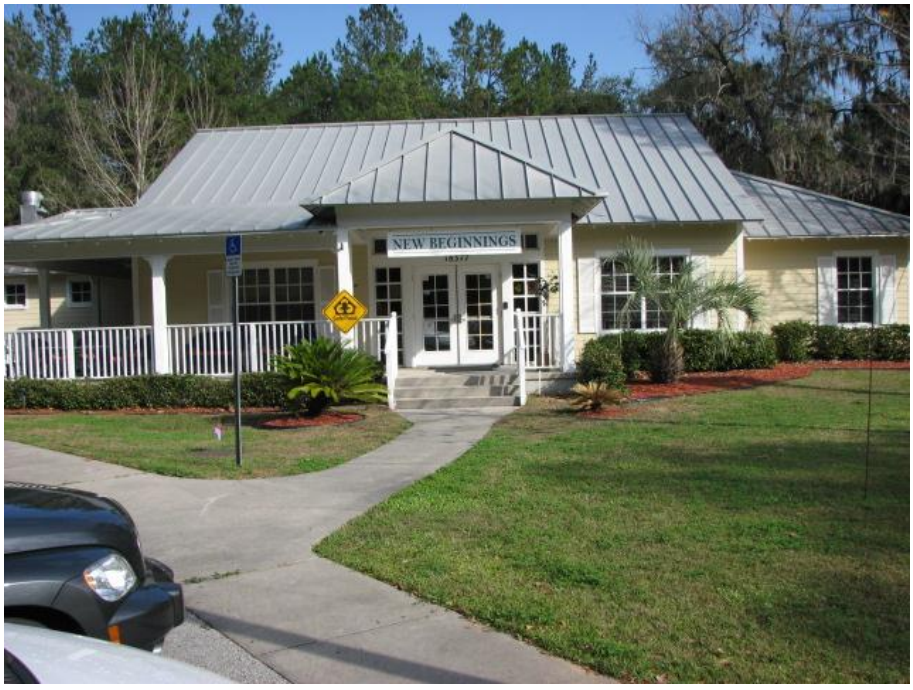
FLORIDA NETWORK
of youth and family services

QUALITY IMPROVEMENT PROGRAM REPORT FOR



Youth and Family Alternatives, Inc.
New Beginnings Youth Shelter

18277Clinton Blvd
Brooksville, FL 34601
(Local Service Provider)

Review Date(s):
February 20-21, 2012

CINS/FINS Rating Profile

Program Name:	**New Beginnings**	QA Program Code:	**N/A**
Provider Name:	**Youth and Family Alternatives, Inc.**	Contract Number:	**V2021**
Location:	**Citrus, Hernando and Sumter / Circuit 5**	Number of Beds:	**09**
Review Date(s):	**February 21-22, 2012**	Lead Reviewer :	**K. Carr**

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	Limited
1.04	Training Requirements	Satisfactory
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%**

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%**

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	Satisfactory
3.06	Episodic/Emergency Care	Satisfactory
% Indicators Rated Satisfactory Compliance:		**67%**
% Indicators Rated Limited Compliance:		**33%**
% Indicators Rated Failed Compliance:		**0%**

Overall Rating Summary

Satisfactory Compliance:	**78%**
Limited Compliance:	**22%**
Failed Compliance:	**0%**

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

- ☒ Program Director
- ☒ DJJ Monitor
- ☐ DHA or designee
- ☐ DMHA or designee
- 2 # Case Managers
- 2 # Clinical Staff
- 1 # Food Service Personnel
- _____ # Healthcare Staff
- _____ # Maintenance Personnel
- 1 # Program Supervisors
- 3 # Other (listed by title): **VP Prevention, Non-Res PD, Offc Specialist II**

