



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Florida Keys

on 12/02/2015

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
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	No rating

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 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 4: Mental Health/Health Services

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

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

Overall Rating Summary

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

Rating Definitions

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

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

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant- Forefront LLC

Tracy Bryant, Business Analyst, Hillsborough County Children's Services

Sara Cooper, Quality Management Specialist, Children's Home Society Treasure Coast

Rosby Glover, Executive Director, Mount Bethel Human Services Corporation



Quality Improvement Review

Florida Keys - 12/02/2015

Lead Reviewer: Marcia Tavares

Gabriel Medina, DJJ Monitor, Department of Juvenile Justice

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 0 Case Managers | 0 Maintenance Personnel |
| <input checked="" type="checkbox"/> DJJ Monitor | 5 Clinical Staff | 2 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 1 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 | 4 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 5 MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 6 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 7 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 5 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 9 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" 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

- 2 Youth 4 Direct Care Staff 2 Other

Observations During Review

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

The Florida Keys Children's Shelter, Inc., is a non-profit community-based corporation sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary Children In Need of Services/Families In Need of Services (CINS/FINS) residential and non-residential services to youth and families in Monroe County. The agency provides a variety of services to both male and female youth under the age of 18 years. The program is located at the Tavernier's Jelsema Center, at the north-end of Monroe County next to the Tavernier Government Center.

In addition to the CINS/FINS Program, the agency operates the Poinciana Emergency Shelter (birth through 10 years) and Poinciana Group Home (11-17 years old) in Key West, for children who have been removed from their families/homes as a result of abuse or neglect. It also provides street outreach through Project Lighthouse where staff conducts outreach in areas where homeless youth congregate with the goal of getting these youth help and providing a safe shelter.

A summary of youth and families served for FY 2013-2014 was highlighted in the agency's 2014 Annual Gratitude Report as follows:

140 Residential Clients

- Poinciana Emergency Home – 13 children
- Poinciana Group Home – 21 children and teens
- Jelsema Children's Center (CINS/FINS) – 106 children and teens

Community Based Clients

- Non-Residential – 481 youth/families
- Community based counseling – 135
- Project Lighthouse – 346

In May of 2012, the Florida Keys Children's Shelter (FKCS) was re-accredited by the Council on Accreditation (COA) and has been continuously re-accredited by the Council on Accreditation (COA) since its accreditation in May 2004. During the visit, the agency was in the process of renewing its COA Accreditation which expires in May 2016.

Since 2014, the agency has been under the leadership of Co-CEOs Bill Mann and Benjamin Kemmer. Both Mr. Mann and Mr. Kemmer have served in Management positions with the agency for over twenty years combined.

Another successful Mayor's Ball fundraiser was conducted in January 2015. The agency had a record attendance with guests ranging from high ranking local officials to local businessmen.

Standard 1: Management Accountability

Overview

Narrative

FKCS has been in operations since 1985. The agency has a twelve-member Board of Directors/Trustees, including a youth member, with representatives from the upper, middle, and lower keys, to oversee the agency's goals, objectives and activities. The FKCS building houses the CINS/FINS shelter on the first floor and the agency's administrative offices on the second floor. The shelter provides separate female and male dormitories to children under 18 years of age that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at risk.

The program has a Senior Management team that is comprised of two Co-Chief Executive Officers, formerly the COO and the Chief Learning and Evaluation Officer (CLEO), a Chief Financial Officer (CFO), and Chief Development Officer (CDO). In addition, the program has a contracted licensed Clinical Social Worker (LCSW) and Shelter Program Coordinator. There were two staff vacancies (1 Youth Care and 1 Counselor) at the time of the review, as a result of new funding.

At the time of the onsite visit, per the Organization Chart dated 4/15/15, the shelter program staff included: a Program Coordinator, three Team Leaders, a Youth Advocate, nine Youth Support Staff, a Food Service Manager, and a Maintenance staff. In addition to the Counseling Services Contractor, the clinical component has three community-based Counselor positions, assigned to the upper Keys, Marathon, and Key West, and one Residential Counselor.

The program has an Annual Training Plan for all staff and all employees receive ongoing training from the program's designated trainer, local providers, and the Florida Network. Orientation training is provided to all personnel by the Co-CEO. Each employee has a separate training file that contains a training plan and corroborating documentation for training received. Annual training is tracked according to the employee's date of hire.

FKCS maintains valuable interagency agreements with several agencies that ensure a continuum of services for the youth and families. The program has a strong outreach component, with participation of all program staff, with emphasis on areas designated as high crime zip codes. Community based staff provide services throughout the county and maintain offices in schools located in the upper, middle, and lower Keys.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedures in place that address the background screening of all employees and volunteers. The provider's policy (last approved on 7/2/2015) requires all potential employees, volunteers who work alone with youth, and subcontractors to successfully complete a background check prior to an offer of employment or provision of service within the program. The background screening includes Department of Juvenile Justice Criminal History Acknowledgement, Request for Live Scan, and Affidavit of Compliance with Good Moral Character forms. Additionally, the provider conducts quarterly local background checks for all employees, annual driver's license checks through its Insurance Company, and drug screenings at hire and randomly thereafter. The program maintains personnel records of employee's background screenings in their personnel file.

A total of six (6) background screening files were reviewed for two (2) new hires and two (2) employees who were eligible for a 5-year background screening during the review period. The two newly hired personnel had timely background screenings completed prior to their hire dates. Similarly, the 5-year re-screenings for the two applicable employees were completed prior to their 5-year anniversary dates. The program provided E-verify documentation for the four new staff, verifying authorization to work.

