

STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Youth and Family Alternatives - George W. Harris
The Florida Network of Youth and Family Services
(Contract Provider)
1060 US Highway 17 South
Bartow, Florida 33830

Review Date(s): November 15-17, 2011



PROMOTING CONTINUOUS IMPROVEMENT AND ACCOUNTABILITY
IN JUVENILE JUSTICE PROGRAMS AND SERVICES



WANSLEY WALTERS, SECRETARY
JEFF WENHOLD, BUREAU CHIEF

CINS/FINS Performance Rating Profile

Program Name: Youth and Family Alternatives - George W. Harris
 Provider Name: The Florida Network of Youth and Family Services
 Location: Polk County / Circuit 10
 Review Date(s): November 15-17, 2011

QA Program Code: 349
 Contract Number: V4P01
 Number of Beds/Slots: 9
 Lead Reviewer Code: 84

Indicator Ratings

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

% Indicators Rated Satisfactory Compliance: 83%
% Indicators Rated Limited Compliance: 17%
% Indicators Rated Failed Compliance: 0%

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	Satisfactory
3.02	Healthcare Admission Screening	Satisfactory
3.03	Suicide Prevention	Limited
3.04	Medications	Limited
3.05	Medical/Mental Health Alert Process	Limited
3.06	Episodic/Emergency Care	Satisfactory

% Indicators Rated Satisfactory Compliance: 50%
% Indicators Rated Limited Compliance: 50%
% Indicators Rated Failed Compliance: 0%

2. Intervention and Case Management		
2.01	Screening and Intake	Satisfactory
2.02	Psychosocial Assessment	Satisfactory
2.03	Case/Service Plan	Satisfactory
2.04	Case Management and Service Delivery	Satisfactory
2.05	Counseling Services	Limited
2.06	Adjudication/Petition Process	Satisfactory

% Indicators Rated Satisfactory Compliance: 83%
% Indicators Rated Limited Compliance: 17%
% Indicators Rated Failed Compliance: 0%

Overall Rating Summary

Satisfactory Compliance:	72%
Limited Compliance:	28%
Failed Compliance:	0%

* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.

Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2011).

Persons Interviewed

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Program Director
<input type="checkbox"/> DJJ Monitor
<input type="checkbox"/> DHA or designee
<input type="checkbox"/> DMHA or designee
_____ # Case Managers | 3 # Clinical Staff
0 # Food Service Personnel
0 # Healthcare Staff
0 # Maintenance Personnel
1 # Program Supervisors | 6 # Other (listed by title): <u>Vice President, Program Manager (Non-Residential), Shift Lead, Office Specialist, Outreach Coordinators</u> |
|--|---|--|

Documents Reviewed

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

Surveys

- | | | |
|------------------|------------------------------|-------------------------|
| 3 # Youth | 5 # Direct Care Staff | 0 # Other: _____ |
|------------------|------------------------------|-------------------------|

Observations During Review

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

Comments

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

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

The Bureau of Quality Assurance wishes to thank the following review team members for their participation in this review, and for promoting continuous improvement and accountability in juvenile justice programs and services in Florida:

Ann Little, Lead Reviewer, DJJ Bureau of Quality Assurance
Melissa Johnson, Prevention Specialist, DJJ Office of Prevention and Victim Services
Kristi Castaneda, Director of Program Support, Boys Town of Central Florida
Keith Carr, Principal Consultant, Forefront Consulting, LLC