Documents Reviewed

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

Surveys

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

Observations During Review

- ☒ Admissions
- ☐ Confinement
- ☒ Facility and Grounds
- ☒ First Aid Kit(s)
- ☐ Group
- ☒ Meals
- ☐ Medical Clinic
- ☒ Medication Administration
- ☒ Posting of Abuse Hotline
- ☒ Program Activities
- ☐ Recreation
- ☐ Searches
- ☐ Security Video Tapes
- ☐ Sick Call
- ☐ Social Skill Modeling by Staff
- ☐ Staff Interactions with Youth
- ☒ Staff Supervision of Youth
- ☐ Tool Inventory and Storage
- ☒ Toxic Item Inventory and Storage
- ☐ Transition/Exit Conferences
- ☒ Treatment Team Meetings
- ☐ Use of Mechanical Restraints
- ☐ 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 Improvement 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, Principal Consultant, Forefront LLC
Kirstie Naoom, Quality Improvement Review Analyst, DJJ Bureau of Quality Improvement
Rebecca Linn, Prevention Specialist, Office of Prevention and Victim Services
Tracy Iverson, Project Manager III, Hillsborough County Government

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 Improvement website, at http://www.dji.state.fl.us.

Strengths and Innovative Approaches

Youth and Family Alternatives (YFA), a private not-for-profit organization that has headquarters in New Port Richey, Florida. YFA provides a broad array of services to children, youth and families throughout Central Florida. YFA service offerings include Family Help, Youth and Family Crisis Shelters, Foster Care, Adoption Services, Family Intervention Team Services, CASA (Child Adolescent Substance Abuse), Youth Empowerment Services and Street Outreach services.

The agency as a whole provides services in several counties. These counties include Citrus, Hardee, Hernando, Highlands, Hillsborough, Lake, Manatee, Marion, Osceola and Pasco.

The agency as a whole is updating all of its shelters with major renovation plans to add update each facility with priming, new painting, flooring, as well as other cosmetic and physical changes. These updates have begun and will continue to occur over the next several months.

Youth and Family Alternatives is certified by the Council of Accreditation (COA). The Council on Accreditation (COA) partners with human service organizations worldwide to improve service delivery outcomes by developing, applying, and promoting accreditation standards.

The YFA-New Beginnings site has a licensed mental health counselor that provides oversight over its counseling services. Andy Coble, Vice President of Prevention is accessible to the agencyÕs residential and non-residential CINS/FINS programs.

The agency has also began training through web-based training program that offers an array of training options for staff members to complete through an online learning systems. Additionally, the program has several other funding sources for program services that it provides to the community. YFA service offerings include Family Help, Youth and Family Crisis Shelters, Foster Care, Adoption Services, Family Intervention Team Services, CASA (Child Adolescent Substance Abuse), Youth Empowerment Services and Street Outreach services. The agency provides services in several counties. These counties include Citrus, Hernando and Sumter.

Standard 1: Management Accountability

Overview

YFA-New Beginnings program operates and provides CINS/FINS residential shelter and non-residential services for youth and their families in Citrus, Hernando and Sumter Counties. The New Beginnings program is under the leadership of Lisa Baird, Program Director. Mrs. Baird oversees the day-to-day operations of the Residential program and Carolyn Kehr, Non-Residential Program Director oversees the Non-Residential program. Both Mrs. Baird and Mrs. Kehr report to Andy Coble, Vice President of Prevention and the CINS/FINS Residential and Non-Residential Programs. Mr. Coble reports to George Magrill, President and CEO. Other positions include residential staff members that are assigned to the youth shelter and include 1 Residential Supervisor, 1 Residential Coordinator, 17 Youth Care Workers, 2 Residential Counselors and 1 Office Specialist. In addition to the residential program, the non-residential component has a

Director, 2 Counselors and 1 Office Specialist. There is 1 official Volunteer listed by this agency. At the time of the quality improvement review, the shelter had one (1) vacant fulltime Youth Care staff vacant position and 1 vacant part-time Youth Care position. The Department of Children and Families has licensed YFA ï New Beginnings as an emergency runaway shelter, with the current license in effect until August 9, 2012.

The agency operates a total of three (3) youth shelters and the company handles all personnel functions are executed through its Human Resources division located at its central office in New Port Richey Florida. This office processes all state and local background screenings. The provider agency conducts orientation training to all shelter personnel through its Residential Supervisor. The majority of core trainings are also provided by the Florida Network trainer. Each employee has a separate training file containing a training plan and copies of documentation for training received.

