



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Florida Keys Children Shelter

May 8-9, 2019

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



## Quality Improvement Review

Florida Keys Children Shelter – May 8-9, 2019

Lead Reviewer: Marcia Tavares

### 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	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

**Percent of indicators rated Satisfactory: 85.71%**

**Percent of indicators rated Limited: 14.29%**

**Percent of indicators rated Failed: 0.00%**

#### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory

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 & Special Populations

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Special Populations	Satisfactory
3.08 Video Surveillance	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	Limited
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

**Percent of indicators rated Satisfactory: 80.00%**

**Percent of indicators rated Limited: 20.00%**

**Percent of indicators rated Failed: 0.00%**

#### Overall Rating Summary

**Percent of indicators rated Satisfactory: 92.86%**

**Percent of indicators rated Limited: 7.14%**

**Percent of indicators rated Failed: 0.00%**

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### 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.
Not Applicable	Does not apply.

### Reviewer

#### Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Tonya Gittens – Regional Monitor, Department of Juvenile Justice

Tracy Bryant – Business Specialist, Hillsborough County Children’s Services

Lashonda Chavis-Director of Admissions, Miami Bridge Youth and Families



## Strengths and Innovative Approaches

### Rating Narrative

The Florida Keys Children's Shelter, Inc.(FKCS), is a non-profit community-based corporation sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide temporary Children In Need of Services/Families In Need of Services (CINS/FINS) residential and non-residential services to youth and families in Monroe County. The agency provides a variety of services to both male and female youth under the age of 18 years. The program is located at the Tavernier's Jelsema Center, at the north-end of Monroe County next to the Tavernier Government Center.

In addition to the CINS/FINS Program, the agency operates the Poinciana Emergency Shelter (birth through 10 years) and Poinciana Group Home (11-17 years old) in Key West, for children who have been removed from their families/homes as a result of abuse or neglect. It also provides street outreach through Project Lighthouse, where staff conduct outreach in areas where homeless youth congregate, with the goal of getting these youth help and providing them with safe shelter.

During the entrance conference, the reviewers were updated about the agency's achievements since the last onsite QI and Contract Monitoring visit on May 3, 2018.

Notably, the Florida Keys Children's Shelter restructured its administrative staff for increased efficiency and productivity:

- Transition to one CEO- the Florida Keys Children's Shelter transitioned back to a single CEO model with Ben Kemmer as the leader of the organization. Ben has worked in various roles at the Florida Keys Children's Shelter for 18 years and is well-respected both within the organization and in the community. His priorities for the position are strengthening relationships with network and referral partners and building positive awareness throughout the county.
- CFO transition to COO- Chief Financial Officer (CFO), Alvin Bentley, is currently in the process of transitioning to Chief Operating Officer (COO), with a focus on managing the team of employees to effect quality operations across the county, so every young person served can achieve his or her greatest potential.
- New Financial Manager- This new position is currently in the recruitment process; the individual selected for this role will oversee accounting and finance, data management, and grant reporting. Some of these responsibilities are handled now by the office manager, and many were previously handled by the CFO and COO, whereas the new and improved COO position will be primarily focused on hands-on operations.
- New Office Manager- Our long-term office manager retired and Katya Andrade has joined us, recently passing her one year of employment. Katya has won employee of the month multiple times as she works long hours and is well-liked by all; she has improved many processes and absorbed most of the responsibilities previously done by two employees. A large majority of her time is spent on human resource functions

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as she oversees the hiring and termination processes, compliance of current employees with training, and payroll.

Also of note, the Florida Keys Children's Shelter has upgraded its residential team:

- New Residential Coordinator- With the departure of the long-time manager of its 19-bed facility, the program transitioned its residential counselor Christi Shortes into this extremely key supervisory role. In her brief time in the position, Christi has already made important operational changes and made several hires of exceptional youth support staff. She has many years of experience and holds a master's degree in mental health counseling from the University of North Texas at Dallas. Her patient, friendly and open-minded demeanor is a welcome addition to the leadership team.
- New Residential Counselor- the Florida Keys Children's Shelter is thankful for the addition of Paivi Johnson to the team. She holds a bachelor's degree in Psychology from Campbell University and has held many director roles in the mental health field for nearly 20 years.
- New Food Service Manager- Chef Leonel Dieujuste has been a star addition to the team. Not only is he an experienced chef having worked at Cheeca Lodge & Spa and Whale Harbor's seafood buffet, but he has a calling to work with children and considers his work at the FKCS a mission. He infuses ingenuity in his tasty dishes to get youth to eat more fresh produce. He is a hard worker and everyone looks forward to meal time!
- New Building Manager- after the retirement of their long-time facility manager, the agency welcomed Gerry Swearer to the team in 2019.

Per its strategic plan, FKCS has fully launched the residential coaching program with the addition of three coaches: Life Skills Coach Kirk Steputis, Education Coach Ursula Cervone, and Recreation Coach Sebastian Rivera. All have college degrees and specific expertise that empower the organization to better support the youth who reside in the program to live up to their fullest potential. Due to the higher pay scale, it is the hope of FKCS that they will be able to retain these qualified professionals on their team long-term and continue to report success stories of their good work. One of their largest funders, the Ocean Reef Community Foundation, granted \$48,000 to support the first year of the coaching program. The organization is recruiting for another residential coach as Sebastian's hours have been limited as he completes his master's degree.

Over Spring Break 2019, FKCS held a free week-long High Point Camp for at-risk youth ages 11-17 with activities, field trips, group counseling, and motivating guest speakers. The referrals for the camp were so high that it was at full occupancy with a large waiting list. Many of the High Point Campers did not want to go home at the end of the week because they were having such a great time, and the coaches and counselors noticed progress in the youth behaviors in a short time. Due to the camp's success, FKCS will be offering at least two one-week sessions of summer camp.

For the second academic year, the organization has provided free classroom space to the Monroe County School District for its Upper Keys Alternative Classroom. Each weekday, 6-9 students attend school in the building; the program provides

complimentary use of its recreational facilities, meal preparation, coaches and counselors.

Recruitment and retention of employees continues to be one of its biggest challenges being in a rural area with the high cost of living. During the last year, the agency increased pay to all employees. It also gave qualifying workers both mid-year and end-of-year bonuses. The agency held parties for staff and their families with a meal at a restaurant mid-year and during the holidays, created monthly employee newsletters, and continued our Employee of the Month program with gift card incentives. Currently it is in the process of creating quantifiable metrics that will be tied to holiday bonuses at the end of the 2019 calendar year.

## **Standard 1: Management Accountability**

### **Overview**

#### Narrative

FKCS has been in operations for over 30 years. The agency has an eleven-member Board of Directors/Trustees with representatives from the upper, middle, and lower keys, to oversee the agency's goals, objectives and activities. The FKCS building houses the CINS/FINS shelter on the first floor and the agency's administrative offices on the second floor. The shelter provides separate female and male dormitories to children under 18 years of age that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at risk.

The program has a Senior Management team that is comprised of a Chief Executive Officer (CEO), a Chief Financial Officer (CFO), and Chief Development Officer (CDO). In addition, the program has licensed Mental Health Clinician (LMHC) on staff and a Residential Coordinator. There were no staff vacancies at the time of the review.

Per the program roster, the shelter program staff included: a Residential Program Coordinator, two Youth Advocates, eight Youth Support Staff, a Food Service Manager, and a maintenance staff, and three new Coach positions: education, recreation, and life skills coach. In addition to the Counseling Services Coordinator position, the clinical component has three community-based counselor positions, assigned to the upper Keys, Marathon, and Key West, and one residential counselor.

