



FLORIDA NETWORK OF YOUTH AND FAMILY SERVICES EXEMPT REVIEW ADDENDUM

Program Name: Orange County Youth and Family Services
Program Type: CINS/FINS
Provider Name: Orange County Board of County Commissioners
Location: Orange County / Circuit 9
Original Review Date(s): January 25-26, 2011
Exempt Review Date: January 18, 2012

QA Program Code: 270
Contract Number: V2021
Number of Beds/Slots: 10
Lead Reviewer Code: N/A

Review Team

The Florida Network of Youth and Family Services (FNYFS) and Florida Department of Juvenile Justice (DJJ) wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Keith D. Carr, Lead Reviewer/Consultant Forefront LLC/Florida Network of Youth and Family Services
Ashley Davies, Review Specialist, DJJ Bureau of Quality Improvement
Cheri Brandies, Chief Executive Officer, Arnette House, Inc.
S. Martin Reid, Operations Management Consultant, DJJ Office of Prevention and Victim Services

Summary

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

The Orange County Youth and Family Services . Children in Need of Services/Families in Need of Services (CINS/FINS) program achieved deemed status in January 2011. On January 18, 2012, a team comprised of representatives from the Florida Network of Youth and Family Services, DJJ Bureau of Quality Improvement and DJJ Office of Prevention and Victim Services conducted a deemed site visit.

The Orange County CINS/FINS residential program services all of Orange County and many surround Central Florida counties. The agency's residential program continues to experience consistent moderate to high occupancy on a consistent basis. The non-residential service case loads are also consistent and still serving youth and families that reside in 32703, 32810, 32839, 32811, 32808, 32805, 32822 and 32822.



Program Update

The agency implemented the Achenbach Assessment for both residential and non-residential programs. The assessment was initially introduced in its non-residential program last Summer 2011. The agency then later incorporated the program into the residential youth shelter. This method of assessment increases the agency's ability to get more information on the youth and family's mental health issues and behaviors. The assessment also provides more in depth of assessment of the level of mental health illness in the home. This tool helps staff guide staff to more accurate information and diagnosis of mental behavior needs that enable them to link the youth and families to various referral sources.

Dr. Tracy Salem, Lead Program Manager is on the Tri-County Human Sex Trafficking Committee. The agency introduced Trauma Informed Care last year and now uses a Trauma Informed Care cart with items for the kids and staff (message chair, squeeze balls, bubbles, coloring, etc.). In addition, Orange County staff member Rodney Daily is a Trauma Informed Care CPI trainer. The shelter also established a relationship with Orange County Public Schools and now assists in modeling their character initiative program (positive words and actions acknowledged).

At the time of this program review, the agency reports two (2) vacancies in the non-residential program. The agency also reports several staff members that are authorized licensed professionals in the area of Clinical Social Work or as a Mental Health Counselors.

The agency also confirms that it has submitted both the annual training plan and disaster plan. As of the date of this review, no staff members have reported being arrested since the last on site program review.

Exempt Review Findings

This Exempt review included the review of Standard 1 Management Accountability . 1.01 Background Screening, 1.02 Abuse free Environment, 2.01 Screening and Intake, 2.03 Case/Service Plan, 2.04 Case Management and Service Delivery, 3.01 Shelter Care Requirements, 3.03 Suicide Prevention, 3.04 Medications, 3.05 Medical/Mental Health Alert Process. The team reviewed fifteen (15) youth files (11 open and 4 closed) and other miscellaneous documents. The team also observed the medication storage area, safety equipment (knife-for-life, first aid kits, wire cutters, fire alarm system and camera surveillance), as well as the shelter interior and exterior environments, staff interviews, youth interviews and interactions between the staff and the youth. The Orange County Youth and Family Services . Children in Need of Services/Families in Need of Services (CINS/FINS) program achieved deemed status in January 2011. On January 18, 2012, a team comprised of representatives from the Florida Network of Youth and Family Services, the DJJ Bureau of Quality Improvement and DJJ Office of Prevention and Victim Services conducted a deemed site visit. This Exempt review included the review of Standard 1 Management Accountability . 1.01 Background Screening, 2.01 Screening and Intake, 2.03 Case/Service Plan, 2.04 Case Management and Service Delivery, 3.01 Shelter Care Requirements, 3.03 Suicide Prevention, 3.04 Medications, 3.05 Medical/Mental Health Alert Process. The team reviewed fifteen (15) youth files (11 open and 4 closed) and other miscellaneous documents.