Annual training is tracked according to the employeeôs 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 August 9, 2012. Youth and Family Alternatives, Inc. is Accredited by the Council on Accreditation (COA). Accreditation is active through October 2012.

1.01: Background Screening of Employees/Volunteers	Satisfactory Compliance

The agency has a comprehensive background screening policy that meets and addresses all major requirements of DJJ Background Policy 1800. A total of ten (10) applicable personnel files were reviewed to verify and confirm the agencyôs compliance regarding this standard. Of these files, nine (9) were new/recently hired staff members and 1 was an on-going staff member file. All 9 new hire files possessed evidence of screening results that confirmed that the agency met all minimum requirements to ensure that all initial screens were conducted as required. One (1) staff member file was screened to determine if the agency met the 5 year rescreening requirement. This remaining on-going staff member file indicated that it required a 5 year rescreen. This staff memberôs file anniversary date for the 5 year screen was January 4, 2012. The program did not complete this required background rescreening process for this employeeôs 5 year rescreen until February 2012.

All files reviewed also contain information that demonstrates that the agency conducts local background checks and driverôs license checks. The agency has also demonstrated and provided evidence that the Annual Affidavit of good moral character has been sent to the DJJ Background Unit prior to the January 31 deadline. The agency completed this task on January 27, 2012.

1.02: Provision of an Abuse Free Environment	Satisfactory Compliance

The program has posted the Florida Abuse Hotline number at various locations throughout the facility and informs youth of these procedures during program orientation and in the Resident Handbook. Further, the agencyôs staff members receive a copy of the employee handbook that also includes the agencyôs Code of Conduct upon hire. At the time of this review, a review of incidents and internal disciplinary action.

This reviewer assessed all reported DJJ-Central Communications Center incidents reported and all documented internal incidents. The agency utilizes its internal disciplinary procedures and actions

policy. This policy uses a multi-step process uses a multi-step process. The agencyôs Progressive Discipline Process includes Verbal Correction, Written Disciplinary Counseling, Administrative Leave, Final Written Warning and Termination of Employment steps. This policy also includes a Performance Improvement Plan the focuses on Measurable/Tangible Improvement goals, Provision of Training or Special Direction, Interim performance Evaluation and Employee Assistance Program. The program also includes a Personal Improvement Plan that incorporates input and suggestions. A total of 4 internal reports that addressed employee behavior related or work performance issues were reviewed. Of these reports, all were associated with employee work performance and included detailed written documentation of the reason for the report and a formal response to the employee from the Program Director. The reports also specify the type of action that included a written warning or actual disciplinary action. No terminations were noted. In addition, there has not been any imposed discipline towards staff for any incidents related to abuse. A total of three (3) youth survey and four (4) staff member surveys were recorded during this onsite program review. Similarly, no incidence of youth being deprived of basic needs or abused by program staffs was reported during youth surveys conducted during the review or observed during the visit.

1.03: Incident Reporting	Limited Compliance

The agency has a comprehensive incident reporting policy. The agencyôs policy specifies that the agency notifies the Departmentôs Central Communications Center (CCC) within two (2) hours of the incident, or within 2 hours of becoming aware of the incident. The agency had a total of three (3) reportable incidents over the last six (6) months. All reportable incidents were maintained in a separate file by the agency. Of these incidents, two (2) were reported outside of the DJJ CCC 2 hour time frame and 1 within the 2 hour timeframe. The first of the two (2) incidents reported outside of the 2 hour time frame involved an alleged sexual harassment incident that occurred on February 9, 2012. The agency reported knowledge of the incident at noon on February 10, 2012. The agency did not initially call into the DJJ CCC within the 2 hour reporting time requirement while determining whether to report the potential sexual harassment or battery. The second incident involved a missed medication distribution to a youth that occurred on December 2, 2011. The agency gained knowledge of the missed dosage at 9:00 pm and contacted the CCC at 11:20 pm. The third incident occurred on December 23, 2011 and involved a youth reporting contraband given to her by another youth that was not longer in the shelter. In this case, a discharged CINS/FINS youth gave an over-the-counter menstrual pain relief pill to a DCF youth. The youth turned in the pill to a Direct Care staff member. The agency gained knowledge of the incident at 4:00 pm and officially reported the incident to the DJJ CCC at 5:52pm.

