



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Crosswinds

on 04/03/2013

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Interagency Agreements and Outreach	Satisfactory
1.06 Disaster Planning	Satisfactory
1.07 Analyzing and Reporting Information	Satisfactory

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

Standard 3: Shelter Care

3.01 Youth Room Assignment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Shelter Environment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Daily Programming	Satisfactory
3.06 Behavior Management Strategies	Satisfactory
3.07 Behavior Interventions	Satisfactory
3.08 Staffing and Youth Supervision	Satisfactory
3.09 Staff Secure Shelter	Satisfactory

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

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Psychosocial Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management and Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory

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

Standard 4: Mental Health/Health Services

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

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

Overall Rating Summary

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

Rating Definitions

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

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

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Brian Dye, Residential Services Manager, BEACH House

Thomas Popadak, Training Coordinator, Florida Network of Youth and Family Services

Martin Reid, OMC II, Department of Juvenile Justice Office of Prevention

Angela Sullivan-Lovell, Program Manager, Children's Home Society-Safe Harbor

Persons Interviewed

- | | | |
|--|--------------------------|-------------------------|
| <input checked="" type="checkbox"/> Program Director | 2 Case Managers | 0 Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | 4 Clinical Staff | 1 Program Supervisors |
| <input type="checkbox"/> DHA or designee | 1 Food Service Personnel | 4 Other |
| <input type="checkbox"/> DMHA or designee | 0 Health Care Staff | |

Documents Reviewed

- | | | |
|---|--|--|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input checked="" type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input checked="" type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input checked="" type="checkbox"/> Logbooks | 4 Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Medical and Mental Health Alerts | 3 MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | 13 Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input checked="" type="checkbox"/> Precautionary Observation Logs | 9 Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 4 Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 6 Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 7 Other |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|---------|---------------------|---------|
| 3 Youth | 3 Direct Care Staff | 0 Other |
|---------|---------------------|---------|

Observations During Review

- | | | |
|--|---|--|
| <input type="checkbox"/> Admissions | <input type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input checked="" type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input checked="" type="checkbox"/> Toxic Item Inventory and Storage |
| <input 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 checked="" type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

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

Rating Narrative

Additional items reviewed were: MSDS Log, DCF license, Local business Tax Receipt, Dietician's License, Alarm Inspection work order, and Maintenance Repair Order.

Strengths and Innovative Approaches

Rating Narrative

Crosswinds Youth Services, Inc. (Crosswinds) contracts with the Department of Juvenile Justice through the Florida Network of Youth and Family Services, Inc. to provide a range of supportive services targeted to youth ages 10-17 who are most at risk, including those who have run away, are truant, and/or beyond parental control in Brevard County. Services are offered onsite in the short-term residential shelter as well as community-based at the facility, in the youth's school, or in their homes. The program is located at 1407 Dixon Boulevard in Cocoa, Florida. Since its accreditation in 2007 by the Council on Accreditation (COA), Crosswinds has maintained re-accreditation and is currently accredited through May 31, 2015. Some of the program's achievements during the past year include:

- Crosswinds is now providing long-term Residential Group Care for up to eight foster care youth through a new contract with Brevard Family Partnership
- Crosswinds received a three-year grant from the US Department of Health and Human Services to operate its mobile Street Outreach Program. The Outreach team reaches out to homeless and runaway youth and meets their immediate needs while working to get them off the street and into stable housing.
- An Outreach position funded through the Juvenile Assessment Center funding, allows the provider to hire a Law Enforcement Officer to do CINS presentations in the community. This opportunity fosters a goodwill relationship with the law enforcement community in the program area.
- The provider has taken the initiative to provide training for staff to receive Certification as Behavioral Technicians. A Consultant Group is also assisting the agency with their Medicaid Provider status at which time trained staff will be qualified to bill Medicaid for services provided. At the time of the review, approximately 5 staff had successfully completed the training.
- The PAWS Program continues to be available to children in the shelter. This successful initiative pairs youth in Crosswinds' programs who need educational and emotional support with certified Crosswinds' therapy dogs for reading and other enrichment activities. In addition to the educational component PAWS provides, the interaction with the dogs has a
- Brevard County Sheriff's Office hosted its annual Golf Tournament. The event was a success with proceeds over \$80,000. All of the proceeds benefit the Youth Shelter in the form of reserve funds and scholarships for youth.
- During the onsite visit, the provider was preparing for their 15th Annual Duck Race. This event has traditionally garnered support from the media, volunteers, and sponsors and has always been a success.

Standard 1: Management Accountability

Overview

Narrative

Crosswinds operates both the Robert E. Lehton Children's Shelter (residential) and non-residential CINS/FINS Program in Brevard County. The CINS/FINS program has a management team that is comprised of a Chief Operating Officer (COO), a Coordinator of Residential Services, a Non-Residential Program Coordinator, and a Shelter Manager. The COO oversees the activities of both the residential and the non-residential programs. Program staff includes: four Counselors (2 Non-residential Counselors and 2 Residential Counselors), a Case Manager, two Youth Care Shift Leaders, nineteen youth Care Workers, and a Cook. At the time of the review, the program did not have any vacant positions.