A copy of the provider's Annual Affidavit of Compliance with Level 2 Screening Standards and email evidence (that was submitted to the BSU on January 1, 2015) was provided and reviewed onsite.

Exception

The provider's Background Screening policy does not address 5-year re-screening of volunteers as required, only agency staff.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has comprehensive policies regarding Child Abuse Reporting, policy #1.07.01-1.07.03 and Code of Conduct (E.1), to ensure the provision of an abuse free environment. The policies, last approved 7/9/2015, require prompt, accurate, and timely reporting of child abuse allegations, prominent posting of the Abuse Registry phone number, and professional staff conduct.

Postings of the Abuse Hotline number are observed in the lobby, youth living room area, and in the client handbook. The program's policy specifically complies with DJJ policies related to incident reporting, and require program employees and volunteers to report all known or suspected cases of abuse and/or neglect to the Florida Abuse Hotline. Both paid staff and volunteers are expected to abide by the agency's rules of conduct that foster an abuse free environment and prohibit intimidation, physical abuse or force. All new staff members receive training regarding the requirement of reporting incidents of alleged child abuse as a part of their initial orientation training. A review of four calls made to the abuse registry during the review period demonstrated that staff is aware of the reporting requirement; however, two of the abuse reports do not state whether the calls were accepted or not.

The program also has a grievance policy in place that requires families and youth to be informed of their right to grieve. Youth acknowledge their understanding of the process by their signature at intake. The program maintains blank grievance forms at the entrance to the male and female dormitories. There were no receptacles available for depositing completed grievances; instead,

youth typically hand their grievances to staff or the Shelter Manager. Per the requirement, Direct Care staff shall not handle the grievance document unless assistance is requested by the youth.

The program provided copies of 3 grievances filed in the facility during the review period. The grievances were resolved and acknowledged as such by the youth at the informal phase as outlined in the program's grievance policy. There were no personnel actions taken against staff as a result of grievances filed.

Two youth were surveyed during the review. One of the two youth indicated that s/he did not know the Abuse Hotline was available to them and where the number was located in the facility. One of the two youth indicated that staff is not respectful to them. None of the youth indicated adults in the program have ever used threats or profanity towards youth. Both youth stated they feel safe at the shelter. One of the two youth was not familiar with the grievance process.

Four staff members were also surveyed for this review. All four staff indicated that the working conditions were good at the facility. All four described appropriate procedures to facilitate youth calls to the Abuse Hotline. None of the four staff surveyed have ever observed a co-worker telling a youth they could not call the Abuse Hotline. None of the four staff have observed a co-worker using profanity when speaking with a youth or using threats of intimidation, or humiliation when interacting with a youth.

Exceptions

A review of four calls made to the abuse registry during the review period demonstrated that staff is aware of the reporting requirement; however, two of the abuse reports do not state whether the calls were accepted or not.

There were no receptacles available for depositing completed grievances; instead, youth typically hand their grievances to staff or the Shelter Manager. Per the requirement, Direct Care staff shall not handle the grievance document unless assistance is requested by the youth.

One of the two youth surveyed was not familiar with the grievance process.

Two youth were surveyed during the review. One of the two youth indicated that s/he did not know the Abuse Hotline was available to them and where the number was located in the facility. One of the two youth indicated that staff is not respectful to them.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has established a written policy and procedure for Incident Reporting (#1.13, last approved 7/2/2015) that requires compliance with the Florida Department of Juvenile Justice (DJJ) Central Communications Center (CCC) requirements. Specifically, the policy requires incidents to be reported to the CCC as soon as possible, and no later than two hours of the incident/gaining knowledge of the incident.

The program maintains documentation about incidents in a binder. During the reporting period, a total of 56 incidents were reviewed for the review period. Of the 56 incidents, 10 were called in to CCC but only three (3) incidents met the criteria or were accepted by CCC. The three incidents were related to the same court ordered youth who absconded from the facility. Two of the three CCC reportable incidents were called into CCC within the 2-hour timeframe as required. Follow-up documentation was reported to CCC as well as documented in the file.

Several of the incidents classified as Unusual Events were documented, filed, and reviewed onsite. A review of these incidents, for the preceding six month time period, indicated that none of them were reportable to the CCC due to not meeting the criteria.

Exception

One of the three CCC reportable incidents was not called into CCC within the 2-hour timeframe as required.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has a comprehensive training policy and procedures (approved 7/2/2015) to ensure the provision of training is necessary and required for staff to perform specific job functions. Upon review of the policy and procedure, six of the mandatory training topics for new staff (CINS/FINS Core, Crisis Intervention, Signs and Symptoms of Mental Health and Substance Abuse, Behavior Management, Suicide Prevention, and Title IVE) were not included in the providers list of required training during the first year but were included under the optional list.

In addition to its policy and procedures, the provider has an annual Training Plan for FY 2015-2016 that describes its protocol for complying with the training requirements. A copy of the Training Plan was provided and submitted to the Florida Network for approval on September 9, 2015.

The provider utilizes various means to provide staff training including the Florida Network's Katniss Training site, external professional trainers, supervisors, and the agency's former Chief Learning and Evaluation Officer (CLEO). The former CLEO develops a training plan with each staff annually and monitors training on a regular basis to ensure staff receives the required

training throughout the year. The program maintains an individual training file for each staff member that contains a log of training courses/hours completed and certificates. The program exceeds the requirements of the indicator and has an established protocol requiring staff to complete their required training during the first year of employment and thereafter.