The agency recently conducted an agency wide incident reporting training on January 26, 2012 to address improper reporting and documentation practices. . One of the incidents in question occurred within 2 weeks after the incident reporting training. The agency confirmed or did not confirm that the direct care staff members involved in each of these reports were present at the January 26, 2012 Incident reporting training. As of the date of this review there was no documentation of incident that When any incident that is potentially eligible or in the process of being determining eligibility, the agency should call the incident into the DJJ CCC to ensure that the incident is reported within the 2 hour timeframe.

One (1) of the three (3) DJJ reportable incident documents the date of the report, but the current form is not completed correctly. The staff member that was the writer does not correctly capture when staff gained knowledge of the incident. The current form being used by the agency is out-dated and should be updated. The agency plans test practice over the next several months to

ensure that staff are responding and documenting incidents correctly.

1.04: Training Requirements	Satisfactory Compliance

The agency has a comprehensive training policy that requires agency staff to achieve a total of eighty (80) hours for all new hires and complete a minimum of forty (40) hours for all on-going full-time, part-time and on-call agency staff members. A total of nine (9) agency staff member files were reviewed to assess the agency's adherence to this standard. The agency utilizes a structured training log in all employee files that captures the training topic and hours by each training year. The completed trainings cover all required First year topics and hours. Of these files, three (3) were First year staff members and six (6) were on On-Going staff members.

As of the date of this review, some first year staff members do not have evidence that demonstrate that have completed CPR and First Aid training. All new hires are on pace to complete required training prior to the close of each of their anniversary dates. Of the 6 On-Going staff members files reviewed, two (2) of the 6 did not have evidence of completing CPR training. All other training topics and hours meet the requirements for this standard.

1.05: Interagency Agreements and Outreach	Satisfactory Compliance

The agency interagency agreement manual was reviewed for current agreements and outreach effects, basic behavior, abuse parenting, family and various services. The reviewer of this standard assessed all interagency agreements presented by the service provider. Of these agreements, all agreements focus on partnerships with entities with direct relationship with the provision of CINS/FINS services. The agency lists agreements, include schools in all service area counties served by the agency, law enforcement, local schools, health, mental health, and substance abuse providers. Some interagency agreements are dated and have information that indicates that the original agreement period have expired dates with no indication of renewal. The agency reports that they are in the process of updating agency partners and representatives of services provided by CINS/FINS. It was recommended that the agency established a minimum time frame for the lifespan of an agreement and to establish a renewal process for all expiring or expired interagency agreements.

The agency Non-Residential Program Director and residential and non-residential counselors share in the duties of promoting YFA services throughout their service regions. The Non-Residential Program Director reported on various programs and outreach efforts. The agency promotes its services throughout the service region. These outreach efforts include promoting programming through the National Safe Place and the Street Outreach Programs, local councils and boards, schools and local non-profit partner agencies and sites.

1.06: Disaster Planning	Satisfactory Compliance

The program has a comprehensive Disaster and Emergency Plan/manual and the organization is in line with the all standards of 1.06 Disaster Planning. The program has a comprehensive Emergency Response Plan that was reviewed by the FNYFS on May 26, 2011. The Disaster and Emergency Plan includes: 1) all of the required types of emergency situations; 2) evacuation sites for the shelter; 3) meeting sites on the outside of the building in the event of evacuation; 4) evacuation routes to ensure safe and secure transportation; 5) checklist of all appropriate and necessary equipment; 6) staff contact list; and 7) notification procedures to the Florida Network and other funding sources/agencies.

The YFA-NB Disaster Preparedness Plan is posted at specific exit points throughout the youth shelter. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies. Disaster storage practice and supplies were observed.

