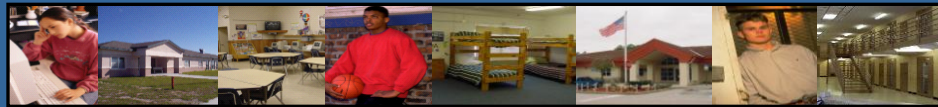


STATE OF FLORIDA
DEPARTMENT OF JUVENILE JUSTICE

BUREAU OF QUALITY ASSURANCE
PROGRAM REPORT FOR

Capital City Youth Services
The Florida Network of Youth and Family Services
(Contract Provider)
2407 Roberts Ave.
Tallahassee, Florida 32310

Review Date(s): September 13, 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: Capital City Youth Services

QA Program Code: 37

Provider Name: The Florida Network of Youth and Family Services

Contract Number: V2021

Location: Leon County / Circuit 2

Number of Beds/Slots: 12

Review Date(s): September 13, 2011

Lead Reviewer Code: 112

Program Performance by Indicator/Standard

1. Management Accountability		
1.01	Background Screening of Employees/Vol.	10
1.02	Provision of an Abuse Free Environment	10
1.03	Incident Reporting	8
1.04	Training Requirements	7
1.05	Interagency Agreements and Outreach	8
1.06	Disaster Planning	10
Commendable		88%

3. Shelter Care/Health Services		
3.01	Shelter Care Requirements	8
3.02	Healthcare Admission Screening	8
3.03	Suicide Prevention	10
3.04	Medications	7
3.05	Medical/Mental Health Alert Process	8
3.06	Episodic/Emergency Care	8
Commendable		82%

2. Intervention and Case Management		
2.01	Screening and Intake	7
2.02	Psychosocial Assessment	8
2.03	Case/Service Plan	8
2.04	Case Management and Service Delivery	8
2.05	Counseling Services	8
2.06	Adjudication/Petition Process	10
Commendable		82%

Standard	Program Score	Max. Score	Rating	Failed 0-59%	Minimal 60-69%	Acceptable 70-79%	Commendable 80-89%	Exceptional 90-100%
1. Management Accountability	53	60	88%				X	
2. Intervention and Case Management	49	60	82%				X	
3. Shelter Care/Health Services	49	60	82%				X	

Overall Program Performance

Commendable 84%

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 | 1 # Case Managers | 0 # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 2 # Clinical Staff | 2 # Program Supervisors |
| <input type="checkbox"/> DHA or designee | 0 # Food Service Personnel | 0 # Other (listed by title): _____ |
| <input type="checkbox"/> DMHA or designee | 0 # Healthcare Staff | |

Documents Reviewed

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" 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 | 5 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 5 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 6 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 6 # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 3 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 5 # 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 type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

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

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input checked="" type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input checked="" type="checkbox"/> Program Activities | <input 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"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input checked="" type="checkbox"/> Medical Clinic | <input checked="" type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input checked="" 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.

Performance Ratings

Performance ratings were assigned to each indicator by the review team using the following definitions and numerical values defined by FDJJ-1720:

Exceptional (10)	The program consistently meets all requirements, and a majority of the time exceeds most of the requirements, using either an innovative approach or exceptional performance that is efficient, effective, and readily apparent.
Commendable (8)	The program consistently meets all requirements without exception, or the program has not performed the activity being rated during the review period and exceeds procedural requirements and demonstrates the capacity to fulfill those requirements.
Acceptable (7)	The program consistently meets requirements, although a limited number of exceptions occur that are unrelated to the safety, security, or health of youth, or the program has not performed the activity being rated during the review period and meets all procedural requirements and demonstrates the capacity to fulfill those requirements.
Minimal (5)	The program does not meet requirements, including at least one of the following: an exception that jeopardizes the safety, security, or health of youth; frequent exceptions unrelated to the safety, security, or health of youth; or ineffective completion of the items, documents, or actions necessary to meet requirements.
Failed (0)	The items, documentation, or actions necessary to accomplish requirements are missing or are done so poorly that they do not constitute compliance with requirements, or there are frequent exceptions that jeopardize the safety, security, or health of youth.