Crosswinds Youth Services participates with the National Safe Place Program, a network of voluntary community sites where youth in need of help can go for safe refuge, and monitors more than 60 Safe Place sites throughout Brevard County. Outreach services, such as making presentations to interested parties or groups, attending community and provider meetings, participating in community events, and distributing informational cards and brochures, are provided by all Crosswinds staff.

The program has an Annual Training Plan for all staff and orientation training is provided to new hires. Employees receive ongoing training from the program's local providers and the Florida Network. Each employee has a separate training file that contains a training plan and supporting documentation for training received.

Crosswinds maintains valuable interagency agreements with several agencies that ensure a continuum of services for the youth and families. The program has a strong outreach component, including a Street Outreach Program, with participation of all program staff and emphasis on the designated target areas.

The Department of Children and Families has licensed Crosswinds Youth Shelter as a Residential Child Caring Agency for 28 beds, effective February 17, 2013 through February 17, 2014.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy in place and procedures that address the screening of all Department employees, contracted providers, and volunteers as well as anyone else with direct and unsupervised access to youth. The screening is required to be conducted prior to hiring an employee or volunteer and is conducted using Live Scan. In addition to the DJJ Background Screening Unit (BSU), the provider also screens new hires through the Department of Children and Families, Brevard County Sheriff's Department, Brevard County Clerk of the Courts (E-Fax service), and IntelliCorp for additional criminal history search.

A total of thirteen personnel files were reviewed for nine new hires, three five-year re-screened employees, and one volunteer. All of the new hires were screened and received eligible screening results prior to their hire dates. Similarly, the three staff who were eligible for their 5-year re-screenings were re-screened prior to their anniversary dates and a copy of the screening results were maintained in their personnel files. No staff arrests during the review period were reported to the reviewer upon inquiry.

The program has utilized volunteer services of one intern who met the criteria for background screening. The DJJ background screening was conducted prior to the volunteer's start date.

As required, the provider mailed its Annual Affidavit of Compliance with Good Moral Character Standards on January 30, 2012 prior to the January 31st deadline. A copy of the signed receipt verified that it was delivered to and received by the DJJ's Background Screening Unit.

No exceptions to this indicator were noted at the time of the review but there is a recommendation to add a Letter of Acceptance for Volunteer/Intern service once the volunteer is cleared for service. This will also serve to establish the official start date.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy and procedures in place that address all elements of the indicator and include procedures for: 1) enforcing a code of conduct regarding staff's behavioral expectations, 2) mandating the reporting of all allegations/suspected abuse to the abuse hotline, and 3) requiring management to take immediate actions to address incidents of physical and/or psychological abuse or staff's failure to adhere to the

agency's behavioral policy.

The program communicates information regarding the code of conduct via its personnel policies and procedures which is given to new staff upon hire and an acknowledgement of receipt is signed by staff and maintained in their personnel file. The program also has a detailed policy and procedures regarding Child Abuse Reporting. Staff's responsibility and protocols for reporting child abuse are clearly outlined in the procedures. Upon hire, new staff is also required to read a pamphlet entitled "A Professional's Guide to Child Abuse and Neglect in Florida". Evidence of staff reporting an abuse to the hotline was observed in one of the youth's file where the youth alleged domestic violence at home. The Counselor documented the call to the abuse hotline in the Case Notes and a copy of the report made was also included in the youth's file.

In practice, the Abuse Hotline telephone number is visibly posted throughout the facility and is reviewed with youth and parents during admission. Each youth also receive a Resident Manual that includes information about client rights, the grievance process, and behavioral expectations. The youth and parent or guardian sign the orientation checklist acknowledging their understanding of the grievance and abuse reporting procedures provided during orientation. The Shelter Orientation Checklist was located in all of the residential files that were reviewed.

A total of eleven grievances filed during the past six months were reviewed. In one of the grievances, the youth alleged that staff pushed her. The same staff was also cited in another youth's grievance for using profanity at a youth. Both incidences occurred in November 2012 and the staff was terminated in January 2013.

The three youth surveyed stated that they knew about the abuse hotline and location of the telephone number. They also indicated that they felt safe in the shelter and that adults in the program are respectful when talking to youth. The three staff surveyed said they have never witnessed another staff prohibit youth from calling the abuse hotline.

One of the three youth surveyed and one of the staff indicated that they have heard staff use profanity when speaking with youth at least once.

A grievance incident was not noted as resolved during the 72 hour timeframe as required by the agency's policy.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a written Policy and Procedures 1-11 for incident reporting, revised March 2012, that comply with the Department's requirements. During the review period, the program reported five incidents called in to the Central Communications Center (CCC). All of the five incidents were reported during the required timeframe. The incidents reported were classified as: youth on youth battery, youth sexual relations with other youth, youth injury, and contraband.

There is a discrepancy on the facility Incident Report form which needs clarification. On page one of the form, medical incidents such as youth injury and/or serious medical illness is listed as reportable but, on page two, physical complaint-illness and injury are listed as non-reportable.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy and procedure in place to ensure that all staff are trained properly to perform their duties and to increase their knowledge and skills.

Three (3) files of 1st year employees were reviewed. One (1) had received 132.50 hours of training and one (1) had received 84.50 hours of training. Both exceeded the 80 hours needed according to the standard. In one (1) file, the employee went from intern status to full time status. The employee's intern hours were included and the total hours were 75 hours with time for the other 5 hours to be acquired prior to the end of the training year.