A review of the Mock Emergency drills conducted over the previous six (6) months. All drills document date, time and type of drill competed. The program participates in the Universal Agreement for Emergency Disaster Shelter with the Florida Network Member Agencies.

Standard 2: Intervention and Case Management

Overview

Youth and Family Alternatives is contracted to provide both shelter and non-residential services for youth and their families in Citrus, Hernando and Sumter. The program provides centralized intake and screening twenty-four hours per day, seven days per week status offenders that include runaways, truants, ungovernable and lockout youth. Trained staff members are available to determine the needs of the family and youth. Residential services, including individual youth, family and group services. Case management and substance abuse prevention education are also offered. Aftercare planning includes referring youth to community resources, on- going counseling and educational assistance. The youth shelter staff members include a Program Director, Residential Program Supervisor, Counselors (2), Direct Care staff members (17) and an Office Specialist II. The Direct Care workers are responsible for completing all applicable admission paperwork, orientating youth to the shelter, and providing necessary supervision.

The YFA Non-Residential program component consists of a Non-Residential Program Director and two (2) counselors. The counselors are responsible for providing case management services and linking youth and families to community services. The YFA non-residential program coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing Committee can also recommend the filing of a CINS Petition with the court as needed.

2.01: Screening and Intake	Satisfactory Compliance

A total of five (5) non-residential files reviewed had evidence of all required information for compliance with DJJ standard 2.01. All files reviewed documented eligibility screening was completed within seven calendar days of the referral. Youth and parents also receive a YFA New Beginnings youth handbook that explains program procedures, services, expectations, as well as similar information that was provided to the parents. Further, all files have evidence that verify with signatures that explain youth rights and responsibilities, how to receive services, release of confidential information, grievance procedures, and other relevant program information. Screening and intake areas meet each standard required. Parents receive brochures on the agency's other programs and a brochure on parent options for ungovernable children and possible actions occurring through involvement with CINS/FINS services. The brochure also includes information about the Case Staffing Committee, CINS Petition, and CINS Adjudication.

Case notes on each file were detailed with specific information following psychosocial assessments meet the requirement of 2 to 3 face-to-face contact after the initial intake/update for all non-residential clients. Of the 5 files, only 1 file did not include evidence of a completed required signature form the client on form that include questionnaire, Intake Record Personal Assessment,

Behavior Intake and client orientation check list. In addition, a ñNotice of Information Practicesò document is used at intake to inform the youth and parent how the assessment information collected will be used during the time that they are in the residential or non-residential program.

2.02: Psychosocial Assessment	Satisfactory Compliance

A review of the agencyôs policy and procedures for psychological assessment was conducted and was found to be inclusive of all components required by Standard 2.02. A total of five (5) residential files were reviewed for adherence to this standard. Of these files, all possessed data to support that the agency consistently maintained information for assessments. All 5 client files possessed evidence of a documented Psychosocial Assessment that was initiated within seventy-two hours or less of admission.

All Psychosocial Assessments were completed by a Bachelorôs or Masterôs level staff and included a supervisorôs review signature upon completion. One file reviewed did not have evidence to support that the youth was placed on close watch in a timely manner consistent with the agencyôs suicide risk screening policy. This finding is explained further in a similar finding noted in Standard three (3).

2.03: Case/Service Plan	Satisfactory Compliance

A review of the agencyôs policy and procedures for case/service planning was conducted and was found to be inclusive of all components required by Standard 2.03. A total of eight (8) residential files were reviewed for adherence to this standard. Of these charts, 4 were open and 4 were closed charts. All 8 client files reviewed had evidence of case plans that were initiated the same day as the intake. Each file had the needs and goals identified, person responsible, person designated as responsible, signatures and the date that each plan was initiated. Seven (7) of the 8 files reviewed had the service plan review every 30, 60, 90 days. Further, documented case note dates were consistent with dates documented in service plans. One out of the 8 files did not have documented evidence of the six month service plan review.

