



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Family Resources- St. Petersburg

on 01/25/2015

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory

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

Standard 3: Shelter Care

3.01 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

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%

Overall Rating Summary

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

Rating Definitions

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

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

Review Team

Members

Ashley Davies, Lead Reviewer and Consultant, Forefront LLC

Tim Langlo, CINS/FINS Non-Residential Supervisor, YFA

Kristi Castaneda, Director of Program Support, Boys Town



Quality Improvement Review

Family Resources- St. Petersburg - 01/25/2015

Lead Reviewer: Ashley Davies

Tracy Iverson, Project Manager, Hillsborough County Department of Children's Services

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 1 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 1 Clinical Staff | 1 Program Supervisors |
| <input checked="" type="checkbox"/> DHA or designee | 0 Food Service Personnel | 0 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 3 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 3 MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 10 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 5 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 4 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 4 Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Supplemental Contracts | 0 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- 4 Youth 5 Direct Care Staff 0 Other

Observations During Review

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

During the entrance conference, the reviewers were updated about administrative and operational changes that occurred since the last onsite QI and Contract Monitoring visit. The agency's C.E.O. has been replaced in the last year by Lisa Davis. The agency also had a new C.O.O. come aboard and just recently started the week prior to the on-site review. The agency's VP has recently gone part-time due to being elected as City Commissioner. The Residential Supervisor for the shelter began in July 2014 and a case manager began in August 2014. There was a brief time frame where the shelter had no case manager. Currently they have one vacant position for a part-time male youth care worker. The non-residential Family Counseling program employs one counselor's and one intern, two hours per week, to provide non-residential services.

Standard 1: Management Accountability

Overview

Narrative

The Family Resources, Inc. Safe Place 2B program provides shelter and non-residential services for youth and their families in Pinellas County and Manatee County. The program, which is located at 3821 5th Avenue North, St. Petersburg, Florida. Residential shelter staff includes a Residential Supervisor, eleven (11) Youth Care Workers, one (1) Residential Counselor, one (1) case manager, and one (1) Secretary. In addition to the residential program, the non-residential component has a part-time Counselor. Both programs also utilize interns approximately twenty hours per week for case management and counseling services. All residential shelter staff and non-residential staff are overseen by an on-site Program Director. At the time of the quality improvement review, the shelter had one (1) vacant part-time male Youth Care Worker position. The Department of Children and Families has licensed Safe Place 2B as an emergency runaway shelter.

The agency operates a total of three (3) youth shelters and the company handles all personnel functions through its Human Resources division located at its central office in Pinellas Park Florida. This office processes all state and local background screenings. The provider agency conducts orientation training to all shelter personnel through its Residential Supervisor. The majority of core training is also provided by inter-agency training delivered by the agency and outside and on-line training resources. Each employee has a separate training file containing a training plan and copies of documentation for training received. Annual training is tracked according to the employee's date of hire. The program provides training through a combination of web-based and in person instructor-led courses.

1.01 Background Screening

Satisfactory Limited Failed

Rating Narrative

The agency has a policy and procedure in place that addresses background screenings. There were ten employee files reviewed for background screenings. All background screenings were completed prior to the employee being hired. There were no employees due for a five year re-screening during this review period. The Annual Affidavit was submitted on January 5th, 2015.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

The agency has a policy and procedures in place that addresses the indicator. Reviewed the grievance binder. There were a total of eleven grievances filed and all were addressed and had the necessary signatures. If reports of abuse, the management staff follow through with CCC reports and notification is sent to the HR dept to handle. Meetings are scheduled with staff and clients to address and if any necessary reprimand will be handled accordingly. The evacuation route is posted where the staff and youth are able to view. The agency provides a client handbook to the youth which details the shelter safety for the youth.

All youth surveyed reported they are able to self report abuse to the abuse hotline and they feel safe in the shelter. All staff surveyed reported they have never heard a staff member deny youth access to the abuse hotline.