The program has an Annual Training Plan for all staff and all employees receive ongoing training from the program's designated trainer, local providers, and the Florida Network. Orientation training is provided to all personnel by the CEO. Each employee has a separate training file that contains a training plan and corroborating documentation for training received. Annual training is tracked according to the employee's date of hire.



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FKCS maintains valuable inter-agency agreements with several agencies that ensure a continuum of services for the youth and families. The program has a strong outreach component, with participation of all program staff, with emphasis on areas designated as high crime zip codes. Community based staff provide services throughout the county and maintain offices in schools located in the upper, middle, and lower Keys.

### 1.01 Background Screening of Employees/Volunteers

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a current policy and procedures that address the background screening of all employees and volunteers. The provider's policy number 1.12, last approved on 8/2/2018 by the Co-Chief Executive Directors (CO- CEOs), requires all potential employees, volunteers who work alone with youth, and subcontractors to successfully complete a background check prior to an offer of employment or provision of service within the program and every five years subsequently.

The background screening includes Department of Juvenile Justice Criminal History Acknowledgement, Request for Live Scan, and Affidavit of Compliance with Good Moral Character forms. Additionally, the provider conducts quarterly local background checks for all employees, annual driver's license checks through its Insurance Company, and drug screenings at hire and randomly thereafter. The program maintains personnel records of employee's background screenings in their personnel file.

A total of ten (10) background screening files were reviewed for ten new hires. There were no eligible employees for a 5-year background screening since the last onsite visit and the program has not utilized interns/volunteers during the review period who met the criteria for background screening. The ten new hire personnel had timely background screenings completed prior to their hire dates. The program also provided E-verify documentation for all of the new staff, verifying authorization to work. The provider submitted its Annual Affidavit of Compliance with Level 2 Screening Standards on January 17, 2019 prior to the January 31<sup>st</sup> deadline.

Prior to January 2019, the agency utilized the Ergometrics pre-employment assessment tool, a research-based, video test for the skills and attitude needed to work with juveniles. The tool allows managers to make hiring decisions that positively impact the environment of their facilities and measures overall suitability for working with juveniles in all job functions and provides dimensional scores that show what kind of coaching and supervision candidates will need, if hired. During the period of implementation, the tool was used to assess 4 new hires. Since January 2019, FKCS began using a self-created Suitability Questionnaire screening tool that is comprised of 12 open ended questions. The Suitability Questionnaire tool captures responses to 12 typical job related scenarios for direct-care positions and was used to evaluate 4 new staff since its





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implementation. As of the date of the onsite visit, the current policy and procedure is not updated with the agency's use of the Suitability Questionnaire pre-assessment tool and does not have a quantitative criterion for determining suitability and/or a pass rate.

### **Exception:**

No exceptions were noted for this indicator.

## **1.02 Provision of an Abuse Free Environment**

Satisfactory

Limited

Failed

### Rating Narrative

The program has comprehensive policies and procedures regarding: Code of Conduct (Policy # E.1, July 2017), Dress and Appearance (Policy # E.3, July 2017), Child Abuse Reporting, (Policy #1.07.01-1.07.03, approved August 2018), and Grievance Process (Policy #3.22, approved 8/22/18) to ensure the provision of an abuse free environment. The policies were signed by the Co-CEOs.

The agency's personnel policy and procedures are provided to new staff at hire. Staff receives a copy of the handbook and is required to review the procedures and sign an acknowledgement of receipt of the manual. The provider's Code of Conduct and Behavioral Expectations are included in the personnel policies manual.

The program's policy and procedures comply with DJJ's requirement as related to incident reporting and requires program employees and volunteers to report all known or suspected cases of abuse and/or neglect to the Florida Abuse Hotline. Both paid staff and volunteers are expected to abide by the agency's rules of conduct that foster an abuse free environment and prohibit intimidation, physical abuse or force. All new staff members receive training regarding the requirement of reporting incidents of alleged child abuse as a part of their initial orientation training.

The program also has a grievance policy in place that requires families and youth to be informed of their right to grieve; youth acknowledge their understanding of the process by their signature at intake.

Management is required to take immediate action to address incidents of physical and/or psychological abuse, verbal intimidation, profanity and excessive use of force. Youth has the right to initiate and bring to the attention of staff any complaints, grievances or actions of program staff or the youth's peers, conditions or circumstances of care that are a violation of their rights.

The program requires all staff to sign acknowledgement of the Code of Conduct documenting their awareness of the Code and the expectations of them soon after employment. The Code of Conduct acknowledged by staff also reinforces the



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mandatory reporting of suspected or known abuse neglect, or abandonment of a youth to the Florida Abuse Hotline.

The program maintains blank grievance forms at the entrance to the male and female dormitories. A grievance box is mounted next to the Residential Coordinator's office for depositing of completed grievances. Per the agency's procedures, completed grievance forms should be placed directly in the grievance box and not given to direct care staff.

Posting of the Abuse Hotline number was observed during the tour on a wall in the youth living room area. The Abuse Hotline number is also included in the resident handbook. A review of seven calls made to the abuse registry during the review period demonstrated that staff is aware of the reporting requirement. Six of the seven calls were accepted by the abuse hotline and the youth made the call to the hotline in two of the seven calls made. None of the abuse incidents reported was institutional.

The program reported there were no grievances filed in the facility during the review period. Similarly, there were no personnel actions taken against staff as a result of grievances filed, abuse, intimidation, or excessive use of force.

### Exception:

No exceptions were noted for this indicator.

### 1.03 Incident Reporting

Satisfactory                       Limited                       Failed                       Not Applicable

#### Rating Narrative

The agency has incident reporting policy and procedure, 1.13, that was approved on 8/29/2018 and signed by both Co-CEO's. The policy is in compliance with the Florida Network indicator for incident reporting.

Whenever a reportable incident occurs, the program notifies the Department's Central Communication (CCC) within two (2) hours of the incident, or within two (2) hours of becoming aware of the incident. The program also completes the follow-up communication tasks/special instructions as required by the CCC in order to close the case and assure the incident has been fully attended to as needed.

A total of 11 incidents reviewed by reviewer were reported to CCC and were in compliance with the required 2 hour reporting time frame. Out of the 11 incidents that were reported to CCC, 6 cases were medical, 1 was related to staff arrest, 2 were absconds, 1 youth behavior, and 1 medication related. Two of the 11 incidents reported were not documented in the program logbook, however, 1 incident was due to the sensitive confidential nature of the incident resulting in a staff arrest. The program completed follow up communication tasks/special instructions as required by the CCC and all incident reports were reviewed and signed by program Supervisor/Director.



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### Exceptions

No exceptions were noted for this indicator.

### 1.04 Training Requirements

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has Employee Training Plan policy and procedure, 5.01, that was approved on 8/27/2018 and approved by both CO-CEO's. The policy is in compliance with the Florida Network indicator for training requirement.

Staff receives training in the necessary and essential skills required to provide CINS/FINS service and perform specific job functions. All direct care CINS/FINS staff (full time, part time and on-call) shall have a minimum of 80 hours of training for the first year of employment including mandatory training required during the first 120 days of employment as well as mandatory SkillPro training. After the first year, direct care staff in a residential program licensed by DCF is required to have 40 hours of training per year. A list of first year training topics is listed in the policy and procedures. The program is expected to comply with requirements and procedure outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

A training file is maintained for each staff which includes documentation of training including certificates, re-certifications, sign-in sheets, and test results. Training is available to staff throughout the year and is delivered via instructor led courses, webinars, computer based courses and various training events provided by multiple outlets including but not limited to the Florida Network, local community resources and various local provider personnel approved to deliver training. Staff is also enrolled in the Department of Juvenile Justice's SkillPro Learning Management System, which is a computer-based network of training courses.