The training files of three new hire employees and four in-service staff were reviewed. All of the new hires have exceeded the 80 hours of training required as of the date of the review. In addition, all three staff had completed all of the mandatory training topics. Most of the recommended training topics were also completed by the new staff with time remaining in their current year to complete the remaining training.

Two of the four in-service employee files reviewed exceeded the 40 hours required annually; the third staff has completed 33.5 hours and has 2 months to complete the remaining hours. However, one of the four in-service staff with a part time staff has only completed 2 hours during the current 6 months of their training year and is off schedule for completing the 40 hours required.

Per the agency's Co-CEO, the program's Licensed Clinical Supervisor and those residential staff certified as competent are the only staff used to conduct an Assessment of Suicide Risk (ASR). Since Non-licensed non-residential staff do not complete the ASR, the training requirements associated with this indicator are not applicable for these non-licensed counselors. As of the date of this QI visit, the provider had one Non-licensed Residential Clinician and one contracted LMSW Supervisor. The Non-Licensed Clinician training for ASR was completed and documented in the residential counselor's training file to confirm the clinician received training and is competent to complete ASR. The letter was signed by the former LMHC; however the documentation was missing the LMHC's license number.

Exceptions

Upon review of the policy and procedure, six of the mandatory training topics for new staff (CINS/FINS Core, Crisis Intervention, Signs and Symptoms of Mental Health and Substance Abuse, Behavior Management, Suicide Prevention, and Title IVE) were not included in the providers list of required training during the first year but were included under the optional list.

One of the four in-service staff, a part time staff, has only completed 2 hours during the current 6 months of their training year and is off schedule for completing the 40 hours required.

The Non-Licensed Clinician training for ASR was completed and documented in the residential counselor's training file to confirm the clinician received training and is competent to complete ASR. The letter was signed by the former LMHC; however the documentation was missing the LMHC's license number.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedure in place. The organization utilizes the NETMIS (Network Management Information System) to track data. Also, the agency uses the managed information system (HMIS) to track client information for all homeless individuals. The Quality Improvement Managers uses information documented by program managers at each site to prepare monthly risk management reports. The reports are reviewed and discussed by members of the Leadership Team on a monthly basis to determine the level of success in obtaining identified goals.

The Co-CEO reviews the incidents, accidents, grievances, staff surveys, outcome data, and monthly review of Netmis data reports. This information is reviewed at the staff meetings, quarterly Board meetings, and monthly leadership meetings.

The medication management practice for the Pyxis Med-station reports is reviewed by the Co-CEO. If there are any discrepancies to the report, the Co-CEO will conduct a research to find the discrepancies. All findings are documented.

Review of the Prevention and Management Quarterly Reports for the 2nd and 3rd quarters of 2015 summarized the number and/or types of incidents, fire drills, staff or client grievances, fire and health inspections.

Case File Review is conducted quarterly by the clinical team. The agency submitted Case Record Reports for the 3rd and 4th quarters of FY 2015 showing a total of 16 residential and 41 non-residential files reviewed for the periods. The Co-CEO distributes a copy of the report to the Executive Council, Leadership, and Direct Care Staff. Any deficiencies are corrected within two weeks of the records review.

Consumer surveys are administered for staff and stakeholders annually and quarterly for youth in the program. The annual employee satisfaction surveys and stakeholder survey data are aggregated by the Co-CEO and presented to the agency constituents. Report for FY 2014-2015 Florida Network CINS/FINS Client Satisfaction Survey as of 6/8/2015 and 2015 Consumer Survey were reviewed on site.

Outcomes data is generated by the CEOs and included in the Providers Monthly Leadership Report. Data is collected on program effectiveness, client outcomes, and CQI. The outcomes data incorporates all of the contract, Netmis, and program benchmarks required by the Florida Network and DJJ.

NetMIS outcome data is reviewed monthly and is presented at the Leadership meetings. During the 1st quarter, the agency was at 74% filled bed days. The Co-CEO reviews this data and outreach efforts are conducted to increase the agency required numbers. Some outreach efforts that have been put into place are to have the counselors increase case staffings, advertise in the local newspaper to increase the community awareness of the services that the agency provides and to work with other agencies to bring in more youth.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

The shelter has a policy and procedure in place to transport youth in the shelter vehicles only. The basis of the policy is to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth. All adults who transport children will be subject to child abuse registry, criminal records and motor vehicle checks.

The agency has a trip summary log that documents the use of the vehicle which notes the name of the driver, date and time, mileage, the youth initials, priority of the trip and destination. A review of the trip summary log displayed a few trips where a single driver was transporting a single client. Documentation in the staff logbook indicated that permission was granted for the driver to transport the youth.

Copies of the staff driver's license are maintained on file. All staff are covered under the company insurance policy.

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

Florida Keys Children's Shelter has a written policy and procedure in place (#9.02) that addresses the standard. The agency provides public information and public education which includes information services, educational services, alternative services, early intervention services and community development. There is a targeted outreach plan for FY 2015-2016. The plan includes outreach by the community based counselors who meet with the school social workers and school resource officers throughout Monroe County.

The agency has three (3) publications to aid in its outreach efforts: a general informational pamphlet (English, Spanish and Creole), an annual report and quarterly electronic newsletter. This information is distributed to schools, civic and rotary clubs, local media and various community fairs. Also, the agency has a website and Facebook page that is constantly updated.