1.03 Incident Reporting

Satisfactory Limited Failed

Rating Narrative

The agency has a policy and procedure in place that addresses the incident reporting process. There is also a grievance and incident reporting binder. There were a total of thirteen incident reports reviewed. Of the thirteen, four were CCC reports. All reports were reported within the two hour time frame. The agency has supporting documents of the reports and follow-ups with emails.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative

The agency has policy and procedures in place that addresses the required first year trainings and annual trainings. Two out of five files reviewed were new hires. One out of the two new hires did not have 80 hours of training. That staff only had 73.5 hours of training. The other staff had exceeded the 80 hours of first year training with 97.5 hours.

The remaining three staff files were reviewed for the annual training. All three staff had over 40 hours of required training.

All files had copies of training certificates located in them.

1.05 Analyzing and Reporting Information

Satisfactory Limited Failed

Rating Narrative

The program has a process in place for collecting and tracking data to analyze. The process consist of peer review, risk management, safety team committee, and quarterly improvement monthly meetings which is with the management staff. The Senior management staff sends out the Florida Network monthly benchmark reports through emails to show where the agency is as a whole. The management team will send this information to their staff and address any issues or trends. Monthly meetings are held with staff as well. The safety committee meets monthly and review any safety concerns. If there is any corrective action that needs to be completed, it is required by the next month.

The risk management meets quarterly and incident reports are discussed. The team will brainstorm on any trends and a strategy will be put into place. The supervisors will take this information back to their direct staff to discuss and implemented.

Peer review is completed on all programs and immediate results are discussed with the management staff.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Family Resources, Inc.'s Safe Place 2B St. Petersburg program is contracted to provide CINS/FINS non-residential services for youth and their families in Pinellas and surrounding counties. The program provides centralized intake and screening twenty-four hours per day, seven days per week. Interns are also utilized as needed. Trained staff members are available to determine the needs of the family and youth. Residential services, including individual, family, and group services, are provided. Case management and substance abuse prevention education are also offered. Referral and aftercare services begin when the youth are admitted for services. Aftercare planning includes referring youth to community resources, on-going counseling, and educational assistance. The youth care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision.

The non-residential component is under the day to day management of the Program Director, and includes one (1) part-time counselor, who can work full-time hours if needed. The counselor is responsible for providing case management services and linking youth and families to community services. A CINS Case Manager coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court as needed.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

There were four non-residential and four Residential files reviewed. Each included two open files and two closed files. All files addressed available service options, rights and responsibilities, and grievance procedures. Screening services are available 24/7. There is no set referral process in place to determine if the screenings are completed within the seven days after a referral is received as mandated by the indicator. The agency noted that most referrals are self/family referrals and are screened immediately. Same for school/outside referrals. There was no screening in one file. The child had been transitioned from the shelter to the non-residential program and the screening has been placed in the file.

2.02 Needs Assessment

Satisfactory Limited Failed

Rating Narrative

There were four non-residential and four Residential files reviewed. Each included two open files and two closed files.

Each of the four non-residential met the requirements of the indicator. Needs assessments were all completed by Bachelor's/Master's level staff and reviewed by a supervisor. In two of the four files reviewed there were no credentials of the staff completing needs assessment. There were no indications of suicide for any of the youth.

Each of the four residential files reviewed were completed within the designated time frames by Bachelor/Master's level staff and reviewed by the supervisor.

2.03 Case/Service Plan

Satisfactory Limited Failed

Rating Narrative

There were four Non-Residential and four Residential files reviewed. Each included two open files and two closed files.

All case/service plans, in all four non-residential files, were initiated/completed within seven days and indicated the needs/goals of the clients, people responsible, type, frequency, and location of services, and the date the plan was initiated. There were issues with 30/60/90 day case/service plan reviews being documented. This writer attempted to cross reference with case notes. There were no specific reference to case/service plan documentation in the case notes. In talking with staff, the reviews were being done verbally

All Case/Service plans, in all four residential files, were initiated/completed within seven days and indicated the needs/goals of the clients, people responsible, type, frequency, and location of services, and the date the plan was initiated. In two of the files reviewed target dates for completion were not documented and one closed file did not address completion dates.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

There were four Non-Residential and four Residential files reviewed. Each included two open files and two closed files.