A total of eight training files were reviewed for three applicable staff in the first year of training, two new clinical shelter staff, and three staff reviewed for evidence of in-service training. None of the 3 new staff completed all of the mandatory training topics required during the first 120 days of hire; between 3 to 5 topics were either completed late or not yet completed. The three staff were still on target for completing the 80 hours required during the first year.

One of the two applicable non-licensed clinical shelter staff was currently in the process of completing the required training in Assessment of Suicide Risk. Documentation



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provided supported completion of the required Assessment of Suicide Risk training for the other staff and the documentation included written confirmation by the licensed mental health professional of training such as dates, signature, and license number.

The three in-service training files reviewed did not fully meet the requirements for in-service training. All 3 files had annual trainings that were not completed as required and one of the 3 staff did not complete the required 40 hours of training required annually.

Each staff's training file was maintained orderly and in keeping with the agency's policy and QI indicator. Program maintains an individual training file for each staff which includes an individual training file for each staff. Which includes an annual employee training hours tracking form and related documentation, such as certifications, sign in sheets and agendas for each training attended.

### **Exceptions:**

#### ***First Year Staff:***

**Staff #1:** 5 mandatory trainings due within the first 120 days were not yet completed: orientation, MAB, behavior management, understanding youth development, and confidentiality. Also, no program orientation documentation was found in the file or completed on training log.

**Staff #2:** Five (5) mandatory trainings due within the first 120 days were not yet completed: orientation, MAB, behavior management, understanding youth development, and confidentiality. No program orientation documentation was found in the file or completed on training log.

**Staff #3:** Three (3) mandatory trainings were completed outside of the 120 day timeframe required (CINS/FINS Core, SSMHSA, and Child Abuse). Note: waived orientation since staff was rehired.

#### ***Inservice Staff:***

3 staff did not complete 2 annually required trainings in SkillPro: 1) Suicide Prevention parts 1 &2, and 2) Human Trafficking.

One staff did not complete Fire Safety training (required every 2 years).

One staff did not complete 40 hours of training required; completed 21.5 hours in the most recently completed training year.

### **1.05 Analyzing and Reporting Information**

Satisfactory

Limited

Failed

### Rating Narrative

The program has multiple policies and procedures (P&P) to ensure adherence to the requirement of Indicator 1.05, Analyzing and Reporting Information. The P&P are listed as follows: Statistical Information -1.20; Case Record Review- 3.50; Service Satisfaction Questionnaires – 3.55; Outcome Goals -1.21; Incident Reporting – 1.13; Grievances – 3.22; and Risk Management and Internal Quality Monitoring – 1.23. All of policies and procedures were reviewed and approved by the Co- CEOs August 2018.

The policies and procedures address the collection of pertinent data required for all of the areas mentioned above. A peer review is completed on both residential and non-residential programs on a quarterly basis. The Co-CEO reviews the incidents, accidents, grievances, staff surveys, outcome data, and monthly review of Netmis data reports. This information is reviewed at the staff meetings, quarterly Board meetings, and monthly leadership meetings.

There is a systematic record system for quarterly reports for case record reviews and risk prevention and management. These reports are compiled and reviewed by management each quarter. 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.

There is a separate, detailed policy regarding incidents, accidents, grievances, service satisfaction surveys. There is policy regarding outcome data analysis as well as detailed procedures to collect, review, and to report various sources of information to identify patterns and trends. In addition, there is evidence that monthly leadership meetings are conducted where the executive staff and shelter coordinators discuss current concerns, progress, and other various topics. Some of the topics covered in the meeting are vacant positions, surveys, Florida Network data reports, and safety/risk management.

Case File Review is conducted quarterly by the clinical team. The agency submitted Case Record Reports for the FY 2018-2019 quarterly reviews of residential and non-residential files. The reviews are documented on Case File Review forms. The clinical supervisor reports findings to the Co-CEO who distributes a copy of the report to the Executive Council and Leadership. Any deficiencies are corrected within two weeks of the records review.

Incidents, accidents, and grievance data is collected monthly and compiled in a quarterly Risk Prevention and Management (RPM) Report. The RPM reports for the 1<sup>st</sup> and 2<sup>nd</sup> quarters of FY 2018-2019 were reviewed during the visit. The information is



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shared quarterly at the Executive Council meeting and an annual report is compiled and presented to the Board members.

Consumer surveys are administered annually. The annual youth survey data aggregated by the Co-CEO was reviewed for the report completed as of 3/5/2019 based on 48 responses.

Outcomes data is generated by the CEOs and included in the Providers Monthly Leadership Report. Data is collected on program effectiveness, client outcomes, and CQI. The outcomes data incorporates all of the contract, Netmis, and program benchmarks required by the Florida Network and DJJ.

NetMIS outcome data is reviewed monthly and is presented at the Leadership meetings. The Co-CEO reviews this data and activities are conducted to increase performance.

It was evident that management met monthly to review and discuss findings and trends identified; however, it was not evident that this information was disseminated and communicated to staff and/or staff are involved in discussing improvements. Jelsema meetings do not consistently reflect discussion of key data with regards to incidents/accidents, grievances, client satisfaction data, outcomes, Netmis data reports.

### **Exception:**

No exceptions were noted for this indicator.

### **1.06 Client Transportation**

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedure in place which addresses Client Transportation 10.03. The policy was last reviewed on August 7, 2018 and approved by the program Co-CEOs.

The program policy states the children and youth in all Florida Keys Children's Shelter programs will be transported using Florida Keys Children's Shelter vehicles only. This was put in place to not avoid situations that can put staff or youth in danger of real or perceived harm, or allegations of inappropriate conduct. To evaluate the most appropriate level of security staff will consider immediate risk to run away or history of



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serious behavior on previous runaway. The number and gender of youth needing transport, and third party is an approved volunteer, intern, agency staff, or other youth.

All staff who transport children will be subject to child abuse registry, criminal records and motor vehicle checks. Seat belts will be worn at all times by staff and youth, staff to youth ratio will be followed at 1:6 and all attempts will be made to separate male and female clients during transportation. There will be appropriate supervision of youth always to ensure safety of the youth and others. Staff are provided a cell phone in case of emergency during transport. Supervisors will approve transport when it is a one staff one youth transport.

A review of the programs travel logs for the past six months documented name and/or initials of youth, staff driver name, date, time, mileage, number of youth and staff, and purpose of travel and location. The program has an approved list of staff who have valid driver's license and are covered under the company insurance policy. A review of the program logbook supported there is documentation of approval by a supervisor for one youth to be transported by one staff as needed.

### Exception

No exceptions were noted for this indicator.

### 1.07 Outreach Services

Satisfactory

Limited

Failed

Not Rated

#### Rating Narrative

The agency has outreach services policies and procedures 9.01, 9.02 and 9.03, that was approved 8/27/2018 with signatures of both CO-CEO's. The policies are in compliance with Florida Network's indicator 1.07.

The program participates in the local DJJ board and council meetings to ensure CINS/FINS services are represented in a coordinated approach to increasing public safety by reducing juvenile delinquency through effective prevention, intervention, and treatment services. The program also maintains written agreements with other community partners that include services provided and a comprehensive referral process.

The agency contributes to the implementation of Department objectives through participation in local and circuit level meetings. The assigned representatives to these

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groups will advocate for the effective use of CINS/FINS services and update agency leadership on meeting activities. There is a lead staff member designated to attend local and circuit level meetings convened by the Department of Juvenile Justice.