Standard 1.01

A review of the agency's policy and procedures for case plans and reviews was reviewed and was found to be inclusive of all components required by Standard 1.01. The agency had eight (8) background screenings conducted since the last DJJ Quality Assurance review was completed in January 2011. A total of 8 personnel records were reviewed to ensure that background screening clearance requirements were met by this agency. Of these files, seven (7) out of 8 staff/personnel files reviewed onsite were screened according to departmental policy. The agency had one (1) personnel file that did not have evidence of a Level II background screen for 1 staff prior to her transfer date from another non-DJJ funded program within agency. The agency was unable to provide a date that a DJJ screen was conducted prior to the date of transfer/hire into this DJJ funded CINS/FINS program. The Annual Affidavit of Compliance with Good Moral Character Standards for 2011 was submitted as required and during the onsite Exempt review the agency was reminded that the current Affidavit was due to the DJJ Background Screening Unit prior to the end January 2012.

Standard 1.02

A review of the agency's policy and procedures for case plans and reviews was conducted and was found to be inclusive of all components required by Standard 1.02. A total of three (3) youth resident surveys and three (3) staff member surveys were conducted and reviewed to assess the agency's adherence to this standard. Overall, survey results indicate that the program consistently met all requirements of the indicator without exception for staff members. In addition, survey results indicate that the program consistently met all requirements of the indicator without exception for youth admitted to the shelter. One (1) youth survey indicated that they were not familiar with fire drill instructions and another youth reported feeling unsafe at the shelter when disposing mop water outside during evening hours.

Standard 2.01

A review of the agency's policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 2.01. A total of three (3) open residential client files were reviewed to determine the agency's adherence to this standard. All 3 files reviewed met the requirements for this standard and met the 7-day eligibility screening requirement upon being referred. Each resident receives a Client Handbook that informs the recipient of the orientation process, client rights, grievance procedures, 24 hour access to service, admission release criteria, intake and assessment process, services offered, client responsibilities release of information and voluntary placement agreement information. Youth satisfaction survey reviewed on onsite ranked overwhelming a 4 on a scale of 0-4 for staff explaining program information upon intake. Although all the information was accurate, relative as of the date of this review that Client Handbook is titled with the date of 2010 instead of the current year 2012.

Standard 2.03

A review of the agency's policy and procedures for case plans and reviews was conducted and was found to be inclusive of all components required by Standard 2.03. A total of six (6) residential and three (3) non-residential files were reviewed the agency's adherence to this standard. Of these files, 3 residential and 3 non-residential files were reviewed to assess the



agency's adherence to Standard 2.03. The case plans in all 3 of the residential files met all indicator requirements for this standard. The needs and goals were identified in accordance with the psycho-social assessment and screening tools, date of plan, type, frequency and location of service, person responsible, target dates, actual completion dates and required signatures were documented. The case plans in all 3 of the non-residential files met all of the aforementioned indicator requirements for this standard with the exception of one case file in which thorough documentation of the service type was not clear nor was the development date of one plan. In 1 case there was evidence of client signatures, but not parent signatures on plan reviews. All other case files had evidence of youth and parent signatures, as well as 30 day plan reviews. Goals for both residential and non-residential are comprehensive and address issues revealed in the screening and assessment phases for all 3 files.

Standard 2.04

A review of the agency's policy and procedures for case plans and reviews was assessed and was found to be inclusive of all components required by Standard 2.04. A total of three (3) files were reviewed for the completion of case management and service delivery requirements. Of these files, all contained documentation to satisfy the performance standards. Each file possessed evidence of the referral being issued based on need. All case files contain documentation that supports service plan implementation, progress reports and updates, general support to families, documented referrals to case staffing committee when applicable, evidence of judicial intervention, evidence of recommending appropriate additional services, case monitoring reviews and court orders and termination with the required 180-day follow up.