A revised service plan review date was documented incorrectly and should have been dated several months later. This was not corrected by the agency and this case did not track the actual time and not being discharged at a later date. Progress notes were reviewed and did not have evidence documenting actual events. All remaining case files have service plans include the implementation date, type of service, frequency, location, persons responsible, target dates for completion, and actual completion dates. The agencyôs counseling practice shows paperwork consistently documents the required signatures. In addition, the program has a practice where the 30, 60, 90 and 180 day reviews are clearly documented. All major requirements and procedures required by the Florida Networkôs Manual for CINS/FINS are evidenced by agency documentation and counseling practices.

2.04: Case Management and Service Delivery	Satisfactory Compliance

A review of the agencyôs policy and procedures for case management and service delivery was conducted and was found to be inclusive of all components required by Standard 2.04. A total of eight (8) charts were reviewed to review the agencyôs adherence to this standard. A review of the

aforementioned cases revealed all cases were assigned a counselor/case manager as designated by signatures for case plans, assessments and all other paperwork. Counselors also make referrals to other referral sources and coordinate case service plans, track progress, adjust goals and close cases and conduct follow up activities as required.

Several client files had referrals to for various mental health, behavioral health, substance abuse, case staffing and other services. The dedicated case staffing counselor attends case staffing meetings and court proceedings if applicable. Four (4) of the 8 client files reviewed have evidence of documenting youth and family case staffing sessions. The agencyôs adherence to the majority of these standards displays consistent effort to meet the requirements for this standard.

2.05: Counseling Services	Limited Compliance

A review of the agencyôs policy and procedures for counseling services was conducted and was found to be inclusive of all components required by Standard 2.05. A total of eight (8) client files were reviewed for adherence to this standard. Of these files, all 8 possessed evidence that the requirements for counseling services were provided on a consistent and regular schedule for the youth in both CINS/FINS Non-residential and Residential programs. Files reviewed demonstrate evidence of individual and family counseling services provided through the review of Service Plans.

The agencyôs non-residential program provides individual and family counseling services and therapeutic counseling based the assessment and case plan. Each youth file has documentation in the chronological notes and progress notes of counseling sessions, telephone calls, visits and etc. The agency has a process in place that ensures that clinical reviews are conducted on youth file. The reviewer verified that clinical reviews were conducted on all 8 client files.

The residential program provides group counseling sessions as indicated by the agencyôs resident handbook and daily activity schedule. The shelter maintains a logbook of the group sessions that are conducted. A review of residential group sessions over the last 6 months was conducted. This review revealed that the number of group sessions conducted did not meet the required minimum number of five (5) sessions per week. Documentation reviewed during the onsite review indicated that the program did not conduct the required number of group sessions per week. Documentation reviewed indicated 2 group sessions per week. The agencyôs Program Director provided a new checklist of activities that are include group session log reviews. Group topics include Drug Addiction, House Rules, Food Preparation, Life Changes, Anger Management, Communications, Conflict Resolution and Life Skills.

2.06: Adjudication/Petition Process	Satisfactory Compliance

A review of the agencyôs policy and procedures for the adjudication/petition process was conducted and was found to be inclusive of all components required by Standard 2.06. The agency has a dedicated staff member that leads the case staff committee duties and responsibilities related to case staffing proceedings. Documentation provided by the agency indicates that meetings are conducted monthly. Case staffing letters are mailed at least two (2) weeks prior to case staff committee meetings to all required parties. Logbooks are maintained by each county and house all certified receipts and correspondence (letters and email). The case staffing committee works with the court, DJJ attorney and for interventions as needed. Four (4) out of 8 files reviewed were case staffing and adjudicated files. Each file had the proper

documentation regarding recommendations, court orders, case staffing letters and other related information.

Standard 3: Shelter Care/Health Services

Overview

The YFA New Beginnings youth shelter is licensed by the Department of Children and Families (DCF) for eighteen (18) beds and it primarily serves youth from Citrus, Hernando and Sumter Counties. The shelter also provides services to youth referred to them 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. There are 2 bathrooms on each dorm wing. 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 recreational games, volley ball court and basketball. This youth shelter is not 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. Disaster plans, 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 a dedicated medication room. The programôs behavior management system consists of four (4) levels (Orientation level, Level C, B and A (Honor 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 youthôs level.