The agency participates in a variety of community meetings in addition to the DJJ Board and Council meetings as follows: middle keys interagency meeting; upper keys interagency meeting; Monroe County Coalition meeting; Monroe County Community Alliance; and Human Trafficking Coalition. The program provided minutes of the DJJ Board and Council meetings as verification of attendance as well as agendas/minutes for other meetings attended. Outreach activities are entered into NetMIS.

The program maintains written agreements with other community partners which include services provided and a comprehensive referral process. Ten standing interagency agreements were executed and are maintained in a binder.

### **Exceptions:**

No exceptions were noted for this indicator.

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

### **Overview**

#### Rating Narrative

FKCS is contracted to provide both shelter and non-residential services for youth and their families in Monroe County. The program provides centralized intake and screening twenty-four hours per day, seven days per week, every day of the year. Staff are trained staff to determine the conduct screening and immediately assess the needs of the family and youth. Residential counseling services are provided by Master's/Bachelor level Counselors who conduct individual, family, and group services. Case management and substance abuse prevention education are also offered in both the residential and non-residential service programs.

The Community-based program offers both school and home based services that are divided between three (3) full time counselors under the supervision of a licensed (LMHC) Counseling Services Coordinator. The counselors are responsible for providing case management services and linking youth and families to community services. The community based services span the entire Monroe County. The program's non-residential counselors work out of local schools in the upper (1), middle (1), and lower Keys (2) in Key West, and provide prevention services to youth in the county utilizing several schools as the base of operations in their respective communities. Referral and aftercare services begin when the youth are admitted for services. Aftercare planning





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includes referring youth to community resources, on- going counseling, and educational assistance.

FKCS 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.

The review of the charts shows that required documentation is in place all services are being provided to the youth and families in a timely manner by the counselors and case managers. For the purpose of this review, a total of 9 files were reviewed.

### 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 the CQI indicator 2.01. The policy manual was last updated 8/27/2018 and signed by the Co-CEOs.

The provider's procedure requires all initial screenings are completed either at initial contact or within twenty-four hours of admission, depending upon the program, using the NETMIS Youth Screening and CINS/FINS intake form. If present, the agency's nurse will conduct a health screening. If no nurse is present, non-health care staff may perform this screening. Information is obtained from the youth/parent/guardian, placing agency, case manager, or law enforcement. Information obtained through the interview process is used to determine eligibility, identify current problems, establish the existence of any physical or mental health concerns, develop potential service plan goals and assign room assignments in cases where the youth is admitted to residential program. Youth who are determined ineligible for program will be provided referrals to other resources.

A total of three (3) non-residential files (one closed and two open cases) and four (4) residential files (two open and two closed cases) were reviewed. All files were screened for eligibility within 7 calendar days of referral. Youth and parent/guardian were all made aware of available service options, rights and responsibilities, notice of privacy, provided a client hank book and brochure. Parent/guardian signs these forms at intake. All calls for screening come through the Florida Keys Children Shelter phone line where staff complete screening for eligibility. Out of the seven files reviewed, there



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was one that the youth did not sign the rights and responsibilities form and grievance procedure form although parent/legal guardian signed. Parent/legal guardian was informed of their involvement in the CINS/FINS process/services by completing a rights and responsibility form. All of the seven files reviewed had grievance procedure forms and rights and responsibilities forms completed during intake process

### **Exception:**

No exceptions were noted for this indicator.

## **2.02 Needs Assessment**

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedure that addresses all of the key elements of the CQI indicator Needs Assessment 2.02. The policy manual was last updated 8/27/2018 and signed by the Co-CEOs.

The provider's procedures require all needs assessments to be completed within 72 hours of admission; a youth/family needs assessment is initiated from the information provided by parent/legal guardian. For a youth receiving non-residential services the needs assessment will be completed within three face-to face contacts following the initial intake. Each case served receives an updated needs assessment if the most recent is over six months old or if information has changed significantly. The agency provides access to more intensive assessments/evaluations as needed.

A total of three (3) non-residential and three (3) residential files were reviewed. In one of the two applicable residential files reviewed, the needs assessment was initiated within in 72 hours of admission. There was a finding on one residential file where the youth was admitted on 3/13/2019 and needs assessment was initiated on 03/18/2019 beyond the 72 hours required. In the third residential case reviewed, the needs assessment did not have to be completed due to the youth being readmitted. The needs assessment was originally completed on 8/3/2018 and youth was readmitted on 9/2/2018. An addendum was completed and documented in file. All three non-residential needs assessments were done within 2 to 3 face to face contacts after the initial intake or updated if most recent assessment is over 6 months old. All needs assessments were completed by a Bachelor or Master's level staff. All needs assessments were also signed and reviewed by a supervisor who is a Licensed Mental Health Counselor. None of the six files was identified with an elevated risk of suicide. There was one case that a suicide assessment was completed but was not required. Suicide assessment was only



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completed as a precautionary intervention and was conducted under the direct supervision of a licensed mental health professional.

### Exception:

No exceptions were noted for this indicator.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Case/Service plan 2.03. The policy manual was last updated on 8/27/2018 and signed by Co-CEOs.

The agency's procedures require a service plan to be developed with the youth and his/her family by a counselor. The counseling services coordinator oversees this process for shelter youth. In the non-residential component of the program the community based counselors are responsible for developing the service plan with the youth and his or her family and oversee this process. The service plan is developed within 7 days of needs assessment and is signed by youth, parent/guardian, counselor, and supervisor. The service plan shall include ways to work on issues that were assessed in the needs assessment. Service plan shall be reviewed by youth, counselor, and parent every 14 days in all programs except the Poinciana group home. Revisions to existing plans may occur at any time or during the scheduled reviews.

A total of three (3) non-residential files (one closed and two open cases) and four (4) residential files (two open and two closed cases) were reviewed. In all seven files reviewed, the service plans were developed within 7 working days of the needs assessment and had individualized and prioritized needs and goals identified by needs assessment. All non-residential and residential service plans had the following: service type, frequency, location, person responsible, target date for completion, actual completion date, signature of youth, signature of parent, signature of counselor, and supervisor. All service plans also had initiated dates.

Counselor was interviewed to confirm missing signatures on service plan, but it reported that review of goals was discussed via phone with parent/guardian and it was also documented in case notes. On one of the non-residential service plans reviewed there was a missing actual completion date missing due to a printing error. On one residential file reviewed that service plan was not reviewed within the 14 days; however, the reason was documented in the counselor's notes.



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### Exception:

No exceptions were noted for this indicator.

### 2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Case Management and Service Delivery 2.04. The policy manual was last updated on 8/27/2018 and signed by Co-CEOs.

The procedures require all youth to be assigned a counselor/ case manager after screening process once referral is eligible for services. A counselor/case manager shall establish needs and coordinate referrals to services based upon the ongoing assessment of the youth/family's problems and needs. All services are voluntary and the families and individuals may refuse service, treatment or medication, unless mandated by law or court order. Counselors/case manager shall coordinate service plan implementation and monitor youth/family's progress by conducting reviews on service plan every 14 days. If issues are not addressed in counseling, the counselor is to make referrals to CINS case staffing committee to address problems and needs of youth and family. If youth has a CINS petition filed, it is the responsibility of the counselor to accompany youth and parent/guardian to court hearings. It is also the counselor's responsibility to make referrals for additional services for aftercare plans. Once cases are terminated, it is the agency's duties to complete 30day and 60 day follow-ups.

There were six (6) cases reviewed in total. All three residential and three non-residential cases reviewed were assigned a counselor. Out of the six cases, only two required a counselor to make a referral for services based on the needs assessed. Two referrals were made for substance abuse services due to current drug use or history. In all files, the counselors coordinated service plan implementation and monitored youth/ family's progress in services by reviewing goals every 14 days. Counselors also provided support to work through issues according to case notes/documentation made. No files/clients required out- of- home placement monitor. Out of the six files reviewed, none of cases required a referral for CINS case staffing committee or assistance in appearing at court hearings. Out of the six files, only one required a termination summary and it was provided in file at time of review and case did not require a 30 day follow up due to case being closed on April 11, 2019. All other cases were still opened and did not require follow ups.



