all the services required of the indicator. The youth are assigned to a staff of the same gender during each shift.

DOMESTIC VIOLENCE RESPITE: Three files were reviewed. All three cases were in the last six months or since the last onsite QI review. All three youth had pending charges (i.e. indicated on the screening form and they were referred from DJJ). None of the youth exceeded 21 days of stay. Case Plan in files reflects goals focusing on aggression management, family coping skills and other intervention to reduce recurrence of violence in the home (Information found in D/C Plan, Needs summary and Chron notes).

PROBATION RESPITE: Approved probation respite referrals were documented in two out of three files reviewed. One youth was missing approval. All youth under probation respite must be on probation, however, can be adjudicated. The agency can accept or deny receiving the youth. Three youth files reviewed were on probation. The length of stay were no more than 14 - 30 days in files reviewed. There is evidence that all case management and counseling needs are considered and addressed (found in Chron notes). All other services are provided to the youth and consistent with general CINS/FINS program.

DOMESTIC MINOR SEX TRAFFICKING: There were no youth during this reporting period.

Exception:

There is no policy in place that addresses Domestic Violence, Probation Respite, and Domestic Minor Sex Trafficking clients.

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

The program has a video surveillance system that was instituted and is in operation twenty-four hours a day, seven days a week. The system can capture and retain video photographic images which can be stored for a minimum of thirty days. The cameras are located in general locations of the shelter where youth and staff congregate and where visitors enter and exit.

The video surveillance system is only accessible to designated personnel in the facility. The supervisors review and document review of video at minimum once every fourteen days. If requested by a third party (Law Enforcement or CCC) the video system is made available to them.

A tour of the facility revealed cameras are placed throughout the facility and cameras are visible. There were no cameras found in the bathrooms or youth bedrooms. All of the cameras are backed-up via battery and can operate during an outage. There is documentation of supervisor reviews being conducted weekly. The program has a process for third party review of video recordings after a request is made from program quality improvement visits and when an investigation is pursued after an allegation of an incident. The supervisor puts video on a flash drive and sends to the third party.

No exceptions were noted for this indicator.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The CCYS agency has detailed policies and procedures related to the screening, health admission screening, classification, assessment and room assignment of youth to ensure the safety and appropriate supervision of youth admitted in the program. All youth receive an initial assessment to determine the youth's risks, needs and issues. Based on this information, the youth is assigned a room which can change after further assessment.

All staff members are trained on risk screening methods that immediately identifies youth who are admitted with special needs and risks—such as risk of suicide, mental health, substance abuse, physical health (acute and chronic), or security risk factors. Once risks are identified through the screening and assessment process all staff and management are notified. The youth is placed on alert status. The agency takes steps to ensure that measures are taken to maintain a safe and secure placement; and supervision is provided by direct care staff during the resident's shelter stay. The agency maintains a program log, general alert system, pass down/shift exchange forms, and other notification systems. Youth admitted to the shelter with prescribed medications are also provided their medications during their shelter stay.

Staff members participate in routine mock emergency drills and receive orientation and annual training courses that include Universal Precautions, Safety and General Program Risk Management training. In addition, the agency's Shelter Manager is a certified Managing Aggressive Behavior (MAB) Trainer.

4.01 Healthcare Admission Screening

Satisfactory
 Limited
 Failed

Rating Narrative

The policy for healthcare admission screening includes procedures that require the health screening to take place during the intake and assessment prior to admission. Health information is required to be documented on specific forms. The agency screens for all major acute conditions using the Someplace Else Intake Assessment form. This form is required to be used in each of the agency's programs including the SPE program, transitional living program and the DCF placement program.

The SPE Intake and Assessment forms sections include demographics and description, educational information, physical health, mental health history and re-screening, runaway placement history, dependency history, substance abuse history, household structure, room assignment, and required signatures. If a serious medical mental health or dental condition is detected on the screening process the agency is required to call 911. Acceptable health conditions will be indicated with the appropriate alert. The appropriate alerts will be used in accordance with the medical policy and use on files using the hot dot system.

A review of 7 client files was conducted. All client files contain evidence of a completed health admission screen form. The health admission screen form does adhere to the requirements of this indicator. All files included have been signed and reviewed as required.

No exceptions were noted for this indicator.