Florida Keys Children's Shelter has held/or participated in various outreach events throughout the county: Health Awareness Fair, United Way Fundraiser, Chamber Networking, Facebook, Information of Homelessness post, Ocean Reef Donor meeting, luncheon with Congressman Carlos Curbelo, Ride the Keys for Kids event in January, Mayor's Ball and Program presentation event and other events to raise awareness and funds for the agency.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

FKCS is contracted to provide both shelter and non-residential services for youth and their families in Monroe County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Staff are trained staff to determine the conduct screening and immediately assess the needs of the family and youth. Residential counseling services are provided by only Master's level Counselors who conduct individual, family, and group services. Case management and substance abuse prevention education are also offered in both the residential and non-residential service programs.

The Community-based program offers both school and home based services that are divided between three (3) full time counselors under the supervision of a contracted LCSW. The counselors are responsible for providing case management services and linking youth and families to community services. The community based services span the entire Monroe County. The program's non-residential counselors work out of local schools in the upper, middle, and lower Keys in Key West, and provide prevention services to youth in the county utilizing several schools as the base of operations in their respective communities. 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.

FKCS 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.

The review of the charts shows that required documentation is in place all services are being provided to the youth and families in a timely manner by the counselors and case managers. For the purpose of this review, four (4) randomly selected residential files and four (4) randomly selected non-residential files were reviewed. Of the four (4) residential files, two (2) of the files are currently open cases and two (2) are closed. Of the four (4) non-residential files, three (3) of the files are currently open cases and one (1) is closed. All files, both residential and non-residential, reviewed were marked confidential. Staff were accessible to answer any questions during the visit regarding client files or the location of additional notation/information.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards: 2.01 – Initial Screening/Assessment Process – Issued 7/27/98; Revised 5/12/15; Reviewed 7/1/15; Approved 7/2/15

All of the files mirrored compliance in screening clients within seven (7) calendar days of referral, with the exception of one (1) client. Documentation and signatures by both the youth and the parent/guardian were present in all residential and non-residential files for the following: available service options, rights and responsibilities of youth and parents/guardians, and parent/guardian brochure. Youth and parents/guardians of all files reviewed were also informed of possible actions occurring through involvement with CINS/FINS services and grievance procedures. Grievance procedures and client's rights and responsibilities are located on a bulletin board in front of the girls' hall as well as the boys' hall as a reminder to clients.

Exceptions

Three (3) of the four (4) residential files reviewed had incomplete residential checklists in "Section 1 - Youth Demographics/Consent Forms". The fourth file reviewed had a completed residential checklist; however, the checklist lacked signatures of staff and supervisor signatures. One (1) non-residential file was referred on 10/27/15; however, the intake occurred eight (8) days later on 11/4/15.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards: 2.05 – Needs Assessment – Issued 1/31/02; Revised 6/20/14; Reviewed 7/1/15; Approved 7/1/15

The provider's policy and procedure states that every youth will complete a comprehensive Need Assessment which is initiated within seventy-two (72) hours of the residential intake assessment or within 2 to 3 face to face contacts for non-residential youth. The information that is obtained on the assessment includes social, emotional, educational, health behavioral, substance abuse, employment, abuse/neglect/exploration, family history, DCF/WHFS history, suicidal thoughts or history, and drug history.

All files reviewed had Psychosocial/Needs Assessments initiated and completed within the 72 hour timeframe. One (1) residential file lacked documentation of Suicide Risk Assessment.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards:

2.03 – Service Plan Implementation and Review – Issued 11/13/99; Revised 1/20/09; Reviewed 7/1/15; Approved 7/2/15

2.04 – Revised Service Plans – Issued 7/27/98; Revised 1/20/09; Reviewed 7/1/15; Approved 7/2/15

The provider's policy and procedure states that for every youth receiving services, a service plan is created to help assist the youth and/or family in reaching goals. The policy and procedure also states that a service plan is developed with the youth and family within seven (7) working days of the completion of the needs assessment process and is documented on the service plan. The policy and procedure states that a review of the service plan will be completed every fourteen (14) days throughout the duration of the plan to monitor progress towards achieving goals.

Four (4) residential and four (4) non-residential files have been reviewed. All files reviewed had a Service Plan developed within 7 working days of the Psychosocial/Needs Assessment. The Service Plans of all the files reviewed, both residential and non-residential, included service type, frequency, and location; person(s) responsible; target date(s) for completion; signature of youth; signature of counselor; signature of supervisor; and date the plan was initiated.

Exceptions

One (1) of the four (4) residential files reviewed did not have completion dates documented on the Service Plan due to the client refusing to participate in review of plan at 14 day review. The same residential file's Service Plan was not signed by a parent/guardian, nor was consent provided via oral or written communication for the initial creation of the Service Plan.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards:

2.03 – Service Plan Implementation and Review – Issued 11/13/99; Revised 1/20/09; Reviewed 7/1/15; Approved 7/2/15

2.04 – Revised Service Plans – Issued 7/27/98; Revised 1/20/09; Reviewed 7/1/15; Approved 7/2/15

3.02 – Referrals – Issued 11/13/99; Revised 11/24/08; Reviewed 7/1/15; Approved 7/2/15

3.03 – Program Services – Issued 7/27/98; Revised 11/24/08; Reviewed 7/1/15; Approved 7/2/15

3.04 – Exit Planning, Aftercare and Follow Up – Issued 11/13/99; Revised 11/24/08; Reviewed 7/1/15; Approved 7/2/15

3.05 – Family Involvement – Issued 11/13/99; Revised 11/24/08; Reviewed 7/1/15; Approved 7/2/15

The provider's policy and procedure state that every youth that comes into the facility will be provided with the most appropriate services available to meet their identified needs. It is also stated that services will be available through referrals to in house services or services through other county providers, if needed. Additionally, all case management staff will assist youth and their families in preparing for planned exits or discharges from services and assist in identification of any aftercare and/or follow-up services that is needed or desired by the youth or family to ensure a successful transition.