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### Exception:

No exceptions were noted for this indicator.

## 2.05 Counseling Services

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Counseling Services 2.05. The policy manual was last updated on 8/27/2018 and signed by Co-CEOs.

The agency is implementing counseling services as stated in the policy by providing family counseling, individual counseling, and group counseling. It states that the agency will provide group counseling 5 times a week and family counseling once weekly or more often as requested by youth and family while in residential setting. In the community based program, the agency provides crisis intervention counseling, school or home based counseling, case management services, court intervention, and referrals for drugs and alcohol counseling services as needed. Individual counseling is conducted in the residential counselor's office or in the administrative conference room. A residential counselor, shelter supervisor, or team leader conducts groups at least five days per week. Staff may receive training in conducting group/house meeting sessions.

During the review, there were six files reviewed. Three were residential and three were non-residential cases. All presenting problems were assessed by completing needs assessments; identified goals listed on the service plan were monitored through counseling services. All residential and non-residential files provided evidence of counseling services by documentation of case notes by counselors. All cases had clinical supervision by a Licensed Mental Health Counselor which provided group supervision log/binder. Clinical coordinator reported during interview that meetings with counselor to provide clinical supervision takes place bi-weekly and monthly staffing takes place with counselors to discuss issues with cases. The three residential files that were reviewed showed all clients participated in groups on daily basis while they were in shelter. Group counseling log book was provided by the residential coordinator and it contained group forms which consisted of group topics, length of groups, facilitator of groups, time of group, and date of group. All groups consist of relevant topics which was informational, developmental, and educational.

### Exception:

No exceptions are documented for this indicator.



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### 2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Adjudication/Petition Process 2.06. The policy manual was last updated on 8/27/2018 by Co-CEO.

The procedures are being implemented as it is stated in the policy. The agency has the residential counselor, community based counselor, or counseling services coordinator who is responsible for to ensure a case staffing committee meeting is convened within seven (7) days (excluding weekends and holidays) after the receipt of a written request from a parent/guardian of active CINS/FINS youth. The residential counselor, community based counselor or counseling services coordinator contacts all committee members, participants and/or guests. A copy of the letter is retained in the youth's file. Within seven days (7) following the case staffing committee meeting, a written report is provided to the parent/guardian outlining the reasons for the committee's recommendation for or against a petition being filed. As a result of the case staffing, youth and family may be provided a new or revised service plan. If parent is absent from staffing, a letter of recommendations is sent via mail within seven days.

During review there were three (3) non-residential cases that were adjudicated CINS that were reviewed. Out of the three cases reviewed, case staffing was initiated by parent/guardian and one by the school due to being habitually truant. In all cases reviewed, case staffing meetings were held within 7 days of being requested. All parents/guardian and committee members were notified no less than 5 working days prior to staffing. During review the clinical coordinator and some counselors provided email correspondence as proof to notifying staffing committee members. In all three files reviewed there was case staffing committee members from local school district representative, DJJ representative, parents/guardian, and other concerned members. In the three files reviewed there was no mental health representative, substance abuse representative, law enforcement representative, or DCF participants. The youth and family were provided a new or revised plan for services as a result of case staffing committee meeting. Documentation and parent signature on recommendations from staffing show that written reports are provided to the parent/guardian within (7) seven days of case staffing meeting. In two files reviewed, counselors/case manager completed a review summary prior to court. One file did not require a review as of yet due to petition being filed on April 19, 2019 and had not been 45 days to report back to



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the court. Overall, the agency has established a case staffing committee that is utilized if a case needs to be staffed through regular communication via emails or in person. The agency also has an internal procedure for the case staffing process, including requesting committee members to join a case staffing by emailing them but does not have a schedule for committee meetings according to the clinical coordinator.

### **Exception:**

No exceptions are documented for this indicator

## **2.07 Youth Records**

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Youth Records 2.07. The policy manual was last updated on 8/27/20218 by Co-CEOs.

All active shelter case records are marked “confidential” and stored in locked boxes stored in the locked file room. Case records are available to program staff and persons legally required to have access to these records. All entries are specific, factual, and pertinent. Entries are signed and dated by the person making the entry. All active community-based counselor (CBC) case records are marked “confidential” and maintained in a locked file cabinet located in each community based counselor office. The case records have controlled access and available only to counselors and individuals with legal access.

During the review there were three (3) residential files, three (3) non-residential files, and three (3) adjudicated CINS files reviewed. The agency has a secure room or locked file cabinet that is marked “confidential”. The agency also has black locked boxes to keep files when they are transported out of the office. All boxes observed had combination locks built into the black boxes. All 9 cases reviewed were maintained in a neat and orderly manner. Out of the 9 cases reviewed, there were two files one (1) non-residential and (1) one adjudicated CINS file that were not marked “confidential” on the outside of the file folder.

### **Exception:**

No exceptions were noted for this indicator.

## **2.08 Sexual Orientation, Gender Identity, Gender Expression**



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Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Sexual Orientation, Gender Identity, Gender Expression 2.08. The policy was last updated on 8/27/2018 by the Co-CEO.

The agency has the following standards of service required for compliance with this policy. Youth will be addressed by their preferred name and gender pronouns. Staff is prohibited from discussing youth's sexual orientation, gender identity, or gender expression with other youth in services without the documented consent from the youth. All staff, service providers, and volunteers are prohibited from engaging in any form of discrimination or harassment of youth based upon their actual or perceived sexual orientation, gender identity, or gender expression. Staff will also report to CCC if there are incidents/allegations of harassment of youth based on their actual or perceived sexual orientation, gender identity, or gender expression. The areas in which youth reside or are served will have signage indicating the program is a safe space for all youth regardless of actual or perceived sexual orientation, gender identity, and gender expression. Youth will also be identified in the log book and all public facing documents by their preferred name and gender pronouns. Youth is assigned a room aligning with their gender identity, or the program will provide specific documentation as to why other room was determined to be suitable. Youth will be provided with hygiene products, undergarments, and clothing that affirms their gender identity or gender expression.

During review, there were no residential files of clients who were identified as SOGIE. There was one (1) non-residential file reviewed which youth was identified as transgender. This particular youth was born a female but was transitioning into a male. In the file reviewed, youth's preferred name was noted and the counselor addressed youth by preferred name and the documentation in the file showed use of youth's preferred pronouns. During the tour of the facility, it was observed that agency has signage placed in the common areas and in the administrative areas. There were a total of three (3) posters of "Everyone is Welcome Here.....Everyone Belongs" in the administrative offices where youth are served. There were also six (6) poster of "Everyone is Welcome Here.....Everyone Belongs" in the common area where youth reside in shelter.

### **Exception:**

No exceptions were noted for this indicator.

## **Standard 3: Shelter Care and Special Populations**





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### Overview

#### Rating Narrative

FKCS is located in Tavernier, Monroe County, Florida and serves the entire county. It provides services to youth in the Department of Juvenile Justice CINS/FINS program and is licensed by the Department of Children and Families as a nineteen (19) bed child caring facility. The license is effective through January 31, 2020. Through a contract with the Florida Network, the shelter is authorized to provide staff secure, domestic violence respite, probation respite, and domestic minor sex trafficking services to youth.