Each of the four non-residential files reviewed had a counselor/case manager who addressed referral needs of the family, assisted the family with implementation of the service plan, and supplied consistent support for the family.

Each of the four residential files reviewed had a counselor/case manager who addressed referral needs of the family, assisted the family with implementation of the service plan, and supplied consistent support for the family.

The agency provides follow-up calls after case closure. The follow-ups were kept in a central location rather than the file.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

There were four Non-Residential and four Residential files reviewed. Each included two open files and two closed files.

Both programs identify chart reviews and reviews of the chart between staff and management.

All four non-residential files showed the child's presenting issues being addressed, per the case plan, in conjunction with counseling, the psychosocial summary, case notes, and an internal process in place that includes individual supervision of staff.

Each of the four residential files displayed coordination between the child's presenting issues, the case/service plan, and needs assessment. The case notes display progress made, or not made, with the case/service plan goals.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

There were three Non-Residential reviewed. Each of the cases showed proper notification of the CINS Case Staffing to the parent/guardian and Case Staffing Committee. There were no emergency case staffings noted. The Case Staffing Committee consisted of representatives for Family Resources, Pinellas County School District, Law Enforcement, County Attorney, and MentalHealth/Substance Abuse Agencies. There was adequate documentation of the CINS process and follow up. The Case/Service Plans were not updated with Case Staffings recommendations as the goals were already in the Case/ Service Plans.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

All files are marked Confidential and maintained in a neat and orderly manner. Each file had a check list at the beginning of the file indicating the layout of the file, which allows staff to be able to quickly and easily access information. According to staff interviews, files are kept in a locked file cabinet. The files are kept in a file cabinet in the shelter. The cabinet was locked and was only accessible by the program staff.

Standard 3: Shelter Care

Overview

Rating Narrative

The Safe Place 2B St. Petersburg youth shelter is located in a modern structure that is licensed by the Department of Children and Families (DCF) for twelve (12) beds and it primarily serves youth from Pinellas County, as well as youth from surrounding counties. The shelter also admits youth from the Department of Children and Families (DCF) and as part of the Basic Center and Street Outreach Programs. At the time of the quality improvement review, the shelter was providing services to six (6) Cins/Fins youth.

During the tour of the facility, the review team toured all major areas include sleeping rooms, kitchen, bathrooms, dining area, medication storage area, recreation area, wash room, as well as other areas. The structure was found to be clean and in good working order and all major furnishings were in good repair. Major areas such as the bathrooms, the common area and dining room were clean. The direct care staff members are primarily responsible for hygiene and cleaning of the shelter. The bedrooms were found to be clean. Each sleeping room is categorized by a right, middle and left sequence. Four (4) of the bedrooms house 3 beds each with an individual bed, bed coverings and pillows. The outside grounds are surrounded with a privacy fence and residents have access to green space, a gazebo and an open basketball court.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy for Shelter Environment that was reviewed 10/14 by Pat Gerard the agency's former COO. The shelter has all fire and health safety inspections current. Fire extinguishers were observed being punched 1/15. The program's DCF license expires December 15, 2015. The shelter has twelve beds with two bedrooms on each side of a larger living area. One side is for girls and the other for boys.

There is a common dining area for meals where the boys and girls can eat with the LGBT youth in the program next door. The dining area was clean and the menu posted in the kitchen. The kitchen was also clean and food stored properly.

There is a Daily Activities Schedule where the outing changes weekly. On this schedule is also fitness hour, reading times, meal times and school transport times. This week it was observed they are going to Lawry Park Zoo on Saturday.

The rooms have Bedroom Rules posted, bedroom #4 was missing one. There are thirteen rules listed and range from beds made properly daily, follow instructions, no sharing belongings to no graffiti. There is a bathroom in each room to three beds that had a mattress cover, pillow and proper linens and a blanket. Evacuation routes were also posted in each room.

There is lockable space behind the desk for youth individual belongings if applicable.