Three (3) in-service staff files were reviewed for their annual training requirements. All three (3) were in compliance with the indicator of acquiring at least 40 hours due to the provider being DCF licensed.

1.05 Interagency Agreements and Outreach

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy and procedure in place that demonstrates that the provider is continuously working to increase community awareness of youth issues and offers informational and educational services to youth, families and the public.

The memorandums of agreement and collaborative agreements binder was reviewed. The shelter is meeting the standard by having agreements with other agencies that provide services in educational, medical, spiritual, mental health, financial training, parenting, substance abuse prevention, HIV and sexual education, domestic violence prevention and homelessness. The agreements are signed and dated.

The provider has an Outreach Plan that describes the goals and objectives for outreach services. The plan includes a list of community meetings/committees that various staff regularly attends. A sampling of these meetings includes but are not limited to the Family Partnership Placing Agency, JAC Advisory Board, Child Abuse Prevention Task Force, and Circuit 18 Juvenile Justice Board.

Community outreach is a shared responsibility and the provider also has designated staff persons funded through other agencies who is responsible for Community Outreach Activities. Crosswinds also participates in the National Safe Place Program and monitors over 60 safe place sites within their local communities. As such, the provider serves as a partner with local businesses and schools to help youth in trouble.

1.06 Disaster Planning

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy & procedure in place. The program has a disaster preparedness plan that is approved by the Florida Network and is updated annually and/or as needed; the plan is currently dated 3/31/13. The shelter also participates in the Universal Agreement Emergency Disaster Shelter which was signed and dated March 2013. The disaster plan covers bomb threats, communication failures, explosions, fire, flood, hazard waste accident/chemical spills, hurricane, nuclear incident, power failure, weapons/shooting, "sick building" syndrome, hostage situations, tornado, youth disturbances/riots, terrorist acts and wildfires. The plan also includes a designated evacuation site where staff and youth are to relocate in the vent of a disaster. The plan also specifies a list of supplies needed during the evacuation. The staff are trained on the disaster situations mentioned above. Six (6) staff files were reviewed. Five (5) have had the disaster training with one (1) having transitioned from intern to full time and will be receiving the training. Both fire emergency and medical drills are completed, one on each shift per month. The Episodic Emergency drills binder was reviewed and the shelter is in compliance with completing the drills as required. Three (3) youth were surveyed and reported that they were familiar with the procedures for fire evacuation.

1.07 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedures for analyzing and reporting data for case record reviews, incidents, accidents, grievances, customer satisfaction, and outcome data. In addition, there is a comprehensive Crosswinds Youth Services Performance and Quality Improvement (PQI) Plan, revised August 2010, that includes detailed procedures to collect, review, and report various sources of information to identify patterns and trends.

The agency delineates specific responsibilities for the Board of Directors, CEO, COO/CFO, Program Directors, Managers, Supervisors, and staff in their service areas to ensure they are meeting compliance standards. The agency-wide PQI Committee is responsible for coordinating the quarterly program reviews that include: 1) Incidents, Accidents, Grievance, and Safety; 2) Performance Measurement; 3) Case Review; 4) Direct observation; and 5) Communication with staff.

In practice, the program's PQI program includes many activities that are conducted by all staff to ensure all aspects of analyzing and reporting data are consistently implemented and documented. Quarterly case record reviews are conducted by the program clinical staff at least monthly. Upon completion of each record review, the review team documents the findings on the File Review Form. The form is submitted to the Program Directors and Coordinators to review and address deficiencies. Program supervisors ensure appropriate follow-up is taken by their staff and responded to in a timely manner.

The program conducts risk management reviews as part of the quarterly program review. The team reviews incident reports and grievances. These items are tracked and analyzed for PQI purposes and included in the quarterly Program Review Report. Facility Safety Reviews are performed weekly and documented on the Safety Report form.

The provider PQI Team reviews statistical performance data and outcome measures. The outcomes data incorporates requirements of the contract, Netmis, and program outcomes required by the Florida Network and DJJ QI. Outcomes are documented quarterly in the Crosswinds Statistical Report for review by the President/CEO, program management, and other relevant staff.

The provider conducts Consumer Stakeholder Surveys a minimum annually and also obtains consumer feedback that are distributed to youth and/or parents/guardians in each program and service area.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

Crosswinds is contracted to provide both shelter and non-residential services for youth and their families in Brevard County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, and each day of the year. Trained staff are available at each program site to determine the needs of the family and youth. Upon referral, a screening for eligibility is conducted and the screening is the initiation of the assessment process. Information regarding the youths' presenting problems, living situation, etc. is collected. Upon intake into either program (residential shelter or non-residential services), a more thorough assessment is completed. After all assessments are completed, the assigned counselor develops a case services plan with the family during the initial family session. If the assessment indicates the need for a referral to a more intensive or specialized service such as substance abuse or mental health treatment, the counselor makes the necessary referral for service. Crosswinds is also licensed through DCF to provide Substance Abuse Prevention Level I and Substance Abuse Intervention services. After the development of the case service plan, the counselor works with the family to implement the plan. Counselors document progress towards completion of the service plan goals.