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:

William Hardy, Lead Reviewer, DJJ Bureau of Quality Assurance
Bruce Morton, Review Specialist, DJJ Bureau of Quality Assurance
Joel Booth, Program Administrator, Anchorage Children's Home of Bay County
Keith Carr, Principal Consultant, Forefront Consulting, LLC
Patricia Rock, Shelter Manager, Lutheran Services Florida - Currie House
Latrice Covington, Contract Manager, DJJ Prevention Services

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

Capital City Youth Services (CCYS) is a program serving youth and their families in eight counties in the panhandle of north Florida. Interviews with the youth in the program found that they are well cared for and they feel safe. There are daily educational off campus activities to keep the youth interested in the community and learning. There are numerous interagency agreements that are used to keep the program in the fore front in the surrounding communities and to make agencies, youth and families aware that there are services available to address the needs of troubled youth and families.

1.01: Background Screening of Employees/Volunteers

Exceptional (10)

- A review of the programs background screening process found that all staff requiring initial and five (5) year rescreening were completed timely. In addition to the required screening process, the program provided documentation that annual local Law Enforcement checks are completed on all staff.

1.02: Provision of an Abuse Free Environment

Exceptional (10)

- A review of documentation revealed that records are kept providing evidence of program staff reporting allegations to the Abuse Hotline. Copies of the youth rights are posted in the shelter and youth are informed of this during orientation.
- A copy of CCYS Guiding Principles (including "respect", "accountability and responsibility" are key components of these principles and are provided to all new hires.
- The program continues to train and retrain all staff on the topic of Abuse Reporting.
- The appropriate telephone numbers for the abuse hotline and Human Rights Advocacy Committee are posted throughout the facility.
- Youth surveys indicated that it was a safe place and that all staff treat them with respect and dignity.

1.03: Incident Reporting

Commendable (8)

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

1.04: Training Requirements

Acceptable (7)

- A review of three (3) staff first-year training files revealed that one (1) of the three (3) files did not have evidence of Program Orientation Training. This staff member was previously an intern that was later hired by the agency; however the agency failed to document all training hours completed. In addition, this file did not have a valid-up to date cardiopulmonary resuscitation (CPR) certificate.

1.05: Interagency Agreements and Outreach

Commendable (8)

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

1.06: Disaster Planning

Exceptional (10)

- The program holds disaster drills every month that address a wide variety of situations that might result in the evacuation of the facility or require invasive measures by the program staff to keep the youth safe.
- The drills are thoroughly critiqued and reviewed for analysis of the procedures to be followed during a response to natural or other disasters. The program has had to endure several hurricanes and is well trained in responses to follow to protect the youth, staff and the facility.

Standard 2: Intervention and Case Management



Overview

Capital City Youth Services (CCYS) has a process in place that ensures consistent services are provided to the youth and parent/guardian. The staff's responsibilities are to ensure that youth are welcomed to a safe and secure environment, given the opportunity to express matters, refer and help connect with supports and services as needed. The youth along with their family, representative from the local school board, Department of Juvenile Justice attorney and other social services agencies are gathered together to address the services that are being provided by the program or entities that are not doing their part or taking part in the services. The result of the meeting is that another service plan is developed to meet the needs of the youth and family members. The Case Staffing Committee can also recommend a CINS Petition to be filed in court to order participation with treatment services.

2.01: Screening and Intake

Acceptable (7)

- A review of five (5) youth files found in three (3) of five (5) no voluntary placement agreement (VPA), however, all five files indicate on the “Informed Consent and Overview and Guidelines forms that the youth and parent/guardian signed or initialed receipt of information on services offered by the program.
- The program had provided information to the youth and parent regarding the grievance process. Further review of youth grievances discovered that the resolution was not always clearly identified. One grievance was initiated for resolution four days after receipt of grievance from the youth.