Four (4) residential and four (4) non-residential case files were reviewed. Each file had documentation of case management and/or counselor assigned to deliver services. The counselor/case manager identified the youth/family referral needs and coordinated the referrals services based upon the on-going assessment of the youth/family's problems and needs. Two (2) non-residential files had evidence of referrals made via a counselor.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards: 3.03 – Program Services – Issued 7/27/98; Revised 11/24/08; Reviewed 7/1/15; Approved 7/2/15

The provider's policy and procedure states that individual counseling for youth in crisis is a valuable tool for learning as well as for resolving crisis situations. Crisis counseling is available and provided, as needed, to youth who are involved in crisis situations such as fights, receiving negative information from home, etc. Individual counseling is conducted in the Residential Counselor's office (second floor) or the administrative conference room. Individual/family counseling was evident in three of the four residential files. All of the files reviewed included psychosocial assessments and initial case/service plans.

Four (4) residential and four (4) non-residential case files were reviewed. The Group sessions are conducted by trained and experienced staff members at a minimal five (5) times per week basis. A variety of different topics are provided which enhances social skills, increases knowledge of health and medical issues, and addresses behavioral issues. Group sessions may also address a particular skill related to the Youth Development System. Group counseling was found in all four residential files reviewed at least five times per week.

Each file had documented evidence of progress/case notes as well as counselor notes with the exception of two non-residential files. Files are pulled at random quarterly to be reviewed by staff/supervisors.

Exception:

One (1) closed residential case file lacked evidence in counselor's documented notes that individual and/or family sessions were not occurring with client due to client's refusal.

The progress notes for the two files were not initially in the file when reviewed and lacked up-to-date notation from counselor. One (1) active non-residential case file lacked documentation of counselor notes after 11/16/15. Another active non-residential case file lacked documentation of counselor notes after 10/1/15. Per the CEO, the progress notes are maintained electronically and placed in the file when the sheet is complete.

2.06 Adjudication/Petition Process

Satisfactory
 Limited
 Failed

Rating Narrative

This indicator is not applicable due to no case staffings being held during the last calendar year. The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards:

- 3.06 – Case Staffing Committee – Issued 11/13/99; Revised 7/12/10; Reviewed 7/1/15; Approved 7/2/15
- 3.07 – Schedule of Case Staffing Committee Meetings – Issued 11/13/99; Revised 5/14/12; Reviewed 7/4/15; Approved 7/5/15
- 3.08 – Requesting a Case Staffing Committee Meeting – Issued 11/13/99; Revised 5/14/12; Reviewed 7/4/15; Approved 7/5/15
- 3.09 – Written Report from the Case Staffing Committee – Issued 11/13/99; Revised 7/12/10; Reviewed 7/4/15; Approved 7/5/15

The policy states that families and youth are provided a case staffing team meeting if the family or youth have not demonstrated substantial progress in achieving goals specified in the service plan, the services or treatment selected have not addressed the problems or needs of the family or youth, or the family or youth will not participate in services or treatment selected and/or more intensive services are needed or if requested by the parent/guardian. A case staffing may be requested by either an employee of the Florida Keys Children's Shelter or other participating service provider. The case staffing committee includes a representative of the youth's school district, DJJ and/or CINS/FINS, but not limited to a representative from the area health, mental health, substance abuse, social or educational services, state attorney and the youth and parent/guardian, and other person recommended by the child, family or CINS/FINS program.

Practice for this indicator was not observed as no Case Staffings were requested or scheduled by the provider during the past calendar year.

2.07 Youth Records

Satisfactory
 Limited
 Failed

Rating Narrative

The following policies and procedures are set in place to assist the program in achieving compliance with the Florida Network standards:

- 1.14 – Client Case Records – Issued 7/27/98; Revised 11/08/08; Reviewed 7/1/15; Approved 7/2/15

The policy and procedure states that a case record is maintained for each youth served. Each case record is organized in a consistent, professional manner and is stamped "Confidential". Confidentiality is maintained as case records are available only to program staff and persons legally contractually required to have access.

All client files (both residential and non-residential) reviewed were marked confidential and locked in the Co-CEO's office. The overall files are neat and organized. Each section of the file is indicated with a section index and filed accordingly to the index list. If a client has any alerts, the outside of the file is marked accordingly to the alert that is associated with the child for ease of reference for staff. Every file is also labeled with client's name, DOB, date of intake and date of exit. Program staff has locked containers labeled confidential to be used when transporting client files.



Quality Improvement Review

Florida Keys - 12/02/2015

Lead Reviewer: Marcia Tavares

Standard 3: Shelter Care

Overview

Rating Narrative

FKCS is located in Tavernier, Monroe County, Florida and serves the entire county. It provides services to youth in the Department of Juvenile Justice CINS/FINS program and is licensed by the Department of Children and Families as a nineteen (19) bed child caring facility. The license is effective through January 31, 2016. Through a contract with the Florida Network, the shelter provides staff secure, domestic violence respite, and probation respite services to youth. The census was very low (only 4 clients) and has consistently operated at less than capacity over an extended period of time, considering the number of services contracted and the fact that it's the only shelter in Monroe County. All program staff were friendly and helpful answering any and all questions Reviewer had in regards to the facility and client records.