Standard 3.03

A review of the agency's policy and procedures for suicide prevention was reviewed and was found to be inclusive of all components required by Standard 3.03. A total of three (3) open residential files were reviewed to determine the agency's adherence to this standard. The agency utilizes master level staff members to oversee and review all screening and assessment information utilized to determine each youth's mental health status during the screening and assessment phases of the admission process and throughout the duration of their shelter stay. The agency also has licensed staff members overseeing the residential and non-residential status of all youth served in their CINS/FINS youth shelter and non-residential programs. Both residential and non-residential suicide policies were comprehensive, contained all suicide prevention components required and were approved by the Florida Network of Youth and Family Services in June 2011. Of the 3 files reviewed, all 3 files indicate that each youth was properly screened to determine their suicide risk status. All 3 files have evidence of the required screening tools being applied to determine this status. Two (2) of the 3 were immediately placed on sight and sound due to the results of their screenings. The remaining case was also placed on this status due to previous Baker Act and self-harm history. All cases reviewed had documented evidence of supervision counts (10-15 minute checks) that were conducted across all 3 shifts as required. The suicide risk assessment of each youth was completed by qualified staff and reviewed by a licensed staff member within the required 24 hour time period. The supervision status of 2 out of 3 youth placed on close supervision status due to suicide risk results did not change for the entire duration of the youth's shelter stay. In addition, two (2) check boxes indicating the shift on which the counts were conducted out of



several dozen 10-15 supervision counts were not clearly marked as required. The times on the said counts were logged, but staff did not check the shift that these counts were conducted. The documentation in all 3 files indicates detailed case notes and clinical contact notes.

Standard 3.04

A review of the agency's policy and procedures for medication was assessed and was found to be inclusive of all components required by Standard 3.04. A total of three (3) closed files were reviewed to assess the agency's medication practice and ability to meet the requirements for this standard. All topical and oral medications are also stored in a double locked cabinet that is located in the direct care staff work station. Controlled medications were stored in a locked box inside this locked medication cabinet. This area work station is not accessible to residents. Oral and topical medications are stored separately. The medication cabinet houses all resident medications in cubicle slots inside white wire baskets. There are separate cubicles for topical and oral medications, as well as a dedicated refrigerator for any medications that require refrigeration. The current staff schedule lists all staff that have been specifically identified to have access to secured medications, as well as those that assist in the delivery of medications on each shift. The agency maintains a perpetual medication inventory that documents a running balance of all controlled medications provided to youth. A shift-to-shift inventory form is located on the front of the medication cabinet that list all medications housed inside the cabinet and a count of each medication for each shift. Over-the-counter (OTC) medications are inventoried weekly by maintaining a daily perpetual inventory. During this onsite review, the agency did not have any medical/health related sharps that needed to be inventoried. Additionally, there were no cases that involved the use of sharps and syringes.

At the time of this review, the agency did not have any CINS youth that are currently receiving medication. Therefore 3 closed files were reviewed to assess this standard. Of these closed files, the MDR contained each youth's name, picture, allergies, medication side effects, a picture of the youth signature of staff member giving medication, signature of staff assisting in the delivery of medication, signature of youth receiving the medication. None of the files documented the title of the staff member assisting in the delivery of medication. One (1) file did not document the youth's date of birth, the remaining 2 files did document each youth's date of birth. This program does not currently have access to a nurse or other licensed professionals related for the provision medications or other medical/health services.

Standard 3.05

A review of the agency's policy and procedures for Medical/Mental Health Alert Process was assessed and was found to be inclusive of all components required by Standard 3.05. A total of three (3) closed files were reviewed to assess the agency's alert process/practice and ability to meet the requirements for this standard. The agency's alert system contains multi-alert system that consists of various alerts. The system contains a general alert board called a medical and mental health alerts board located in the staff office area. Additional methods of the system are recorded on the alert board, an alert form in the youth file, progress notes and the program logbook. Alerts documented in the logbook are also highlighted according to the type of alert. The agency's general alert documents the correct color-coded dot place on the front of the youth's case file and also on the general alert boards. Allergies, medications, medical



conditions, side effects are also identified on the CINS/FINS intake assessment form. Food allergies are specifically on a separate form and given to staff. At the time of this review, 3 files were reviewed and all applicable alerts were appropriately identified in the agency's alert system and in each youth's file. The 3 files contained documented alerts with each alert specific to the youth's conditions or issue. Each alert includes a general description of the medical or mental health condition or allergy.

Findings

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

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

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