2.02: Psychosocial Assessment

Commendable (8)

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

2.03: Case/Service Plan

Commendable (8)

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

2.04: Case Management and Service Delivery

Commendable (8)

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

2.05: Counseling Services

Commendable (8)

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

2.06: Adjudication/Petition Process

Exceptional (10)

- A review of three (3) agency’s adjudication services and CINS Petition Process found all to reflect detail documentation of the activities and events regarding case staffing meetings. Documentation revealed that in all three (3) cases that there was direct oversight and input from the agency’s licensed clinical social worker.
- All notifications of case staffing are well documented. Case file attempts to contact required partners and communication with various partners is documented and all within the required time frames. All staffing leading up to the CINS arraignment and review of case are also documented. Evidence of detailed discussions with the DJJ Attorney is well documented throughout the process primarily through email and telephone contact in advance of the arraignment and review hearing.

Standard 3: Shelter Care/Health Services



Overview

There are two (2) licensed mental health professionals that provide direct services to the shelter and non-residential youth and staff. The Program Director of the shelter is a Licensed Mental Health Counselor (LMHC) and the program's Clinical Director is a Licensed Clinical Social Worker (LCSW). The on-site Quality Assurance review team observed several times during the review, both of the licensed clinicians in the shelter talking with staff and youth to address any problems or concerns. The clinical director provides clinical supervision for the non-licensed therapists. There are three (3) master's level therapists that act as advocates for the youth. They provide mental health and case management services. The program has a policy in place for the response to a potential youth suicide; however it was signed and had an effective date of September 12, 2011.

The mental health/substance abuse alert system consists of a two (2) colored dot system on the outside of the youth charts. The red dot is for any medical issues and the blue dot is for mental health issues. The program is in the process of modifying the alert system to be more representative of the youth's individual mental health and medical issues. The policy for the use of the mental health and substance abuse alert system was signed on September 12, 2011.

The policy for responding to emergency medical services states that anytime a youth is injured the staff are to contact their supervisor, call 911 and the youth's parents. All instances of emergency medical care are documented in the shelter's log book. There were no instances of the use of emergency medical services in the past year.

Youth medications are distributed by trained youth care workers, however there were deficiencies in the programs documentation of medications distribution. These issues will be discussed in the corresponding indicator.

3.01: Shelter Care Requirements

Commendable (8)

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

3.02: Healthcare Admission Screening

Commendable (8)

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

3.03: Suicide Prevention

Exceptional (10)

- A review of six (6) youth shelter files found all to contain a Screening and Eligibility form signed off by a Master's level Youth Advocate or counselor. All of the files had a

Someplace Else Intake and Assessment Form completed by a youth care worker and signed off by the Program Director who is also a Licensed Mental Health Counselor (LMHC). Youth who are admitted after hours the Program Director is notified as soon as possible.

- Three (3) youth files indicated a risk for suicide and an assessment was completed by a Master's level therapist and phoned into the Program Director immediately.
- Staff are quick to respond to any youth who states that they might kill themselves. This was evident for one (1) youth who was Baker Acted several times for stating that he wanted to kill himself. The shelter relies on Law Enforcement to conduct the Baker Acts after normal business hours and the Program Director is notified immediately.
- Observations during the time of the Quality Assurance review found both of the licensed therapists in the shelter numerous times throughout the day providing counseling and oversight of operational duties. This was especially important when one youth who had recently returned from a Baker Act was having difficulties in the shelter. Both of the therapists went to the aid of the youth and quickly addressed the issue and the youth was again Baker Acted. It was made clear that the program will make every attempt to keep a youth in their facility and safe from harm.

3.04: Medications	Acceptable (7)
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- A review of medication distribution logs found an inconsistent practice of youth care workers documenting their full name as well as signatures.
- A review of the same medication distribution logs also found deficiencies related to the practice of identifying youth allergies.

3.05: Medical/Mental Health Alert Process	Commendable (8)
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- The program consistently met all requirements for this indicator without exception.

3.06: Episodic/Emergency Care	Commendable (8)
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- The program consistently met all requirements for this indicator without exception.

Overall Program Performance
Commendable 84%