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

Standard 1: Management Accountability

Overview

Youth and Family Alternatives, Inc. contracts with the Department of Juvenile Justice, through the Florida Network of Youth and Family Services, Inc., to provide residential and non-residential services for youth and their families in Polk, Highlands, and Hardee Counties. The George W. Harris Runaway and Youth Crisis Shelter is located at 1060 US Highway 17 South in Bartow, Florida. The shelter employs a Director, a Residential Supervisor, a therapist, two counselors, an office specialist, a receptionist and youth care specialists. At the time of the quality assurance review, the shelter had three vacant youth care specialist positions, one full-time and two part-time. The non-residential component consists of a Program Manager, a Licensed Mental Health Counselor, a Master's level counselor and a Bachelor's level counselor. Outreach services, such as tours of the facility, presentations to interested persons and/or groups, attending community and provider meetings, participation in community events, and the distribution of information cards and brochures are provided by program staff. The program is involved with the National Safe Place Program, and monitor mobile and stationary safe place sites throughout their catchment area. The program received a federal grant through the Department of Health and Human Services to conduct street outreach activities. Through this grant, materials such as hygiene products, blankets, tee-shirts, snacks and bottled water, as well as information about the services provided at the shelter, are provided to at-risk youth. The program staff are provided training through a combination of web-based and instructor-led courses. Annual training is tracked according to the employees date of hire. An individual training file is maintained for each employee, which includes supporting documentation such as sign-in sheets and certificates. The shelter has been licensed by the Department of Children and Families to provide runaway and emergency shelter services, with the current license in effect until December 18, 2011. Youth and Family Alternatives, Inc. is accredited by the Council on Accreditation. Accreditation is active through October 2012. The program's Continuity of Operations Plan (COOP) was approved by the Florida Network in May, 2011.

1.01: Background Screening of Employees/Volunteers

Satisfactory Compliance

- George W. Harris Shelter did not submit a program specific Annual Affidavit of Compliance with Level 2 Screening Standards; one affidavit was submitted for all CINS/FINS programs operated by Youth and Family Alternatives, Inc.

1.02: Provision of an Abuse Free Environment

Satisfactory Compliance

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

1.03: Incident Reporting

Satisfactory Compliance

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

1.04: Training Requirements

Limited Compliance

- Six files were reviewed for the receipt of required training, two for the first year staff requirements and four for annual training requirements. All files documented in excess of the required number of hours, however not all required topics were received. Of the files reviewed, none documented receipt of universal precautions; one did not document suicide prevention; and one did not include signs and symptoms of mental health and substance abuse.

1.05: Interagency Agreements and Outreach

Satisfactory Compliance

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

1.06: Disaster Planning

Satisfactory Compliance

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

Standard 2: Intervention and Case Management**Overview**

The program is contracted to provide shelter and non-residential services for youth and families in Polk, Highlands, and Hardee Counties. The non-residential component consists of a Program Manager, one therapist, who is a Licensed Mental Health Counselor, one Master's level counselor and one Bachelor's level counselor. The services are provided at school, office, home and thru other community based organizations. At the time of the quality assurance review, the program was providing services to eighty-one families under the non-residential component. The shelter employs a Director, a Residential Supervisor, a Master's level therapist, two counselors, an office specialist, a receptionist and youth care specialists. At the time of the quality assurance review, there were three youth placed in the shelter, one of whom was under staff secure status. The shelter has an effective grievance process, with the forms available to the youth. Three youth responded to the survey; one rated the grievance process very good, one rated it fair, and one youth never filed a grievance.

2.01: Screening and Intake

Satisfactory Compliance

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

2.02: Psychosocial Assessment

Satisfactory Compliance

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

2.03: Case/Service Plan

Satisfactory Compliance

- Of the five shelter files reviewed, two service plans did not include the signature of the youth's parent or guardian; there were documented conversations in the progress notes between program staff and the parent regarding the plan, but no documented attempts to get the parent to sign the plan.
- In one of the five shelter files reviewed, the completion dates documented on the service plan were November 11, 2011, however the youth was discharged from the shelter on November 4, 2011. The program advised this was an error and corrected the dates during the quality assurance review.

2.04: Case Management and Service Delivery

Satisfactory Compliance

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

2.05: Counseling Services

Limited Compliance

- A review of group documentation revealed groups were not consistently conducted five days per week during the months of June 2011 through October 2011. The program conducted between two and four groups per week.

2.06: Adjudication/Petition Process

Satisfactory Compliance

- The program establishes a case staffing calendar prior to the start of each school year for each of the three counties, which allows for more than adequate notification of the case staffings to the committee members.
- The program notifies the family via telephone and/or letter, and follows up with a letter sent via certified mail, well in advance of the case staffing.
- The program has one staff member that chairs the case staffing committee in each county, completing all required court paperwork and acting as liaison between the program and DJJ attorney and court officials.
- The program provides all attendees a copy of the Case Staffing Plan in real time.