Crosswinds 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.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of this indicator. Both residential and community based programs utilize the NETMIS Screening Form to determine new client eligibility based on CINS/FINE criteria established in Ch.984 of the Florida Statutes. Screening forms are usually completed immediately during the first point of contact (phone or face to face). When written referrals are received (some truancy cases) they are assigned to a case manager or counselor who then ensures that a screening form is completed within 7 days.

A review of 8 non-residential files (4 open, 4 closed) and 2 open residential files showed that a screening form was in each file, was completed within the required time frames and had all sections completed and contained all necessary information and supervisory review/signature.

2.02 Psychosocial Assessment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator. Assessments are completed by the assigned counselor or case manager within required time frames for residential (72 hours) and non-residential cases (2-3 sessions).

A review of 8 non-residential files (4 open, 4 closed) and 2 open residential files revealed that each case had a comprehensive psycho-social assessment completed within the required time frames. Each psycho-social identified the issues and needs of the youth and family and is used to develop an effective individualized, prioritized service plan. All assessments are reviewed and signed by the assigned counselor/case manager and a clinical supervisor or program manager.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator. The agency utilizes two different service plans for residential and non-residential cases. The service plans contain all required elements listed in the required indicator such as type, location and frequency of service, person responsible, target date for completion, completion dates and signature from all involved parties.

A review of 8 non-residential files (4 open, 4 closed) and 2 residential files (open) revealed that each client case file contained an active service plan with multiple (3-4) goals that were individualized and prioritized to the specific youth and family. Each plan was completed within the required time frames and contained all the required signatures (youth, parent, counselor, supervisor). Three of the plans documented goals that were completed and a few plans had additional goals or had a revised service plan as a result of the Case Staffing Committee process and recommendations.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator. The assigned counselor or case manager coordinates the delivery of services both internally at the agency and externally in the community via referrals. Referrals are actively utilized in the majority of cases and are documented in the client's case file. Case management activities are consistently recorded and tracked in the chronological notes completed by the assigned counselor/case manager.

A review of 8 non-residential files (4 open, 4 closed) and 2 residential files (open) revealed that active case management activities were documented in the chronological notes in each case. An interview with four non-residential counselors and one residential counselor indicated that active case management services are being provided in all cases.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator.

A review of 8 non-residential files (4 open, 4 closed) and 2 residential files (open) indicated that individual group and family counseling service are provided on a consistent basis and documented by the assigned counselor or case manager in the chronological notes section of each client case file. Group counseling is provided on a consistent basis a minimum of five days a week. This is documented on a group counseling form which is placed in each client's case file.

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator. The agency has a robust case staffing committee process that is very active, useful and productive in the CINS/FINS service delivery process. The committee has five standing members and additional participants may attend if requested by the agency or the family. Meetings are held twice a month at the agency site on Fridays and several cases are presented by the assigned counselor/case manager and are staffed at each meeting.

A review of 8 non-residential files (4 open, 4 closed) and 2 residential files (open) revealed that six of the ten files reviewed had been through the CSC process and had documentation in their files related to the meeting notification process for families and CSC members and the outcome and recommendations of the CSC. The recommendations of the committee often resulted in a revised service plan being implemented and/or a CINS Petition being filed when necessary and appropriate. The documentation of all Court proceedings and the legal intervention process was excellent in all CINS petition cases. The level of consistency throughout each of the files reviewed was outstanding.

This area of Agency performance is considered a best practice.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedure that address all of the key elements of this indicator. A review of ten (10) client case files revealed that all files are consistently organized, divided into seven sections and marked confidential. All forms contained in the files are professionally formatted and easy to locate and read.

In the residential shelter facility, all client case files are stored securely in a file cabinet near the Shelter Manager's office behind a locked door. Access is limited to authorized staff and is primarily utilized by the assigned counselor/case manager.

In non-residential services client case files are stored in a locked, secure file room with access limited to the assigned counselors/case managers and authorized staff. All files are marked confidential and consistently formatted and organized with cover sheets for each section designating which form can be found in each section.

Standard 3: Shelter Care

Overview

Rating Narrative

Crosswinds operates its residential program, the Robert E. Lehton Children's Shelter, which was built in 2002 and is located in Cocoa, Florida. The shelter provides emergency residential care, 24 hours a day, 7 days a week, for children ages 10 to 17. The facility is licensed by DCF for twenty-eight beds and provides residential services to youth in the Department of Juvenile Justice (DJJ) CINS/FINS program and youth from the Department of Children and Families (DCF). Residents are provided with a wide range of supportive services such as individual and group counseling, life and social skills training, educational and cultural activities, recreational and community service, youth development/leadership activities, transportation, and linkages to community programs. At the time of the quality improvement review, the shelter was providing services to eight (8) DJJ youth, including two court-ordered youth, and three (3) DCF youth. The shelter is designated by the Florida Network to provide staff secure services and is not licensed under Chapter 397.

The shelter has a large day room, dining room, kitchen, and separate male and female dormitories. In addition, there is a privilege room located in a loft area that is utilized for indoor recreation activities, watching television, playing board and video games. Youth must earn a minimum of 10,000 points to use the privilege room. The sleeping rooms each house two youth, with an individual bed, bed coverings and pillows. The shelter has a fully functional kitchen. An approved four-week cycle menu is in place and the cook prepares the majority of the meals. The shelter does have a current operating permit posted, and the county health department conducts inspections. The youth are screened at intake for special dietary needs, and this information is forwarded to the cook, and posted in the kitchen. The shelter participates in the National School Lunch and Breakfast program.