The agency has policies and procedures in place that addresses the suggested requested items in Standard 3. A tour of the facility revealed that it has adequate accommodations for the clients which include clean rooms, adequate furnishings, clean functional bathrooms and adequate lighting. There are schedules generated for weekly activities and weekly school schedules. All fire extinguishers were updated and serviced in September 2015. Rules and regulations were conspicuously placed throughout the shelter for easy viewing for the clients. There were, however, a few deficiencies that are noted under the next section. The facility was very neat, clean, and conducive for a safe environment for youth. Both hallways were clean and painted with beautiful murals. The bedrooms and bathrooms were organized and well-kept. Clients' items were tidy and put away in an orderly fashion. Each client bedroom has exquisite murals painted by local artists. The activity/library room was warm. Staff explained that the room is not a part of the central A/C and when clients are present, they turn on the window A/C unit. The kitchen was clean and organized. The refrigerator and freezer were at appropriate temperatures and food appeared to be dated and labeled.

There was one youth present at the shelter during the review period. Youth was always accompanied by staff. This reviewer observed the staff interacting with the youth by engaging them in card games and meaningful dialogue about their future. At one point, staff and youth were outside playing catch with a tennis ball and baseball gloves. Staff and youth seemed to have positive interactions with each other and conversations were optimistic. Youth asked staff if they wanted a rematch in Monopoly later in the day. One staff encouraged a youth to use her coloring skills as a means of sharing with others and it was obvious that this gesture increased the self-esteem of the child as her face resonated with pride for her accomplishment. The youth have the ability to play basketball on their outside court, they have a game room for indoor recreational activities and they have an extensive library for the youth whereby they encourage reading.

The Florida Keys Children's Shelter was presented a certificate and recognized by Congressman Carbello for Special Congressional Recognition on September 21, 2015. With its decorative murals located throughout the shelter, this is definitely one of the brighter shelter environments in the Network.

3.01 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The Shelter Environment was such that the living quarters were clean, free of debris, and accommodating. The toilets and showers were clean and sanitary with the exception of one area in room number 3 on the girl's side. Apparently, new caulking had been placed on the wall behind the bathroom toilet but paint shavings were still on the floor which could be a danger to an occupant. Additionally, the name Mitch was written on the wall in Room 4 of the Boy's Side and there was a cracked light fixture in room 5 on the boy's side. However, all of these findings were corrected before the monitoring was concluded.

The outside of the shelter was very clean and was well landscaped. However, graffiti was observed on the back wall near the basketball court with the words Richard, Nice, MHM and Mary. Upon addressing this with the shelter supervisor, he indicated that it was not graffiti but rather a project gone awry. Still, the lack of artistry in comparison to the other decorative paintings is substantial.

The shelter has policies and procedures to ensure the shelter is a safe place for staff, visitors and the residents. The shelter has two late model fifteen passenger vans to transport youth. A check of the vehicles revealed that they were kept locked; both were equipped with first aid kits, fire extinguishers, a flashlight (even though one flashlight needed batteries), a seat belt cutter and a glass breaker. The registration and insurance cards were up to date for both vehicles.

The agency has an updated Disaster/Emergency Plan which was reviewed in February 2015. The plan covers Preparing the Facility, Facilities Closure/Reopening, Evacuation/Shelter-In-Place Procedures, Severe Weather, Tornadoes, Hurricanes, Flooding, Fire, Environmental Accidents, Bomb Threats/Terrorist Acts, Taking of Hostages, Youth Riots, Suicide Prevention, Shooting/Weapons Threat and Emergency Preparedness for Children with Special Needs.

The agency completes a minimum of one fire drill per month within 2 minutes or less as required. They also do one mock emergency drill per shift, per quarter as noted in the logbook. A count of the knife drawer in the kitchen revealed that there were 2 large knives even though the inventory indicated one. Also, the fire starter was new and red even though the inventory log indicated it was blue.

The approved chemicals were locked in a secure place and the inventory log was up-to-date. The agency also had a satisfactory fire inspection (November 24, 2015), Fire system inspection (August 19, 2015) and Health Inspection (October 20, 2015). The washer and dryer were fairly new and were free of lint and other objects.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The shelter has policies and procedures that make sure the youth are oriented to the program within the first 24 hours after admission. At intake the youth are given a residential handbook which explains key staff and their roles, emergency evacuations, fire safety, facility tour, room assignment, contraband, daily schedules, dress code, hygiene practices, youths rights and responsibilities, grievance process, contacting abuse hotline and DJJ compliant hotline, medical care, mental health care, substance abuse services, visitation, telephone and correspondence procedures, rules and consequences and the shelters behavior management system.

A review of the two files for the current CINS Youth indicated that they were properly oriented and received handbooks for the facility. It also shows that the parents were given a copy of the handbook information as evidenced by their signatures in the files. The handbook included information about key staff and their roles, emergency evacuations, fire safety, facility tour, room assignment, contraband, daily schedules, dress code, personal hygiene, rights and responsibilities, grievance process, contacting abuse hotline, medical care, mental health care, substance abuse services, visitation, telephone and correspondence procedures, rules and consequences of the shelter and the behavior management system.

Orientation appeared to have begun within 24 hours of the intake. The Handbook also included the following topics: FKCS Notice of Privacy, FKCS Grievance Policy and Procedure, Service options available in the Residential Shelter, FKCS Consumer's Rights and Responsibilities and FKCS Residential Consumer's Day to Day Rights and Responsibilities. Other areas included Notice of Privacy, house rules and behavioral plan.

3.03 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The shelter has a policy in place for assigning rooms to the clients. This policy provides for maximum protection based on the youth's presenting issues. The youth intake form is completed which includes substance use screening, risk screenings which includes suicidal attempts, imaginary friends, criminal history, history of violence, etc. A room is assigned after all questions are properly reviewed and assessed by staff.