The agency has policies and procedures in place to address all of the indicators in Standard 3. A tour of the facility revealed that it has a clean and well maintained facility with adequate accommodations for the clients which include bed linens and separate beds in each room, adequate furnishings, clean functional bathrooms and adequate lighting. The day room has several chairs for youth to sit and relax. Next to the day room is the dining area with an adjacent television room/library. In the middle of the facility, between the boys and girls wing is the observation area where the mentors and shift leads go about their duties. Also, in the observation room are the monitors for the video surveillance system.

There are schedules generated for weekly activities and weekly school schedules. All fire extinguishers were updated and had valid inspection tags. Client rules, grievance procedures, rights and responsibilities, behavioral expectations, and important phone numbers for reporting abuse or incidents were posted in visible locations in the shelter for easy viewing for the clients. Both hallways were clean and painted with beautiful murals. The bedrooms and bathrooms were organized and well-kept. Clients' items were tidy and put away in an orderly fashion. Each client bedroom has exquisite murals painted by local artists.

#### **3.01 Screening and Intake**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a policy and procedure in place that addresses the standard. It was last reviewed and approved on 8/27/18 by the Co-CEO. There are several policies that address this standard.



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Residential facilities are clean, neat, adequately furnished and well maintained. A weekly safety and preventative maintenance inspection using a standardized checklist is completed to ensure the program remains safe, clean, and in good repair.

Inspections items include, but is not limited to, checking emergency generators, fire safety equipment, communication equipment and other safety related equipment or supplies.

The maintenance staff or designee will conduct weekly inspections that include checking emergency generators, fire safety equipment, communication equipment (weather radio, cellular phones, walkie-talkie, etc.) and other safety related equipment or supplies needed in an emergency or to prevention injury to staff or youth. A weekly maintenance and safety checklist form is utilized to document the inspections. The completed forms are kept in a binder.

The building is very clean and well maintained with the exception of minimal graffiti inside the door frame in the girl's dorm. There is a dedicated maintenance staff that conducts weekly inspections. The program is free of insect infestation and bathrooms and shower areas were clean and functional. There is adequate lighting in all areas of the shelter. The agency has three vans. All vans are equipped with the required equipment and are working properly. First aid kits in the vans expire in January 2020. The agency uses keys to get in and out of areas in the shelter. Fire inspection was completed on 1/14/19 by the Islamorada Fire Rescue. Staff are completing fire drills at least once a month on all three shifts. Mock drills are completed at least once a month per shift. The annual fire equipment was inspected on 1/11/19 by Monroe county Fire Equipment. The Residential Group Care Inspection was completed on 8/16/18. Food Service Health Inspection completed on 8/24/18.

Menus were last signed by a Licensed Dietitian on 5/12/16, which is outside of the annual requirement.

### **Exception:**

No exceptions are documented for this indicator.

### **3.02 Program Orientation**

Satisfactory

Limited

Failed

### Rating Narrative

Florida Keys Children's Shelter has a policy and procedure that was reviewed and signed on 8/27/18 by the Co-CEO's.



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Upon admission to the facility, all youth are to be provided a copy of the Florida Keys Children's Shelter Residential Handbook. Within twenty-four hours of admission to the shelter, the staff conducting the admission process orients the youth to the program and provides a copy of the handbook. Orientation includes, but is not limited to, the following: identification of key staff and their roles; review of emergency building evacuation procedures including fire safety; facility tour; youth rights and the grievance procedure including how to contact the Florida Abuse Hotline/DJJ Compliant Hotline; and etc.

Three files were reviewed. During the orientation, the youth is given a youth handbook and orientation is conducted advising youth of the expectations of the program. The daily schedules, the menu, and grievance box are placed in the common area of the shelter. The orientation checklist was not completed in one of the three files reviewed.

### Exception:

No exceptions are documented for this indicator.

### 3.03 Room Assignment

Satisfactory

Limited

Failed

#### Rating Narrative

Florida Keys Children's Shelter has a policy and procedure in place that address this standard. The policy was last reviewed and signed by the Co-CEO on 8/27/18.

All youth are interviewed upon admission to determine the most appropriate sleeping arrangements. Information regarding the youth's history and status is also sought from the parent/guardian. All youth are segregated to gender.

Information obtained during the admission process from interviews with youth, parent/guardian is used for making room assignments. The following information is considered in the placement: physical characteristics including age, gender, height, weight, and general physical stature; observed level of maturity and its effect on his/her needs; gang affiliation; current alleged offenses; previous delinquency history and etc.

Florida Keys shelter staff conducts the orientation to the program during intake. Three youth files were reviewed. One of the three youth files was missing the age on the youth form. The agency uses the CINS/FINS Intake form to capture the classification of the



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youth. All youth files had documentation that they reviewed the youth's history, status and exposure to trauma, gender, history of violence, disabilities, physical size/strength, gang affiliation, risk, sexually aggressive or reactive behavior prior to making a room assignment.

### **Exception:**

No exceptions are documented for this indicator.

### **3.04 Log Books**

Satisfactory

Limited

Failed

#### Rating Narrative

Florida Keys Shelter has a policy and procedure in place that was last reviewed on 8/27/18 by the Co-CEO.

The log book is used to record routine information and out-of-the ordinary events and other information necessary for staff to provide appropriate care to the youth. Crucial log book entries are highlighted in yellow. All errors are struck through with a single line. Staff members review the log book at the start of each shift. The residential coordinator signs the log book at least once per week.

The log book documents at a minimum: review by the incoming shift supervisor and weekly review by the residential coordinator. All incoming shift supervisors and staff members read all log book entries from the last time worked. At least once weekly the residential coordinator reviews the logbook.

The agency is using both paper logbook and electronic logbook. Both logbooks were reviewed from 12/20/18 to current. Staff document that they have reviewed the logbook when they come on shift. Any important communication is highlighted (i.e., supervisor giving permission to transport youth, medical appointments, incidents, etc.). Staff also document late entries in the log. Supervisor is also documenting logbook reviews as required.

### **Exception:**

No exceptions are documented for this indicator.

### **3.05 Behavior Management Strategies**

Satisfactory

Limited

Failed

## Rating Narrative

Florida Keys Children's Shelter has a policy and procedure in place. This policy was approved on 8/27/18 by the Co-CEO.

The organization has developed program-specific behavior management systems that provide for expectations and consequences. The systems ensure the protection of individual rights while promoting the safety and security of the youth, the staff and the public.

Florida Keys Children's Shelter believes that when faced with the inappropriate behavior of children and youth, our objective is to teach (discipline) so that the child can grow. None of the following actions are EVER permitted: corporal punishment, aversive stimuli (electric shock or pain), withholding food, water, clothing or shelter, inflicting physical or psychological pain, forced physical exercise, punitive work assignments, denial of educational services, denial of correspondence privileges (either via letter or telephone), sleep deprivation, denial of contact with parents/guardians, attorneys-of-record, clergy, juvenile probation officer, case manager or guardian ad litem, punishment by peers, punishing a group of clients for an individual's behavior or denial of physical health or mental health services.

Behavior management level system is provided during orientation. A youth point sheet is maintained and completed daily for each shelter resident by the staff. There are three levels to the shelter behavior management. The first level is the orientation level, level 1 and level 2. All new youth will start at this level. The youth must abide by all program rules during these 2 days in order to obtain the 54 points necessary for Level 1. The youth is eligible to move up to level 1 after achieving 54 points or more of the total possible daily points for two consecutive days. Residents who fall below 54 points for any 3 days in a two week period will receive a level drop to Orientation. Level 1 allows the youth to work with the residential counselor/or and residential staff to develop and practice behaviors, which will prepare the resident for transition into a home environment. These may include conflict resolution, personal hygiene, task completion and social skills. In doing so, the resident will be able to assume the responsibilities associated with Level 2. The youth who fall below 64 points for any 3 days in a two-week period will receive a level drop to Orientation. It then takes 2 consecutive days of 64 points earned to get back to level 2. Level 2 encourages the youth to maintain previously learned skills and utilize those skills in both the shelter and community settings. The emphasis is on skill retention, and aiding youth in demonstrating adaptive.