4.02 Suicide Prevention

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a suicide policy, "Suicide Prevention". The policy was the last reviewed on February 2017 by the agency's COO. The policy includes sections that address and adheres to the general requirements for the Florida Network's suicide prevention requirements. General purpose of the policy is to ensure that the program has procedures that it follows for any youth admitted to the program with suicide risk. The suicide policy provisions and measures requires the agency to act accordingly in the event that a youth reports feeling suicidal during their shelter stay.

All youth admitted to the residential program are to be given a risk of harm assessment at the point of contact. The assessment process includes the use of a Someplace Else intake and assessment form and a family intake and assessment form. The agency is then to take the form and determine the current level of risk that the youth is at the time of intake. The staff are to complete the form to ensure that the youth is screened for any potential past or present suicide risk. If a risk is detected the staff are to place the youth on sight and sound supervision and document the time the youth is placed on sight and sound observation. Staff are then required to conduct 10 minute checks and to contact the licensed clinician on staff to conduct a suicide risk assessment.

If a client presents suicide risks and a Baker Act is then determined, the agency is required to contact law enforcement to conduct a Baker act assessment. If this occurs, staff will document the decision of the law-enforcement officer conducting the Baker act assessment. Staff receives suicide prevention training during their on-boarding orientation training process. Staff are trained to use all resources to ensure the safety of youth admitted to the program. Staff are trained to detect suicide risk and to contact all license parties that they feel necessary to help them address the suicide risk situation successfully.

A review of seven (7) randomly selected suicide risk cases were conducted on site to assess the agency's adherence to the requirements of the suicide prevention indicator. Of these files, three were residential files and four were non-residential files. Of these 7 files, 7 included a suicide risk screening form that documented a risk related to the presence of past or present suicide feelings. All 7 files included proper documentation of suicide screening results that were signed by the person completing the suicide screening and the appropriate supervisor. Youth were not placed on sight and sound until results of the six suicide risk questions were asked to determine the presence or history of suicide feelings or behavior.

All 7 client files had documented evidence that youth indicated a positive to either past or present suicide feelings or behavior. All 3 residential clients placed on appropriate levels of supervision were placed on that status as a result of having a positive on the suicide risk instrument. All 4 non-residential files had documentation of a completed suicide risk assessment being completed within an hour or so of the intake and assessment screening being done. Each client file had evidence of a Masters level counselor or a licensed clinician completing the suicide risk assessment. Each client file completed by a Masters level counselor had documented evidence of a consult either by phone and/or in person to keep a youth on the same status or to step down from sight and sound status. There is documented evidence in each case that the counselor writes when and by what means did a consult with the licensed clinician occur and is confirmed by a date.

Sight and sound observation logs are also documented. The observation logs document the practice of each person being checked for their status and risk of suicide every 10 minutes. All logs document the person writing the status feelings and behaviors of the resident every 10 minutes. The program's communication log documents when a youth was placed on sight and sound supervision and when they reduced the youth's status (either just stayed the same or was changed or reduced when discussed with a licensed clinician). Following a change in the provision status to reduce the elevated level of supervision the youth was documented as being placed back in the general population in the agency's communication log.

All 7 suicide client files indicate that the supervision level was not changed or reduced until a consult either via phone or in person was conducted with a professional licensed person and or an online system at all professional under the supervision of a licensed professional.

All non-residential clients had either documentation of safety plans referrals; recommendations to continue with their psychiatrist; recommendations to continue with the current counselor;

recommendations to continue to take medications; and recommendations for current counselor to monitor their behavior and report feelings and behaviors accordingly.

Exception:

The shift to shift sight and sound observation logs do not document a supervisor review at the end of each work shift.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The agency has a current Medication policy, "Medication - Residential". This policy was last reviewed and updated in August 2015 by the COO. The policy contains provisions that addresses and adheres to the basic requirements of the indicator. The current policy contains sections that address both residential group care programs that are co-located on site. Additional sections include Receiving Medications; Storage; Prescription Drug Information; Assisting Youth with Self-Administration; Prescription Medication; Prescription Asthma/Allergy Medication Non-Prescription Medication; Record Keeping and Documentation; Inventory; Disposal; BBCBC/DCF Youth, Staff Responsibility; Transitional Living Program.

The policy is implemented by all staff being trained on medication policy and practice as a part of the agency's on-boarding and orientation for all residential group care staff members. The agency requires all staff receive Medication Training that accounts for 2 hours of training. The medication training consists of staff learning basics of medication storage, documentation, distribution, verification and disposal practices.