The youth care workers are responsible for conducting all admission related services for the youth, including orientation and tour of the shelter, and for conducting day-to-day activities with the youth. The youth care workers also distribute prescribed and over-the-counter medications, and administer first aid when needed. A utility knife, wire cutters, sharps and medications are stored in a locked cabinet in the staff office located in the dormitory area. First aid kits are located in the staff office, dayroom, kitchen, and vehicles.

Onsite services are provided by two Master's level counselors. There was one intern assigned to assist the counselors during the fiscal year. The youth admitted to the program are screened using the Florida Network's Management Information System (NETMIS) Youth Screening Form, the CINS/FINS Intake Form, and a brief FAM (Family) General Scale. If a youth answers "yes" to any of the six questions pertaining to suicide risk on the CINS/FINS Intake form or if the staff member's observations of the youth's behavior would indicate any area of concern, an Assessment of Suicide Risk (ASR) is completed. The ASR is completed by either licensed professional or a non-licensed counselor under the direct supervision of the LCSW. A medical and mental health alert system is in place and the shelter staff that distributes medication have been trained in the distribution of medication.

3.01 Youth Room Assignment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard.

The initial interview of the youth is done to increase program staff awareness of issues, giving consideration to potential safety and security concerns. The staff interviews the youth to assess current allegations, prior delinquent history and background, level of aggression and the ability to act responsibly, past instances of assaultive or aggressive behavior, sexual misconduct or demonstration of emotional disturbances. This and other information is used to determine room assignment.

The program also has an alert system in place with color codes: Yellow – suicide, Red – Medication/Medical, Green – Allergy, Blue – Continuous sight and sound, Orange- mental Health, Purple – Physical Aggression, Black – Staff Secure. An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as suicide, mental health issues, history of substance abuse, physical health concerns, or security factors. The program requires documentation of any classification on the Room Assignment section of the CINS/FINS Intake Assessment Form.

The program also gives special consideration in room assignment to siblings of the same gender entering the program. Every effort is made to place them together. The program requires that all determinations of youth placement be documented in the logbook and the youth case file.

The program utilizes the Netmis Form and the CINS/FINS Intake Assessment Form to gather the information that determines youth room assignment and the required alerts. The alerts are documented in two places in the shelter, the Shelter Manager's office and the file room where the clients' files are kept. It is also documented in the youth's case file.

Three (3) clients' files were examined. All three files were in compliance with the program's policy and meeting standard. All the files contained completed Netmis and CINS/FINS Intake Assessment forms with room number and a letter indicating the bed. All alerts correlated with the information on the forms. Each file had an alert form in a transparent cover on the front of the file indicating basic demographic information of the client, medical, and mental health alert with corresponding colorsssf at the top of the file. Where there is room assignment changed it is done in red to show the change. One file had a room assignment changed and the new assigned room was indicated in red with

room number and letter for the bed. The change was done because at intake the client was placed on sight and sound room resulting from his risk screening.

Overall, the program is in compliance with the room assignment standard.

3.02 Program Orientation

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard.

At admission each youth is given a youth handbook that explains the daily schedule, the behavior management system, and various policies on contraband, visitation, and telephone rules. The handbook and each item on the orientation checklist is reviewed by staff with the youth and each item is initialed by both youth and staff. The form is also signed by both youth and staff.

Three files were examined and all three files had the shelter orientation form with each topic initialed by youth and staff. The forms were also signed by youth and the staff. The orientation form contains all of the elements of the standard necessary to orient a youth. The form does have a general date but not dates of presentation of each topic; this gives the impression that the orientation was done within an hour at intake. Clients interviewed (3 youths) confirmed the orientation procedures and that they received the client handbook.

There were no documented evidence in the files of the clients receiving the handbook. It is recommended that the receipt of the client handbook be added to the orientation form as evidence that clients are receiving them.

3.03 Shelter Environment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard. The policy indicates that management will take the appropriate action to ensure the shelter environment is clean, neat, and well maintained, and provides a home-like environment. The policy covers furnishing, insect infestation, grounds, kitchens, sleeping area health and safety and a place to keep youth personal belongings.

The procedure indicates the person(s) responsible for the maintenance and cleaning of the shelter environment (Shelter Coordinator or Designee is lead on maintenance, and youth, staff, and custodian for cleaning). The supervisory staff will conduct daily facility and grounds inspections to assess maintenance needs and document it on the Shift Assignment form which is kept on file. Identified maintenance needs will be documented and transferred to a Maintenance/Repair Order which is submitted to the shelter Coordinator or designee, who will review, prioritize, and submit the request to the Director of Business Operations.

The program provided the State of Florida Department of Health inspection Report dated 10/25/12 which stated "no violation observed at time of inspection". This covers the kitchen and food preparation, water temperature, bathrooms, rooms, lighting and pests/insects etc.