The shelter provides orientation to the youth on the behavior system plan upon intake. There are three levels: orientation, level 1, and level 2. Each level clearly states the youth responsibilities for that level and what is needed to move to the next level. At that time, the youth is placed on the orientation level. The youth will stay on this level for 2 days permitting that they have earned all their points to move up to the next level. The youth are able to earn up to 72 points a day. The schedules are posted throughout the facility. The youth able to earn up to \$15 a week to be used to purchase items during outings. \$10 of that \$15 are made from making their beds and going to school. The



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other \$5 comes from doing their chores. These funds are kept in the office until they go on their outings. Point sheets are reviewed weekly. The agency is in the process of getting a new Level 2 room that includes, T-shirt making, hat and button making, 3-D machine, music instruments, art making and other equipment that will engage the youth.

Two new staff did not receive the behavior management training.

### **Exception:**

No exceptions are documented for this indicator.

### **3.06 Staffing and Youth Supervision**

Satisfactory

Limited

Failed

#### Rating Narrative

Florida Keys Children's Shelter policy number 3.46 Staffing Ratios was approved on 8/27/18 by the Co-CEO. The program establishes and maintains the staffing ratios as require by Chapter 65C-14.024. The program ensures that there is at least one person certified in CPR on duty. Efforts are made to ensure there is at least one staff on duty of the same gender as the youth whenever possible. A schedule is provided to staff and is posted in a place visible to all.

The residential coordinator recruits and hire a sufficient number of regular or on-call staff to meet the requirements as follows: one direct care staff member or trained volunteer to six youth when awake and one staff member to twelve youth when sleeping; overnight shifts must always provide a minimum of two staff present on shift. The residential coordinator produces a staffing schedule that meets the requirements of twenty-four hour awake supervision as outlined.

The schedule is created by the residential coordinator and posted in the staff room. There is an on-call roster, which provides for at least 2 staff for each shift. Review of the schedule indicated that there are always two staff on duty at all times.

### **Exception:**

During the 10 pm - 6 am shift, there were nine out of the 180 days that a male was not on the overnight shift. However, in those instances, the program maintained two female staff on duty. Dates that no male staff was on duty were: 11/10; 1/19; 1/20; 1/27; 2/24; 3/3; 3/23; 4/6; and 4/13. Upon review of the staff roster, it was noted that 2 male vacancy positions were filled in the month of January and March.

### 3.07 Special Populations

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy and procedures that address all key elements of CQI indicator Special Populations 3.07. The policy manual last updated on 8/27/2018 and signed by Co-CEO.

Florida Keys Children's Shelter accepts youth who are court ordered in to staff secure services and approved by the Florida Network. Upon approval, the staff notates and highlights the entry of the staff secure youth and staff assigned on each shift in the program logbook. Written reports for any court proceedings are maintained in the legal section of the case file.

The program has applicable Domestic Violence Respite procedures in place for the provision of DV respite services. Per the P&P, youth placement are screened by the JAC/Detention will not exceed 14 days; however, the QI indicator provides placement for up to 21 days.

Probation respite policies and procedures are also in place that meets the requirement of the indicator with the exception of obtaining approval from the Florida Network prior to admission of Probation Respite placements.

Domestic Minor Sex Trafficking procedures in place at the time of the visit met the requirements of the indicator specifying approval by the FN prior to placement and for stays beyond 7 days as well as outlining appropriate services and level of secure supervision for youth.

During the review there was one (1) Domestic Violence Respite file and one (1) Staff Secure placement file reviewed. In the staff secure file the agency does outline in depth orientation, assessment and service planning. In the staff secure file there was an intake assessment conducted by shelter staff and service plan completed by Counselor. The particular youth was an Out of County placement that was ordered to staff secure placement for up 45 days. The agency had parental involvement by calling by phone to review services and service plan. During youth stay at shelter staff assigned completed required staff secure close supervision documentation forms every ten (10) minutes. In the staff secure file there was review order that indicate any stipulations of placement.

In the Domestic Violence Respite file, youth was screened and referred to shelter by the detention center for domestic violence on mother. Youth remained in shelter for exactly 21 days and therefore youth did not transfer into a CINS/FINS placement. In file



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reviewed, Counselor does address needs of anger management with youth while in shelter.

### **Exception:**

No exceptions are documented for this indicator.

### **3.08 Video Surveillance System**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a policy and procedure on video surveillance and recording signed and approved by the Co-CEO on 8/6/18.

Florida Keys Children's Shelter conducts video surveillance of the premises except for the restrooms, showers, and dressing rooms.

Florida Keys Shelter grounds are equipped with video monitoring devices. The system can capture and retain video photographic images which can be stored for a minimum of 30 days. System can record date, time, and location and maintain resolution that enables facial recognition. Video recordings may be released to third parties in conformance with the requirements of local, state, or federal law enforcement agency.

The agency recently purchased an upgraded camera system that can record higher definition and facial recognition. The system can hold 30 days of footage. There is posting on the premises that state the property is being recorded.

The camera footage was reviewed with the CFO and residential coordinator. Four dates were reviewed in the last thirty days for overnight shifts bed checks. All reviews were conducted within the 15 minutes and documented in the E-logbook as well as the paper logbook.

### **Exception:**

No exceptions are documented for this indicator.

## **Standard 4: Mental Health/Health Services**

### **Overview**

#### Rating Narrative

The FKCS has specific procedures related to the admission, interviewing and room assignment of youth to ensure the safety and appropriate supervision of youth admitted into the program. Upon admission, Youth Support staff will interview youth and complete the intake. If available, the contracted Nurse will complete the Health





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Screening during the intake. An initial intake 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 room which can change after further assessment. Room assignment is documented on page 2 of the CINS/FINS Intake Assessment form.

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 is 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 the alert board that discreetly mounted in the staff control room and in the youth files using a color coding system.

Youth admitted to the shelter with prescribed or over the counter medication will surrender those medication to staff during admission. Medications are stored the PyxisMed-Station 4000 Medication Cabinet located in the medication room. 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. Medication records for each youth are maintained in a binder.

The program provides a full range of mental health and healthcare services to all youth in the program. The program has comprehensive policies and procedures (and a comprehensive master plan) that contains mental health, substance abuse, suicide prevention, crisis intervention and emergency procedures to ensure that the program staff follows the more appropriate practices to fulfill the youth's treatment needs. The program maintains an excellent partnership with the middle keys community and universities, and maintains interagency agreements with several local individuals and organizations that enhance the program's services. The residential area of the program provides every youth with a highly artistic, positive and therapeutic environment. There were no healthcare professionals in the program at the time of the review.

### 4.01 Healthcare Admission Screening

Satisfactory

Limited

Failed

Rating Narrative



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The program has a policy and procedure in place which addresses healthcare admission screening 2.01, the policy was last reviewed on August 1, 2018 and approved by the program Chief Executive Officer (CEO).

The policy states if the nurse is present and on the premises he/she will complete the health screening form within in twenty-four hours of admission, depending on if the program uses the NETMIS Youth Screening and CINS/FINS Intake Form. If no medical staff is present, non-health care staff may perform the screening. Information found during the interview is used to determine any physical or mental health concerns, eligibility, current problems, and or health concerns.