There is a basketball court in the back of the building and plenty of space for gatherings such as a picnic or barbeque. The grounds were well maintained.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy for Program Orientation that was reviewed 10/14 by Pat Gerard the agency's former COO. The program has a client orientation checklist with all the standard requirements to be signed off within 24 hours of admission. Five open shelter files were reviewed and all checklists were reviewed with the youth and signed off by staff and youth within the 24 hour time period. One youth was asked about the process and he responded with he received the handbook.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy for youth room assignment and it was reviewed 10/14 by Pat Gerard the agency's former COO. The policy incorporates that staff review information supplied on the youth's history, trauma and current referral behaviors when completing room assignments. The policy also states that staff should look at the current interactions and observations they have with the youth at admission. Other things to consider for assignment of a room are gender, age, physical stature, violent behavior, any medical, mental or physical disabilities.

The program uses the CINS/FINS Intake Form to assess the most appropriate room for each youth. There is a room assignment section as the last section of this form. Five open residential files were reviewed and they were all completed with the individual room assignments.

Once the room is assigned, the room number goes up on their alert board located in the living area in the shelter.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy on logbooks that was reviewed on 10/14 by Pat Gerard the agency's COO. The logbook showed consistent practice of "house counts" daily, youth whereabouts, youth room assignments and key control practice of staff. All entries were legible and had date and time of entries along with staff signatures for each entry.

The staff are meeting the standard of reviewing the previous two shifts and the program supervisor initials each page as he reviews them. The program supervisor is also doing a good job of making comments and recommendations for staff in reviews that are highlighted in the logbook.

I found the fire drills and emergency drill entries to be very detailed and were done frequently. This is a strong practice.

The first logbook reviewed had a color key on the interior first page which showed that supervisor notes were to be highlighted in purple/blue. Important notes by CM or counselor are in yellow along with intakes and discharges are highlighted in green.

The second logbook reviewed had the supervisor notes highlighted in orange and the other two areas were the same as the first.

Having runaways, law enforcement incidents, medical incidents, and self harm all highlighted in yellow along with intakes is a bit confusing. I would recommend a different color for such things as runaways, self harm incidents, even medical events.

In the logbooks I reviewed, there were eleven intakes and one discharge with the youth's name, DOB and SS#'s. I would recommend not writing SS#'s in the logbooks because they are not marked confidential and are not securely locked up at all times.

There were four errors that were just crossed out, didn't have an initial, or date.

Highlighting in the logbooks reviewed was very inconsistent.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy on their Behavioral Management Strategies that was reviewed 10/14 by Pat Gerard the agency's former COO. The BMS is described in the client handbook the clients get at intake. Also, the program conducts daily groups where they discuss the levels that they youth are on or have achieved. Levels go up depending on if the youth met their goals for that day.

The BMS system has four levels, the OR (Orientation phase), the Bronze level, Silver level and Gold level. The expectations and privileges for each level are outlined in the handbook and are easy to understand for adolescence. Youth are only in the OR phase for two days.

The system works on youths behavior and actions during a 24 hour day for them to reach the next level. This is a motivational/incentive system that helps shapes positive behavior and positive skills sets for youth to use in the shelter and when they go back home.

The level youth are on is listed on the alert board in the living area of the shelter.

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

The program has a written policy in place for Staffing and Youth Supervision and was reviewed 10/14 by Pat Gerard the agency's former COO.

The staff schedules were reviewed from July to present. The agency has had several new hires and there were several shifts in each month where two females were on shift. They have hired more male staff to correct the requirement for one female and one male on each shift.

The logbook was also reviewed and showed two staff on at all times and the staff that were on matched the schedule. The schedule is posted in the common area of the shelter. They have a binder with the typed schedule and another handwritten fill in schedule for the month together and the staff work on the schedule throughout the week and Monday the typed version gets updated with any changes that happened throughout the week.

The overnight log was reviewed and was being completed consistently with the the policy's procedures.

Currently, the Saturday overnight shift is being staffed by two females. This pattern goes back to October 2014. The agency's director and supervisor are aware and have been looking to fill this position with a male staff. Potential new staff can apply on the agency's website or through a website called "Jobbing."

3.07 Special Populations

Satisfactory Limited Failed

Rating Narrative

The program has a written policy for Special Populations that was reviewed 10/14 by Pat Gerard the agency's former COO.