Standard 3: Shelter Care/Health Services**Overview**

The George W. Harris Runaway and Youth Crisis Shelter opened in January 2007. The shelter is a twenty-four bed facility, designed for twelve boys and twelve girls. The shelter also receives youth from the Department of Children and Families. The shelter building includes a large day

room, dormitory, dining room, kitchen, laundry, staff offices, and conference rooms. During the quality assurance review, the shelter was found to be in good condition and the furnishings in good repair, and the rooms and common areas were clean. The dormitory is divided into two separate areas, one for the boys and one for the girls. The sleeping rooms house two youth each; each youth has an individual bed, bed coverings and pillows. In addition, the youth have access to a ping pong table, volley ball court and basketball court. The shelter has been designated by the Florida Network of Youth and Family Services to provide staff secure services.

The youth care workers are responsible for processing new admissions, and providing orientation of youth to the shelter; the supervision of youth; and for maintaining inventories on all sharps and medications. Youth care workers also assist in the self-administration of prescribed and over-the-counter medications, and administer first aid when needed. The knife-for-life, wire cutters, and first aid kits are located in multiple locations throughout the facility, to include the staff station, medication room, and kitchen. All medications are stored in a locked cabinet in the medication room. The program's behavior management system consists of four levels, in addition to an orientation level. Youth start on the orientation level and advance up or down the levels depending on the total number of points accumulated each day; and privileges are based on the youth's level.

The on-site mental health services are provided by the Shelter Director, who is a Licensed Clinical Social Worker (LCSW), one Master's level therapist and two Bachelor's level counselors. Youth admitted to the program are screened using the CINS/FINS Intake Form. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form, an Assessment of Suicide Risk is completed. A medical and mental health alert system is in place. The program is not licensed under Chapter 397.

3.01: Shelter Care Requirements

Satisfactory Compliance

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

3.02: Healthcare Admission Screening

Satisfactory Compliance

- Of the five files reviewed, each documented a preliminary physical health screening on the date of the youth's admission, however one screening was completed on an old CINS/FINS Intake Form rather than the most current form.
- In one file reviewed, documentation at the time of the youth's admission indicated he should be taking medications, however documentation by the program was not detailed to support follow-up by the program with the youth's parent and/or guardian concerning the youth's medication.

3.03: Suicide Prevention

Limited Compliance

- Of the five files reviewed, each documented a suicide risk screening on the date of the youth's admission, however one screening was completed on an old CINS/FINS Intake Form rather than the most current form, thus not all of the required screening questions were asked of the youth.

- One youth documented a “yes” answer to one of the first six questions on the suicide risk screening form, however the youth was not placed on sight and sound supervision until the following day, approximately twenty hours after admission to the shelter. In addition, the Assessment of Suicide Risk was not documented on the Network approved assessment tool, rather was documented as a progress note in the youth’s file.
- Documentation of sight and sound supervision did not always indicate “AM” or “PM” next to the times on the form.

3.04: Medications	Limited Compliance
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- The program is utilizing the DJJ Medication Administration Record (MAR), which is completed by facility staff, rather than licensed medical professionals as required by the Office of Health Services. The program is using the DJJ Medication Administration Record (MAR) rather than the Medication Distribution Log (MDL).
- The side effect information of medications was not consistently documented on the MARs. In addition, a copy of a medication insert or professionally produced side effect profile was not located behind the youth’s MAR, as required by the program’s operating procedures.

3.05: Medical/Mental Health Alert Process	Limited Compliance
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- One youth was identified with two chronic conditions; one of the two conditions was documented on the alert board.
- The alert form for one youth was not updated to reflect the prescription medication received after her admission to the shelter.

3.06: Episodic/Emergency Care	Satisfactory Compliance
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- The program consistently met all requirements for this indicator without exception.

Overall Rating Summary	
Satisfactory Compliance:	72%
Limited Compliance:	28%
Failed Compliance:	0%

* Percentages have been rounded to the nearest whole number. Percentages may not total 100% due to rounding.