The following documents were reviewed:

- The Dietitian/Nutritionist's license issued by State of Florida Department of Health was current and expires 5/31/13.
- A successful fire inspection report was provided by the program dated 10/30/12. Training files indicate staff is trained annually on fire safety.
- Annual Hood Inspection serviced on 12/19/13
- Annual Alarm Inspection 11/6/12
- Quarterly Fire Sprinkler System dated 8/14/12, 11/6/12, 2/5/13
- Certificate of License for a child caring agency from DCF expires 2/17/14
- Case Management License – DCF for the period 8/2/13 – 7/31/13
- City of Cocoa Local Business Tax Receipt effective October 2012 – September 2013

The maintenance procedure is carried out consistently as outlined. The staff identifies maintenance needs, documents, and pass on to the shelter Manager who does his own maintenance inspection along with those provided by staff. The Shelter Manager completes a Maintenance/Repair Order and the repairs are completed by the maintenance company used by the Agency.

The Review Team toured the facility with the Shelter Manager. The facility was clean and neat throughout. Each youth was provided with a bed and the bedrooms were neat with furniture in good repair. There are two designated sight and sound rooms where staff can observe clients who are on sight and sound. Three beds are in one of the rooms, one bed is behind the door and from the observation room, one bed is not visible. The floor in the rooms needed professional cleaning and waxing. The bathrooms were all clean and functional. There were no graffiti on doors, walls and windows. The furniture however showed that staff were keeping up with cleaning graffiti from furniture. There was no evidence of insect infestation. The shelter has three separate large common areas for recreational activities with one designated as a special privilege room.

The shelter has a large spacious professionally looking kitchen with a designated cook from Monday to Friday and staff and clients cook on weekends. A board hangs in the kitchen that displays clients with special food needs and food allergy. The pantry was well stocked with food and snack items. No food items were on the ground. All the food items were dated except for snacks that were taken from the manufacturer's carton.

Sharps are stored and locked away in the pantry. There is evidence that there is accountability for signing in and out sharps by staff signatures. Chemicals are kept in a locked room with MSDS sheets for each chemical and sign in and out are evident.

Cameras were evident all throughout the facility except in bathrooms, sleeping areas and offices. The monitors are located in two separate areas where staff can view different areas. Maps of the location were throughout the facility but some needed "you are here" labeling. The abuse hotline number was posted throughout the facility with clients rights and responsibilities. The knife for life was identified and it was in a locked area with medication and first aid kit for the staff.

The program has six vans; however, only 3 are used to transport clients. A general safety inspection of the agency's vehicles revealed that they were all in good working order with fire extinguishers, first aid kits, and functioning equipment with mirrors, tires and lights.

The Sight and Sound room has one bed that is not very visible from the staff's observation room.

3.04 Log Books

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard.

Important information is highlighted in specific colors clearly outlined in the policy as follows:

- Blue - intake
- Pink - discharge
- Yellow - medical information
- Green - self release information
- Orange - Other important information
- Lavender - Transitional Living

The census of the shelter is recorded at shift change and a summary of the shift is logged.

Logbook records key elements of daily activities. The color key allows easy location of pertinent information and definitely allows easy reading of staff reviewing the logbook. Staff follows the color key consistently as outlined in their procedure. There is evidence of date, time, staff names, youth names, and pertinent information of activities. The on duty staff signatures every entry. Errors are corrected per standard and entries are legibly written. All pages are accounted for in the log book. There is evidence of the Shelter Manager reviewing the logbook weekly.

Direct care staff were not indicating that they have reviewed the log book for past the two shifts. At shift exchange, there is an entry stating "shift transition conducted" and "shift census" and a brief summary. There is no evidence also that the log book is being reviewed by Case Managers, and Counselors as outlined in the policy.

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard.

The shelter provides the clients with their program schedule by posting the schedule in the common areas in the facility. They keep logs of all outings and groups with participating clients' signatures. The program provides for daily indoor/outdoor activities.

Youth are engaged in meaningful structured activities. The schedule outlines activities from wake up to lights out. They have logs recording outings of various activities as well as groups. There was evidence of daily life skills groups along with client signatures. The regular outing log also has participating clients signatures.

The client location chart shows that the clients are receiving large muscle activities for more than an hour daily.

There was minimal evidence of youth participating in faith based activities or completing homework. The shelter has a daily schedule posted for each day in their common areas.

The Interagency Agreement does not include an agreement with the school District to provide after school tutoring.

The Program Logbook does not indicate that staff offers the clients faith based opportunities.

3.06 Behavior Management Strategies

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy since November 2004 that was revised in March 2012 that addresses all the key elements of the standard.

The program utilizes a Behavioral Model based on the Boy's Town Motivation System. Service Plans are developed and implemented to provide care based on the least restrictive methods to bring about behavior change and increase accountability. The program utilizes a large variety of rewards/incentives to encourage participation. Direct care staff and Shelter Manager are trained in various techniques.

The program has a detailed written description of the behavioral management strategies (BMS) being utilized by the program. Direct Care staff and the shelter Manager were interviewed regarding the use of BMS. Staff was able to explain points and rewards system including the privileges and actual rewards that clients receive. The Shelter Manager explained how the system works, beginning at intake. Clients can earn up to 10,000 points which is given at the end of the day for completing specific assigned tasks. The points are tallied on a point card and clients who earn up to 10,000 points for at least 3 days of the week get the privileges for that week – outing, going in the privilege room, special deserts at dinner etc. Two clients were interviewed and they confirmed the use of the system as explained by the program staff. Both clients produced their point sheets at the time of the interview.