The current policy needs to be revised to state for Staff Secure the ration is one staff to one youth. The current policy states the staff ratio is one staff to six youth. The policy does not include Probation Respite procedures, so those will have to be added.

Each of the three youth files admitted under the DVR program had documented domestic violence charges making them eligible for admission under the DVR program requirements. Documentation of Florida Network approval of the DVR placement was provided in each of the three cases reviewed. The service plans in each of the three files also contained service plans that addressed the DVR placement issues such as anger management, conflict resolution, coping skills and decision making. The shelter has not received any staff secure youth since the last quality improvement review.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The Safe Place 2B St. Petersburg youth shelter provides screening, counseling and mental health assessment services. The Residential Supervisor and Program Director are both Licensed Clinical Social Workers (LCSW). The shelter has staff members that are trained to screen, assess and notify all staff members of conditions and risks of all youth admitted to both the residential and non-residential CINS/FINS programs. The shelter provides risk screening and identification methods to detect youth referred to their program with mental health and health related risks. Specifically, the shelter utilizes screening and a CINS Intake form to determine eligibility and various screening methods to determine the presence of risks in the youth's past mental health status, as well as their current status. The shelter also screens for the presence of acute health issues and the shelter's ability to address these existing health issues. The shelter uses a general alert board and colored dot system to inform all staff members on each shift of the health and mental health status of all youth in residential youth shelter. Trained shelter staff assist in the delivery of medication to all youth admitted to the residential youth shelter. The agency provides medication distribution training to all direct care staff members, first aid response, CPR, first aid, fire safety, emergency drills and exercises and training on suicide prevention, observation and intervention techniques. Shelter staff members are also required to notify parents/guardians in the event that a resident has a health injury.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The agency has a policy Healthcare Admission Screening that was last reviewed and updated in October 2014 by the agency's VP of Organizational Development.

A total of six open, residential, youth files were reviewed for the initial health screening during the intake/admission process at the shelter. The agency utilizes the standard, State-wide CINS Intake Form that documents the assessment of a youth's general health condition and/or issues at intake. Of the six files reviewed all contained a complete CINS Intake Form with the medical information documented on the back of the form.

One of the six youth was documented as having asthma; however, did not require any type of medication for it. There was no follow-up care needed for this youth.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The agency Suicide Prevention policy in place. The policy was last reviewed in October 2014. The policy states that each youth will be screened for suicide risk by the six suicide risk questions on the CINS/FINS Intake form. If the youth answers "yes" to any of the six questions, the youth care worker will either immediately refer the youth to a qualified mental health professional if indicated, available, and accessible, to determine the specific level of suicide risk, or if a qualified mental health professional is not available, place the youth on constant sight and sound supervision until a full suicide assessment can be completed by a qualified mental health professional. The assessment will be done within twenty-four hours during the weekdays or within seventy-two hours if over the weekend.

Youth awaiting an assessment by a qualified mental health professional are placed on constant sight and sound supervision. If at any time the youth engages in suicidal/homicidal gestures, repeatedly states they wish to harm themselves or others, and/or states a specific plan for suicide, they will be placed on one to one supervision and referred immediately for a Baker Act. In non-residential services, if the youth answer "yes" to any of the suicide questions, a full suicide assessment will be conducted. If the assessment indicates, one to one supervision will be initiated and the Clinical Supervisor will be notified to determine the appropriate actions. The parents/guardians will be notified as quickly as possible if the youth answers "yes" to any of the suicide questions. Parents will also be provided with additional resources in the community for further assessment services. If at any time during or after the screening process, the youth presents as an immediate risk to self or others; staff will immediately call 911 for assistance with Baker Acting the youth.

There were three files reviewed for youth placed on suicide precautions. All three youth answered "yes" to at least one of the six questions on the CINS/FINS Intake form. All three youth were immediately placed on sight and sound supervision until an Assessment of Suicide Risk could be completed. All three files documented the assessment was completed within twenty-four hours by a masters level counselor working with the

licensed professional or a LMFT. All three youth were placed on standard supervision after completion of the Assessment of Suicide Risk. There were thirty minute observations maintained the entire time the youth were on sight and sound supervision. If the youth were on sight and sound supervision during the overnight hours there was documentation the youth slept on the couch in the dayroom. All supervision levels and changes were documented in the shelter logbook.