Oversight of mental health services are provided by the Vice President of Prevention, who is a Licensed Mental Health Clinician (LMHC), one Masters level Program Director and one Masterôs level therapist and one Bachelorôs level counselor. Youth admitted to the program are screened using the CINS/FINS Intake Form. If a youth answers ñyesòto 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.

3.01: Shelter Care Requirements — Satisfactory Compliance

A review of the agencyôs policy and procedures for screening and intake was conducted and was found to be inclusive of all components required by Standard 3.01. The agency is not a staff secure program per their contract with the Florida Network of Youth and Family Services.

A total of four (4) open CINS/FINS residential client files were reviewed to assess this indicator. Of these files, all client files have evidence of each resident receiving a comprehensive orientation with the 24 hours time requirement following admission. All case files reviewed have evidence that residents received Youth Rights information, Grievance Procedure and a cross section of process information. Specifically, the youth receive a handbook that outlines their rights and

responsibilities and formal grievance process, which are also posted on a bulletin board in the common area, as well as program rules and expectations. The grievance box is full with blank forms and posted in common areas and accessible to all shelter residents.

The agency has an overnight bed check policy. The current policy requires that all resident bedrooms and residents be admitted to the youth shelter be checked via visual observation and documentation no more than 15 minutes. The agency requires that all overnight staff members conduct bed checks thorough the overnight work shift. A review of agency documentation for nineteen (19) randomly selected overnight work shifts was selected. Each individual bed check is conducted by the Youth Care Worker on duty. The monitor reviewing this indicator reviewed bed check shift logs from August 2011 through February 2012. At the time of this onsite review, all bed check documentation reflects a consistent accounting of count on average less than 13 minutes on the overnight shift. Bed checks are not written in real-time. Bed check entries are documented between 10-15 minute intervals such as 12:00 am, 12:15am and 12:30am. In addition, the schedule reflects compliance with at least one male and one female staff member is scheduled to work on each overnight shift.

3.02: Healthcare Admission Screening	Satisfactory Compliance

The program has a health screening form that is used at the time of admission to the shelter. Non-Health Care staff members are required to complete health screening forms youth admitted to the youth shelter. The health screening form includes; Client Information, Child Abuse Screening, Mental Health Screening, Substance Abuse Screening, Medical needs, Staff Observation of Client at Intake, and Parent Notification. The program has written procedures identifying health care screenings and referral. It is the programs practice to identify youth with chronic conditions in the log book and make necessary referrals. The program utilizes an alert list and alert board to identify each youthôs health concerns to include: medication, allergies, and medical issues.

One youth file (D. Taylor) was identified as having a chronic medical condition of Asthma, and illness of Bronchitis. Current medications were not listed on the health screening from. There was no documentation of a referral in the file or logbook for chronic condition of Asthma. No procedure outlined in the policy regarding the referral process and mechanism for necessary follow-up for youth admitted with chronic medical conditions.

3.03: Suicide Prevention	Limited Compliance

The program has a suicide risk screening operation procedure that indicates that staff members are to utilize the CINS/FINS Intake Form and Health screening Form to screen for any potential suicide risk/ideation. The suicide risk screening process is initiated at intake as evidence in five (5) reviewed. All 5 file contained the supervisor signatures. Three (3) youth files (Zarcon DOA: 1/25, Dechellis DOA: 2/7, and Briggs DOA: 1/30) indicate the supervisor reviewed the suicide risk screening weeks after the date of admission all signed on 02/21/2012).

Two (S.Briggs and M. Alves) of the 5 files reviewed indicated that youth were to be placed on sight and sound supervision until assessed by a licensed or unlicensed professional with approval. The two (2) youth were to be placed on sight and sound supervision until assessed by a licensed or unlicensed professional with approval. The 2 youth were not placed on the appropriate level of supervision based on the results of the suicide risk screening and health

screening form. Further, youth were not placed on S&S supervision until seen by the unlicensed counselor. The program logbook did not indicate at the time of admission or shortly after that the youth was placed on sight and sound supervision log was initiated at 8:00am on 01/25/2012 for youth M. Alves, however it was not completed in its entirety and other documentation indicates youth was not placed on sight and sound until 4:00pm that day by the mental health counselor following an assessment.