The client's Service Plan includes goals that promote behavioral change and accountability for adherence to the BMS such as following program rules, anger management, and attending school daily. There is evidence that the clients are getting support from both direct care staff (rewards for points earned) and the clinical staff (counseling for behavioral change and accountability for school attendance) to adhere to the BMS. There was evidence of staff training on the Behavioral Model being utilized by the shelter.

There were no evidence of the staff being evaluated on the use of the BMS. The Shelter Manager was interviewed but was unable to state how he holds staff accountable on a regular basis and provide feedback of their use of rewards and consequences.

3.07 Behavior Interventions

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy in place to de-escalate physical conflict using counseling, verbal intervention and de-escalation techniques in accordance with training. Restrictive intervention is only used as a last resort in emergency or crisis situations to protect individuals from harming themselves or others and to be done in accordance with training staff receives in Managing Aggressive Behavior (MAB). In reviewing three youth surveys, one youth listed hearing staff using profanity and two have never heard staff use profanity. All three youth have never observed staff threatening other youth and all three put that they feel safe. In reviewing three staff surveys, 1 staff stated that they have heard staff use profanity towards youth and two have never heard staff use profanity towards youth. One staff indicated that they had observed staff using threats, intimidation or humiliation when interacting with youth. Two staff said they have never observed staff using threats, intimidation or humiliation towards youth.

Two staff were also interviewed by the reviewer and both stated that room restrictions are not imposed on youth in the shelter. Staff also stated that only staff discipline youth and group discipline is not done on youth.

3.08 Staffing and Youth Supervision

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy and procedure in place that ensures the safety and security of both the youth and staff. Upon reviewing the staff schedule and the shelter population census binder, the shelter is in compliance with both their policy and the standard in that the ratio is exceeds 1 staff to 6 youth during waking hours and 1 staff to 12 youth during sleeping hours. The staff schedule, which is hanging in the staff office and is available to all staff, has both male and female staff on all shifts. There is a list of staff names and numbers listed in the front of the logbooks if additional coverage is needed.

The room checks during sleeping hours are written in the logbook by staff and is in compliance with the standard with room checks being done at least every 15 minutes. The staff also keep a record of where the youth are located at all times while in shelter. The location charts were reviewed and staff documents where the youth are every half hour.

3.09 Staff Secure Shelter

Satisfactory

Limited

Failed

Rating Narrative

There is a written policy and procedure in place that provides more intensive individualized services for a longer period for the youth and family. During the review, the shelter had one youth that is staff secured. There is an orientation form for staff secure youth that is completed at intake. The current youth has one that is signed by the youth, parent, Crosswind counselor, case manager, and youth care worker. The youth has a court order in the chart showing that they are court ordered staff secure. The youth is listed on the client board in black to alert staff that the youth is under staff secure supervision. The youth is assigned to a staff on each shift and supervision is documented on the location charts which is in the logbook for the shift. Judicial review was conducted on the youth on March 20, 2013 to discuss the youth's progress so far in the program. Documentation of the judicial summary was provided for the specific case reviewed during this site visit.

On the youth's service plan (types of services page), the staff secure box is not checked and the corresponding information was not filled in.

Standard 4: Mental Health/Health Services

Overview

Rating Narrative

Crosswinds Youth Shelter has specific procedures related to the admission, interviewing and room assignment of youth to ensure the safety and appropriate supervision of youth admitted in the program. Upon admission, program staff will interview youth. An initial assessment occurs to determine the most appropriate room assignment, given the youth's needs and issues, the current population at the facility, physical space available and staff's assessment of the youth's ability to function effectively within program rules and expectations. Staff conducting the initial interview and assessment considers the youth's physical characteristics, maturity level, history including gang or criminal involvement, potential for aggression, and apparent emotional or mental health issues. Based on this information, the youth is assigned a bed which can change after further assessment. Room assignment is documented on the CINS/FINS Intake Assessment on page 2.

Staff on duty at the time of admission immediately identifies youth who are admitted with special needs and risks, such as risk of suicide, mental health, substance abuse, physical health, or security risk factors, etc. The Licensed Clinical Professional and Program Manager are notified immediately if risks and/alerts are present and recommendations regarding placement and supervision are provided to the direct care staff. This information is documented on Alert System Form that is maintained in a binder and is accessible to all staff.

Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission. Medications are stored in a double locked medication cabinet and topical and/or injectable medications are stored separately from oral medication. Refrigeration is available for medication requiring cool storage. The program has a list of staff who are authorized to distribute medication ensures that an approved staff is scheduled on each shift. Medication records are maintained for each youth and stored in a MDR Binder.

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

Rating Narrative

The agency has written procedures that address all of the key elements of this indicator.

When a youth is admitted into the facility, the admitting staff conducts a CINS/FINS Intake assessment which includes the healthcare screening. The healthcare screening assesses: current medications, existing medical conditions, allergies, recent injuries or illnesses, observations of illness, injury, pain, physical distress, difficulty moving, and presence of scars, tattoos, or other skin markings. Staff documents if the youth has any chronic medical conditions and ensures the appropriate referrals are made.