In speaking with one of the residents, he was able to articulate his understanding of the way rooms are assigned and it reflected the written policy of the shelter. The youth have adequate space for their belongings and can lock their belongings in two identified places other than their rooms.

Two (2) active residential files were reviewed and the CINS/FINS intake form was completed to determine room assignment. Alerts were put on the alert board in the staff office and, for each alert, a sticker was placed on the youth's chart. None of the 2 charts reviewed showed the youth having suicidal or homicidal history, gang involvement or gender identification issues. All 2 charts reviewed were signed by intake staff and a supervisor.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The shelter has a policy in place concerning the log book (#3.47). As this is one of the most important documents for shelter activities, a true and concise statement of the day's activities should be apparent. This reviewer observed that the log book entries were written in a manner that was legible and dates and times were duly noted. The logbook was reviewed every week by the shelter director and the entry was highlighted to show the review.

Entries by the line staff and the oncoming supervisor revealed that they were made abreast of the activities over the previous two shifts. The entries by the oncoming staff and the supervisor are highlighted. This information was verified by observation and by speaking with three of the staff on duty over the past two days of monitoring.

There was no white-out observed and errors were appropriately corrected by placing a line through the incorrect entry, writing void, and initialed and dated by the appropriate staff person as directed by their policy.

3.05 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The shelter has policies and procedures in place that governs behavior management of the residents. They use a level system that is comprised of three levels: Orientation, Level I and Level II. All new residents must start at the Orientation Level. If the resident abide by all rules during a two day period, they will gain the 54 points necessary to move to Level I. This level allows the resident to concentrate on conflict resolution, personal hygiene, task completion and social skills. The next and final tier is Level II where the resident must maintain 64 points for any 3 days in a 2 week period or they will receive a drop back to Level I. A youth point sheet is maintained and completed on a daily basis for each resident by the Team Leader or Youth Support Staff.

The staff are trained as part of their orientation and additional training is provided to ensure staff are using the system correctly and consistently. The residential coordinator provides feedback regarding compliance with the system and it's addressed as part of the staff's probationary and annual reviews.

Reviewer interviewed staff and some youth about the behavior management system. The resident stated that the system was adequate as it allowed for adjustment and growth.

3.06 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

The Florida Keys Children's Shelter has a policy and procedure in place that ensures adequate staff to youth ratio. There is a staff schedule which is posted in the staff office that is accessible to all staff. The shelter also has an on-call schedule with names and numbers of staff available for coverage if needed. Also, at least one (1) male and one (1) female staff are on schedule at all

times. The shelter is meeting the standard ensuring that the ratio is 1 staff to 6 youth during awake hours and 1 staff to 12 youth during sleeping hours.

The shelter has 24 cameras and storage can go back 30 days. The youth are observed at least every 15 minutes during sleeping hours. A review of the video cameras were conducted for 11/13/15 and 11/30/15 for the 15 minute bed checks. The bed checks were consistent with the documentation in the logbooks.

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

The shelter has a policy and procedures in place for special population youth. Florida Keys Children's Shelter provides a higher level of security for staff secure youth. The Domestic Violence Respite youth placement are screened by the JAC/Detention and will not exceed 14 days.

During this review, two (2) special populations' youth files were reviewed—one (1) Staff Secure and one (1) Domestic Violence. The staff secure youth chart had a court order that indicates the adjudication of the "child in need of services" will continue and the youth be returned to staff secure shelter for up to 45 days. Review of the service plan shows that it was reviewed within the 30 days. However, the agency has a guideline to review the service plan within 14, 28, 42, 56, 70 and 84 days. This youth's case plan was first reviewed 22 days (not within the 14 days) and the 2nd review date was reviewed 32 days (not 28 days). The youth is being drug tested weekly as stated in the court order. The logbook was reviewed and it was evident that a staff member is assigned to the youth each shift. This entry in the logbook was highlighted in yellow.

The one (1) Domestic violence youth file was reviewed. The youth was referred to the agency by the detention center. The agency was unable to complete a case service plan due to the youth being Baker-Acted within several hours of being admitted to the program. Documentation in the file shows where the youth's bed was held and the youth was finally discharged from the program after three (3) days.

Exception:

The Staff Secure youth's service plan was not reviewed timely as required by the provider's policy at 14, 28, 42 days etc.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

The FKCS has specific procedures related to the admission, interviewing and room assignment of youth to ensure the safety and appropriate supervision of youth admitted into the program. Upon admission, Youth Support staff will interview youth and complete the intake. An initial

intake assessment occurs to determine the most appropriate room assignment given the youth's needs and issues, the current population at the facility, physical space available and staff's assessment of the youth's ability to function effectively within program rules and expectations.

Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history (including gang or criminal involvement), potential for aggression, and apparent emotional or mental health issues. Based on this information, the youth is assigned a room which can change after further assessment. Room assignment is documented on page 2 of the CINS/FINS Intake Assessment form.

Staff on duty at the time of admission immediately identifies youth who are admitted with special needs and risks, such as risk of suicide, mental health, substance abuse, physical health, or security risk factors, etc. The licensed contracted Licensed Clinical professional is notified immediately if risks and/alerts are present and recommendations regarding placement and supervision are provided to the direct care staff. This information is documented on the alert board that discreetly mounted in the staff control room and in the youth files using a color coding system.

Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission. Medications are stored the PyxisMed-Station 4000 Medication Cabinet located in the medication room. Topical and/or injectable medications are stored separately from oral medication. Refrigeration is available for medication requiring cool storage. The program has a list of staff who are authorized to distribute medication. Medication records for each youth are maintained in a binder.

The program provides a full range of mental health and healthcare services to all youth in the program. The program has comprehensive policies and procedures (and a comprehensive master plan) that contains mental health, substance abuse, suicide prevention, crisis intervention and emergency procedures to ensure that the program staff follows the more appropriate practices to fulfill the youth's treatment needs. The program maintains an excellent partnership with the middle keys community and universities, and maintains interagency agreements with several local individuals and organizations that enhance the program's services. The residential area of the program provides every youth with a highly artistic, positive and therapeutic environment. There were no healthcare professionals in the program at the time of the review.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The program has policy and procedures in place to determine youth's medical needs, and medical health follow-up for youth. The procedures ensure medical care for each youth admitted with chronic conditions. Documentation reviewed and staff interviews revealed that the staff completed the CINS/FINS Intake form upon youth admission. The form was reviewed by the residential coordinator, and included all the applicable items. The healthcare screening form is documented on the second page of the CINS/FINS Intake form.

A review of four (4) youth files found that each contained a CINS/FINS Intake form completed, signed and dated by the staff completing the form, and the program supervisor that approved it. Staff documented all youth medical needs identified and applicable medical alerts were also placed on the outside of each applicable youth file. Documentation reviewed found that the program maintained an Off-Site Emergency Care Log that was up-dated as needed.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The program has policy and procedures to identify, assess, monitor, and protect youth at risk of suicide. In addition, the program has a Comprehensive Master Plan that includes mental health and substance abuse screening; suicide prevention; and crisis intervention and emergency procedures reviewed, signed and dated by the residential counselor, the residential coordinator, and the two co-chief executive officers (CEOs). Documentation reviewed indicated that the Florida Network approved the program's suicide assessment form.

A tour of the program found that the program has a Knife-for-Life located in the staff monitor station. Review of four training staff files confirmed that the program provided regularly suicide prevention training to the staff. A review of five (5) youth files revealed that each received a suicide risk screening during the initial intake and screening process. In three of the files reviewed youth were placed on sight-and sound supervision and in two of these cases the Assessment of Suicide Risk were completed, as required, and reviewed. Youth were placed on the appropriate level of supervision, and the assigned level was not changed/reduced until a licensed professional reviewed, approved, signed and dated the assessment. In one case, youth was Baker-Acted by law enforcement. In Monroe County the Guidance Clinic of the Middle Keys is contracted to provide Baker Act and/or Marchman Act transportation.

Exception

In one case the assessment of suicide risk was missing.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The program has policy and procedures for medication distribution and storage and disposal of medication. The program's procedures address safe and secure storage, access, inventory, disposal and distribution of medication. The tour of the program revealed that all medications are securely stored in a locked medication room inaccessible to youth. Posted in the medication room is a list of staff that received medication management training and are authorized to have access to the youth's medications.

Youth medications are verified by a pharmacist and stored in a Pyxis Med-Station 4000 Medication Cabinet located in the medication room. Two staff members were assigned as Super Users for the Med-Station. Oral medications are stored separately from injectable and topical medications. The program has a small refrigerator that is used only to store medication, and that was observed empty at the time of the review. There were no controlled medications or narcotics at the program at the time of the review.

The program maintained a current Disposal of Medications log. Syringes and sharps are secured in the main First Aid Kit located in the medication room, and counted/documented weekly. Over-the-counter medications that are accessed regularly are inventoried weekly and maintained in the medication room. At the time of the review, only one youth was on prescribed medication in the program and he has been refusing to take his medication. An interview with the youth confirmed his denial. An additional review of three youth closed files (whom received medication) found that the program completed all the required documentation and practice. All four of the Individual Client Medication Distribution records (utilized to document distribution of medication to youth) that were reviewed, contained all the information required.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The program has policy and procedures related to the medical and mental health alerts to ensure that all staff are aware of youth's medical conditions, allergies, prescribed medications, or other conditions that need to be communicated to staff, and required alerts. Communication of the alerts included preliminary screenings information, staff log books, medication administration forms, case progress notes, and youth files information. The program policy indicated that youth's medical and mental health alert status may change throughout a youth's placement. All alerts are up-dated as needed.

The program's procedures are described in detail for staff—showing the steps required when the youth alerts appear. The program maintains a daily alert report which is posted in the medical office, the staff station, and the kitchen. The program has an alert code system in place. Each staff member has in the back of their program's identification card a list of the alert codes. In addition, all the applicable youth files reviewed have a label on the outside front cover that contains the applicable alert codes. Staff training documentation confirms that staff received training on the program's alert process.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures in place for emergency medical and dental care, off-site safety, and episodic/emergency care to ensure the immediate provision of medical and dental emergency care for the youth. The program's procedures include all the required components and indicates that the Department of Juvenile Justice Central Communications Center (CCC) is contacted as needed.

First aid kits/supplies are located in the medical station and in the two vans (not accessible to youth). First aid supplies are monitored by staff and replenished as needed. Documentation reviewed found that the program maintains an on-going Off-Site Emergency Care Log that includes the youth's name, date and time, reason, physician name or emergency room, notification to parents/guardians, follow-up appointments (when applicable) and staff name. A review of the training documentation found that staff have been trained on first aid and emergency medical care procedures. A tour of the program and observation revealed that the program has a Knife-for-Life and wire cutters in the monitoring station and knife-for-life in each of the two vans utilized to transport youth.