One closed file (Ariza) reviewed for suicide prevention contained documentation of sight and sound supervision logs that contain pre-printed times (01/30/2012-02/02/2012) times are not documented in real-time. Youth file (Alves) contained pre-printed times on observation logs (01/25/2012-01/26/2012) that are not documented in real-time. Youth file (Briggs) contained pre-printed times on observation logs (01/31/2012-02/01/2012) that are not documented in real-time.

3.04: Medications	Limited Compliance

All medications in the shelter are stored in a separate, secure area, which is inaccessible to youth. Oral Medications are stored separately from topical medications. There were no injectable medications on site, or identified as needed for any youth during the time of the review. The shelter has a system in place for refrigeration of medication if needed, however there was no medication that required refrigeration during the time review. Controlled medications are locked in a cabinet behind two locks. Shift-to-shift counts and a perpetual inventory are maintained and documented for controlled and prescribed medications. Staff are designated to assist in the delivery of medications. These staff members receive annual training and have access to medication and limited access to controlled substances. Sharps (razors and nail clippers) are maintained in the Residential Supervisorôs office. One (1) file was reviewed for prescribed medications. The program utilizes the DJJ Medication Administration Record (MAR). The MAR contained all the necessary information to include: youthôs name (printed and signed), date of birth, allergies, side effects, picture of youth, staff and youth initials on MAR when medications disbursed and received.

Sharps inventory was not perpetual and was accurate at the time of the review to include: scissor inventory did not include scissors in first aid kits, nail clippers inventoried were 5, however 3 were found; razors inventoried at 8, however seventeen (17) were counted. Facility sharps are not counted weekly as required or indicated in agency policy. Sharps logs contain many missing inventories, additional scrap papers were attached, however do not correspond to logs with appropriate dates, times and counts.

Over-the-counter medication perpetual inventory for Un-Asprin was off by 4 pills (inventory indicated 124, count was 120). The agency currently utilizes the DJJ MAR. The Florida Network is currently working on revising standards related to the delivery of medications in youth shelter and will be implementing revised standards and a medication distribution record later this year.

3.05: Medical/Mental Health Alert Process	Satisfactory Compliance

The shelter has an operating procedure that indentifies youth with medical/mental health alerts. Five (5) files were reviewed for medical/mental health alerts. The alert system includes an Alert System/Service Provider list that is found in the youthôs chart, an alert board that is located in the hallway of the administration area, and the medication log located in the staff restricted medication room.

Youth identified during the screening process as having a medical and/or mental health issue are identified with an alert.

Two (2) out of the four (4) active files reviewed for in-house alerts indicated that alert process is not documented consistently. One youth file (D. Taylor) possesses alerts in the youth file that indicate medication and medical issues, alert board in administration indicated only medication, allergies and medical issues. Another youth file (S. Briggs) has information in the file that indicates suicide risk due to a history of self-injurious behavior and allergies. However, the alert board in the administration area indicates only suicide risks of self-injurious behavior. Further, the agency has an extensive service provider partner list. However, no providers were listed in files reviewed.

3.06: Episodic/Emergency Care	Satisfactory Compliance

All five (5) files reviewed did not identify the need for episodic/emergency care. The agency has a procedure in place that facilitates the provision of emergency medical care to include: obtaining off-site emergency services; parental notification; and documented on a daily log. A knife-for-life and wire cutter are located in the staff authorized only medication room. First aid kits are located throughout the shelter (in supervisorôs office, medication room, kitchen and both transportation vehicles). The agency had four (4) incidents in the last six (6) months that required Episodic/Emergency Care. Two (2) youth were sent to the Brooksville Regional hospital. One youth was Baker Acted and sent to BayCare a local receiving facility. One youth with an illness was taken by the parent to a private medical provider.

Overall Rating Summary	
Satisfactory Compliance:	78%
Limited Compliance:	22%
Failed Compliance:	0%