Three (3) youth files were reviewed. All three (3) files had their health screening completed the same day they were admitted to the facility. Two (2) of the active files were identified with the color code alert system with three (3) or four (4) areas of identified risk. The same color coded information was also posted on the alert board located in the Shelter Manager's office.

Three (3) staff surveys were reviewed for this indicator, and all three (3) staff indicated multiple ways to be informed that a youth was placed on a medical or mental health alert. All three (3) staff rated this process for communicating alerts as good or very good.

Review of log books indicate that critical information for this indicator is recorded and highlighted.

The documentation reviewed indicated the provider adheres to the agency's procedures and this standard.

4.02 Suicide Prevention

Satisfactory Limited Failed

Rating Narrative

The agency has multiple written procedures that address all of the key elements of this indicator. The procedures are very detailed and cover Suicide Prevention; Suicide Prevention Plan,-Identification; Suicide Prevention Plan-Suicide Precautions; Clinical Staff Direct Supervision (assessment of suicide risk by Mental health staff); Healthcare Admission Screening; Classification; Suicide Prevention Plan-Discontinuation/Termination of Precautionary Observation; Mental Health and Substance Abuse Emergency; and several other procedures address suicide precautions from the Classification procedure to Youth Count procedure to the shaving razors and accountability in the Personal Hygiene procedure.

The agency has a color code for Alerts. When a youth is admitted into the facility or identified during the course of services being provided with special needs and risks, the youth is immediately placed on the alert system.

Three (3) youth files were reviewed. All three (3) youth were screened for suicide during the initial intake and screening process in accordance

with facility procedures. The screening results were reviewed and signed by the supervisor. None of the youth required sight and sound supervision but the youth were placed on the appropriate level of supervision based on the results of the suicide risk assessment. Staff did not change the supervision level until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional, completed a further assessment.

Three (3) staff surveys were reviewed for this indicator. All three (3) staff reported they would not place a youth that expressed suicidal thoughts in a locked room. All three would document their supervision of the youth. Two (2) of the two (2) staff responding said if a youth indicated he had suicidal thoughts they would notify the licensed mental health provider, provide constant sight and sound, and search the youth's room.

4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative

The agency has multiple written procedures including Orientation, Daily Schedule, Medication Verification at Admission and Consent; Medication Storage, Access, Inventories and Disposal; Medication Supervision and Monitoring; Medical Evaluations; and Follow-Up Care that address all of the key elements of this indicator.

The agency has a color code for Alerts that includes medical conditions/medication. When a youth is admitted into the facility or identified during the course of services being provided with special needs and risks, the youth is immediately placed on the alert system.

The team observed the locked medication room, locked file cabinet, locked refrigerator and the process of how prescription and non-prescription medications are securely stored, counted by shift and inventoried and administered to the youth. No prescriptions required refrigeration and no syringes were currently being used.

A review of medication records indicate that youth were receiving their medications and the counts were being recorded and completed in accordance with facility procedure. The authorized staff approved to administer medications is posted on the inside of the locked medication door.

Three (3) youth surveys were reviewed for this indicator. Two (2) youth rated the medical care of the facility as good and one (1) youth rated the medical care as very good. Of the two (2) youth responding if they received female sanitary products when needed, both indicated they did. Of the two (2) youth responding they had received medication, both indicated that staff administered the medication to them.

The documentation reviewed indicated the provider adheres to the agency procedures and this standard.

4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

Rating Narrative

The agency has written procedures that address all of the key elements of this indicator.

The agency has a color code for Alerts. When a youth is admitted into the facility or identified during the course of services being provided with special needs and risks, the youth is immediately placed on the alert system. The alert system is an eight (8) color code system. The colored dot is placed on the outside of the youth file and also on the alert board located in the Shelter Manager's office as follows:

- Red: Medication/Medical
- Yellow: Suicide
- Orange: Mental Health/Substance Abuse
- Green: Allergies
- Blue: Sight and Sound
- Purple: Physical Aggression/Behavioral
- Black: Staff Secure

The facility log book also utilizes a color code to highlight important information as follows:

- Blue: Intake
- Pink: Discharge info
- Yellow: Medical Information
- Green: Self Release information
- Orange: Other Critical issues (including suicide)

Review of log books indicate that critical information for this indicator is recorded and highlighted.

Three (3) staff training files were reviewed. All three (3) staff had received the following training: Suicide prevention; Administering Medications, Terms, Abbreviations; and Interpretations of Prescriptions labels. All three (3) staff were current with their CPR/First Aid training with the American Heart Association.

Three (3) youth surveys were reviewed for this indicator. Both of the youth that replied they were receiving services rated the Mental Health/Substance abuse services they were receiving as good.

The documentation reviewed indicated the provider adheres to the agency procedures and this standard.

4.05 Episodic/Emergency Care

Satisfactory

Limited

Failed

Rating Narrative

The agency has multiple written procedures that address all of the key elements of this indicator including the following: On-Site First Aid and Emergency Care; first Aid Kits, Mental Health and Substance Abuse Emergency; Episodic/Emergency Medical and Dental Care.

One (1) youth file was reviewed in which the youth was required to be taken to an outside emergency hospital on a Saturday for a potential broken leg. The parent met the youth and facility staff at the hospital. The documentation in the file and in the log book indicated the provider adhered to the agency's procedures and this standard.