The comprehensive assessment (Needs Assessment) for youth who have open cases with the agency is initiated within 72 hours of admission for youth in the shelter care. Provided youth information is to establish youth's problems and immediate needs. Wesley House family Services, Department of Children and Families is assessed during the screening process and is documented on the CINS/FINS Intake Form and NETMIS Youth Screening form.

A review of three open/closed youth records was conducted. Each record showed documentation of current youth medications youth having allergies, and present scars and tattoos. None of the three records showed documentation of youth having a chronic medical condition. The program nurse was able to state the process for referring youth for follow-up care for chronic condition. The nurse also stated that she usually does not complete the youth admission screening, but she does review each new admission within 72 hours.

### **Exception:**

No exceptions were noted for this indicator.

### **4.02 Suicide Prevention**

Satisfactory

Limited

Failed

### Rating Narrative

The program has a policy and procedure in place which addresses Suicide Assessment and Precautions 4.14. The policy was last reviewed on August 7, 2018 and approved by the program Chief Executive Officer (CEO). The program has a written comprehensive master plan that states the mental health and substance abuse services, suicide prevention procedures, mental health/crisis intervention and emergency response procedures for youth in need of such services. The plan includes suicide risk screening, referral procedures to access mental health care provides or emergency facilities,



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procedure for notification of the CEO and Counseling Services Coordinator. The plan is reviewed annually by the CEO.

A CINS/FINS intake form is completed for youth served at the time of the initial intake. The risk screening section of the CINS/FINS form contains seven questions regarding potential suicidal risk. If the staff observation of the youth or the youth answers yes to any of the questions, the youth will be referred for an assessment of suicide risk conducted by a licensed mental health professional. Constant sight and sound supervision must be documented on the Suicide Precautions Observation Log and may be observed at five or ten-minute intervals, as directed by licensed clinical social worker or designee. Documentation should include: time of day, behavioral observations, any warning signs observed, and the observer's initials. Documentation must be reviewed by supervisory staff each shift.

Three open/closed youth records were reviewed. Each youth record had documentation of youth receiving a suicide risk screening completed during the intake process. Each youth record had a signed copy of results by a supervisor. All three youth were placed on sight-and-sound supervision until assessed by a mental health professional, youth were placed on the appropriate level of supervision based on the results of the suicide risk assessment. Staff documented each youth's behavior at least every ten minutes on the precautionary observation log forms. Two youth had documentation of being removed from supervision by a licensed professional. One youth was released to parent on a home pass to receive the help she needed. Youth was discharged from the program on May 1, 2019 due to her being in a mental health facility.

### Exception

A review of all three-youth precautionary observation log forms documentation showed supervisors are not signing off on logs after each shift. One youth was placed on precautionary observation from 1/11/2019 to 1/15/2019; a supervisor did not sign off on the logs for nineteen shifts. The Mental Health staff did not sign off on the logs until March 18, 2019. Another youth was placed on precautionary observation from 4/20/2019 to 4/25/2019; a supervisor did not sign off on the logs for twenty-six shifts. A third youth was placed on precautionary observation from 5/1/2019 to 5/2/2019 2019 and a supervisor did not sign off on the logs for six shifts.

### 4.03 Medications

Satisfactory

Limited

Failed

Rating Narrative



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The program has a policy and procedure in place which addresses Medication Distribution and Storage 3.41. The policy was last reviewed on August 4, 2018 and approved by the program Chief Executive Officer (CEO). Medications are stored in a locked, designated areas with access available only to staff. All medical equipment classified as sharps are stored in the locked medication area. Youth are provided only the prescription and/ or over-the-counter medication as ordered by a duly licensed professional. All prescribed medication must be in the original labeled pharmacy container.

The program staff must verify medication they are to contact the pharmacy by phone to verify the script is current, valid and is unsure of contents may describe them to the pharmacist or pharmacy technician and they will be able to confirm the contents are what should be in the bottle. Staff must document who they spoke to. Once the verification is completed a trained assigned staff may initiate the medication distribution log that will capture the process of assisting in delivery of medications by non-licensed staff.

Observation of the nurse area showed to be clean, all medication is stored in a Pyxis Med-station that is inaccessible to youth. The program has three trained Super Users for the Med-Station. Medications are stored separately from injectable and topical medications. The program has a refrigerator only used to store medication needing refrigeration. A shift-to-shift count is conducted three times a day for each shift documentation showed it is verified by a witness. Documentation showed there is a perpetual inventory with a running balance for controlled substances. A perpetual inventory is also maintained for over-the-counter medication and are inventoried weekly. The program nurse works four hours a day Monday to Friday and some weekends if needed. She splits her days up working three days in the morning and two days at night.

### Exception:

No exceptions are documented for this indicator.

### 4.04 Medical/Mental Health Alert Process

Satisfactory

Limited

Failed

### Rating Narrative

The program has a policy and procedure in place which addresses Medical and Mental Health Alerts 7.03. The policy was last reviewed on August 7, 2019 and approved by the program Chief Executive Officer (CEO). The policy states staff members completing the admission process or receiving healthcare instructions from a licensed healthcare provider will complete or update the CINS/FINS intake Form. The form will help indicate any medical conditions, mental health concerns suicidal ideation or behaviors either past or current, medications that are prescribed or contraindicated. The information will



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be obtained from the youth, parent/guardian, Wesley House Family Services or other placing agency case manager and or individual of authority.

If during the admission process or anytime during a youths stay a youth or his/her parent/guardian, Wesley House Family Services case manager or other placing agent indicates that the youth has a medical or mental health problems requiring follow up care or medications needed while at the facility the staff member will consult with the team leader, residential coordinator. The matter will be discussed with the CEO or on call supervisor. If the youth is to remain in the program the staff member will verbally inform the lead person in charge, enter the information into the CINS/FINS Intake form, place a label on the outside front cover of the youths record, make notation of any information regarding special diet or allergies in the kitchen, and make a logbook entry and highlight the notation when a youth is identified in one of the categories.

A review of three youth records documentation showed each youth had a medical or mental health condition or food allergy. Each youth was appropriately placed on the programs alert list. The program alert system included any precautions concerning prescribed medications, medical/mental health conditions a youth may have. All staff are notified of youth who are placed on the alert list and an update is conducted daily by the program residential coordinator. The program maintains a daily alert report binder, and a copy is also posted in the staff monitor station.

### **Exception:**

No exceptions are documented for this indicator.

### **4.05 Episodic/Emergency Care**

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a policy and procedure in place which addresses Emergency medical and Dental Care 4.19. The policy was last reviewed on August 6, 2018 and approved by the program Chief Executive Officer (CEO). The policy states staff are aware of the emergency medical and dental care facilities in the immediate area and are knowledgeable in how to access such care, as needed. All direct care staff receive training for first aid.

Staff should assess the situation and determine if 9-1-1 needs to be called. If so staff will make call to 9-1-1 and ask to have victim transported. If a dental emergency is happening the local dentist are called for fan appointment. If the dental situation is too severe, the youth will be taken to Mariners Hospital for evaluation by staff or ambulance. In the case of a medical or dental emergency, staff will address the



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emergency first. Once the situation is under control, the parent/guardian placing agency case manager is contacted by phone.

A review of four youth records documented all four-youth received off-site emergency medical or dental care. Incident reports were completed for each medical/dental issue. Each youth parent was notified, and the program maintains a daily log for episodic/emergency care. Three youth were applicable for receiving medical clearance with discharge instructions with follow up and one youth did not return to the program and he was released to parent at the hospital. The program has a first aid kit which is located at the nurse station along with supplies. There are also three knife-for-life and wire cutters located in the staff office, and one on each hallway boys, and girls. All staff received training on emergency medical procedures.

### **Exception:**

No exceptions are documented for this indicator.