The agency has a Registered Nurse on staff. The Registered Nurse's primary duty is to oversee the medication inventory, distribution and documentation of medications being distributed to clients in the residential program. The agency hired a registered nurse in September 2016. Following the introductory medication training provided by the Registered Nurse, the agency trains staff to provide medication distribution using the Pyxis Medication Cart training.

The agency operates a medication cart and all staff are categorized as Regular Users or Super Users. The agency staff members are required to provide medication to each resident prescribed medication throughout the term of their specific shelter stay. They must verify all medications prior to distribution; distribute prescribed medication at the required times; notify parents/guardians when medication supply is low; and dispose medication according to disposal guidelines.

The practice of assisting residents in medication distribution required during their shelter stay was reviewed onsite. Specifically, a review of this practice included onsite observation of the agency's storage, inventory and medication distribution practice. An interview on all onsite medication storage, inventory and documentation practices was conducted with two Residential Supervisors. Findings related to current agency practice revealed that all medications including prescribed, controlled, over-the-counter and sharps are being stored in the Pyxis Medstation 400 Medication Cabinet. The cabinet is located in the designated medication room behind a locking half service door with the medication console and is inaccessible to youth.

The agency maintains a total of twenty-eight (28) staff members authorized to distribute medications, of which five (5) trained as Super Users and 23 as Regular Users. All medications including prescribed, controlled and over-the-counter medications are stored in separate compartments or "cubies" as required. There are a total of 5 drawers with a specific pattern of cubies in each drawer in the automated medication cabinet. The agency has a refrigerator that is specifically dedicated to storing medication located in the Residential Specialist's office.

Exception:

Agency DJJ CCC Reports indicate that a total of 3 medication errors have been reported by the agency in the last six months. All medication errors have documented follow-up.

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

Rating Narrative

The agency has a medical and mental health alert policy. The agency's policy is called medical and it was last reviewed in December 2015 by the agency's COO. The agency's medical/mental health alert process is contained within the overall medical policy. The policy includes preventative care, medical emergencies, non-emergency accidents and injuries, non-emergency illness, sick policy, suicidal clients, documentation process, general alert system, transitional living and preventative care. All staff are required to be aware and respond accordingly to all identified and documented residential alerts. Staff members adding information to the alert form must indicate this in the program book.

The agency's alert system is called The Hot Dot System. Staff must place a hot dot sticker on the outside of the client's file. Hot dot must also be documented on the client intake and assessment form. A confirmation of an alert on the client's condition that may result in an on-site emergency care situation must be documented on a daily basis.

The Hot Dot system includes a red dot for major health issues such as cardiac disorders, pregnancy, fluctuating temperature, diabetes, hemophilia, small, recent head injury, and tuberculous. A blue dot for non-controlled medications. A yellow dot for allergies. An orange dot for sexual behavior concerns. A pink dot includes controlled medications. A green dot involves behavioral concerns including increased supervision needs, mental health diagnoses, suicidal or self injurious behaviors, violent or aggressive behavior, history of fire setting, and chronic runaway incident. A white dot includes a single status for any client that requires a single room. If the client says yes to any acute condition that requires follow-up agency must include a medical card and follow-up accordingly.

A review of seven files was conducted to determine the agency's adherence to the requirements of this medical and mental health indicator. All seven files reviewed contained Someplace Else intake and assessment form or a family intake form. Each form includes screening for physical health and mental health history or re-screening questions. The physical health section list clients injuries on the CINS/FINS intake and assessment form. All files have section completed as required with a yes/no or if yes, explain section. The section also asked the client if they have any acute conditions that the program should be aware of. The questionnaire also asks if conditions include hemophilia, heart conditions, recent injuries and several other major chronic issues.

No exceptions were noted for this indicator.

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

Rating Narrative

The agency has an emergency care policy. This policy is called First Aid and Emergency Care On-Site Policy. The agency's First Aid and Emergency Care On-Site Policy was last reviewed and signed in February 2017. The agency's policy include procedures for residential programming, off-site emergencies and general documentation and reporting practices.

The agency requires that all staff are trained in emergency procedures. Agency requires all staff to respond with first aid to clients in an emergency situation as needed. All emergencies are required to be documented in alignment with the incident reporting requirements. The agency's policy requires that a parent or guardian be notified in the event of an emergency. The policy also requires staff to be prepared for offsite emergencies and first aid actions if necessary.

All staff had proper training including First Aid, CPR and other related topics such as Universal Precautions. The agency is also equipped with fire extinguishers, Knife-for-lives, electronic security doors and a high-definition camera surveillance system.

No exceptions were noted for this indicator.