4.03 Medications

Satisfactory Limited Failed

Rating Narrative

The agency has a policy in place to address medication procedures recently reviewed and updated in October 2014. The policy addresses storage, inventory and verification procedures, over-the-counter medications, disposal, and incident reporting. The policy addresses requirements outlined in the DJJ Health Services Manual. The shelter provided documentation of all staff who are trained to help youth in self-administering medication.

Observations of medication storage revealed medications are stored in a double-locked cabinet, in the staff workarea in the dayroom. The shelter utilizes medication storage racks, for all oral medications, with a tray designated for each bed. A separate box is used for all topical medications so they are stored separately from oral medications. At the time of the review, the shelter had no youth currently on any topical medications and no youth receiving oral medications. There is a small refrigerator located in the laundry room for any medications requiring refrigeration. At the time of the review there were no medications requiring refrigeration. The shelter does not provide over-the-counter medications, unless the youth comes in with it and has a doctor's order, so they did not have a stock of over-the-counter medications. The shelter keeps a supply of sharps in a double-locked cabinet, in a box. The supply includes six pairs of scissors and eight razors currently. The sharps were inventoried everyday on each shift, which exceeds the once per week inventory requirement. The razors are signed out and signed in when used by the youth and are disposed of when the youth leaves the shelter.

At the time of the review there were no youth in the shelter on medications. Three closed files were reviewed to verify the medication administration process. All three files contained a medication verification form that was completed and documented all medications the youth was taking. The shelter maintains a Client Medication Log, for all youth currently in the shelter on medication. The log is divided into sections and the youth's Medication Distribution Log (MDL) is filed under the appropriate bed. A picture of the youth is located on the front of the section and a print out of side effects is located with each MDL for each medication the youth is on. Once the youth is discharged all documents from the Client Medication Log are filed in the youth's file. All MDLs reviewed documented the youth's name, date of birth, allergies, side effects, medication the youth was taking with dosage and time to be given, staff initials, youth initials, full printed name and signature of each staff member who initialed a dosage, and the full name and signature of the youth receiving medication. All MDLs documented medications were given at the time specified or within the one hour time frame before or after the time specified. A perpetual inventory with running balances was maintained on each MDL, as well as, shift-to-shift inventories initialed by two members each time. A Visit Out/In Medication Count form was completed for each youth upon discharge from the shelter and given to the guardian. The form documents who the medication was given to, the medication name, dosage, number of pills leaving the shelter, and when the next dosage is due. The form is signed and dated by the staff member and guardian.

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

Rating Narrative

The agency has a policy in place for Medical and Mental Health Alert Process last reviewed and updated in October 2014. There is one alert board located in the dayroom for staff to review. The alert system consists of color-coded dots with each colored dot representing a different alert. There are six different colors used for alerts, green is a mental health or substance abuse alert, blue indicates the youth is on one-to-one supervision, red indicates the youth is on sight and sound supervision, purple indicates the youth is on sharps restriction, black is a medical issue or allergy, and orange indicates the youth is on medication. The applicable color-coded dot is placed on the front of the youth's file for each alert the youth is on. The color-coded dot is also placed next to the youth's name on the alert board.

There were three youth in the shelter applicable for alerts. All files documented all the youth's alerts on the front cover of the file coincided with the alerts documented on the alert board in the dayroom. All staff interviewed were familiar with the alert system and different alerts the youth currently in the shelter were on. All dietary alerts and restrictions were also documented on the alert form located in the kitchen.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The agency has written procedure in place that addresses episodic/emergency care. Reviewed the episodic care logbook for the past six months. There were two incidents that were medical emergency. One involved a youth stating that they wanted to commit suicide and the other youth had pills. Both cases EMS was called and CCC was notified. The shelter staff also contacted management, legal guardian and proper documentation of all process was documented.

First Aid Kits and Knife-for-Life and wire cutters are all located in the shelter behind the staff desk in a locked cabinet. Documentation on the cabinet door shows that all staff are trained on emergency medical procedure.