



2025-2026

POLICY AND PROCEDURE

MANUAL

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Introduction to the Florida Network Policy and Procedure Manual

Purpose

This Policy and Procedure Manual establishes a foundational framework for all Florida Network providers delivering services to children and families in need. It outlines the minimum standards required to maintain high-quality, consistent, and effective service provision across all programs funded by the Florida Network.

Use of Manual

This manual is a supplement to each provider's local policies and procedures, and it supersedes other service guidelines where Florida Network requirements apply. It serves as the authoritative reference for the delivery of Florida Network services and reflects statutory expectations established by Florida law and the Department of Juvenile Justice.

Source and Development

Developed collaboratively by the Florida Network of Youth and Family Services, member providers, and the Department of Juvenile Justice, this manual integrates policy, practice, and system-level objectives to guide service implementation across the Network.

Philosophical Intent

The Florida Network's continuum of care is designed to prevent entry into the juvenile justice and child welfare systems and strengthen youth and family functioning. This intent is advanced through the following goals:

1. Targeting resources to communities at elevated risk to reduce juvenile crime.
2. Providing family preservation services to keep children safely within their homes.
3. Supporting family reunification following out-of-home placements by strengthening protective factors.
4. Facilitating youth development through programs that promote well-being, resilience, and community engagement.

Core Services

The cornerstone services supporting family preservation and reunification include:

- Standardized screening and assessment
- Crisis intervention
- Individual, group, and family counseling
- Service linkage and resource navigation
- Case management

These services are delivered through shelter programs and community-based counseling, ensuring a consistent and responsive system of care.

Definitions

Assessment

A multi-method, multi-dimensional process in which professional judgment and skills are used to collect and analyze relevant information about a youth and their family. It helps determine eligibility, strengths, needs, risks, and informs service planning and referrals.

Direct Supervision for Mental Health Clinical Staff

A Licensed Mental Health Professional must provide at least one hour per week of face to face interaction; with no more than two virtual sessions per month. Direct supervision with a non-licensed Mental Health Clinical Staff Person can occur individually or in group format, for the purpose of overseeing and directing the mental health services that he or she is providing in the agency, as permitted by law within his or her state licensure.

Case Management

The ongoing coordination of services for youth and families, including gathering information, linking to supports, advocating for services, monitoring progress, and managing case closure and transition. In respite care, it involves coordinating with Juvenile Probation Officers (JPOs), developing goals that support reunification, and ensuring alignment with community-based plans.

Case Staffing Committee

A statutory panel facilitated by Full-Service CINS/FINS providers. It develops a treatment plan for youth demonstrating habitual truancy, runaway behavior, or defiance when previous services have been exhausted or upon caregiver request.

Centralized Intake

A 24/7/365 access point provided by residential service agencies, offering youth and families the least restrictive services tailored to their individual needs. It ensures timely screening and service connection for all eligible referrals.

Child / Juvenile / Youth

Any unmarried person under the age of 18 who has not been legally emancipated by court order.

Children In Need of Services (CINS)

A child for whom there is no pending investigation at the time of referral into an allegation or suspicion of abuse, neglect, or abandonment; there is no pending petition filed with the court alleging the child is delinquent; or no current court-ordered supervision by the Department for delinquency under chapter 985 or court-ordered supervision by the Department of Children and Families (DCF) under chapter 39.

Counseling Services

Therapeutic interventions, including crisis intervention, individual, group, and family counseling delivered in shelters, counseling offices, homes, and community settings to youth and families.

Criminogenic Needs

Risk factors associated with increased likelihood of delinquent behavior, identified through assessment and addressed through targeted service planning.

Enhanced Supervision

Supervision provided to youth that require additional staffing for supervision, and may include additional counseling support, exceeding that normally provided for youth in CINS/FINS voluntary or court ordered CINS/FINS shelter placement. Services are designed for youth who are court ordered to shelter placement for up to 90 days pursuant to section 984.225(3)(b), F.S.; youth who pose extraordinary need, such as youth who are at high risk of running away, exhibited by attempting to run away, or having returned from runaway status; youth who have been trafficked; and youth who need additional support and staff supervision.

Evidence-Based Practices

Interventions proven through rigorous scientific research often randomized control trials to reduce recidivism or address multiple criminogenic needs. These practices are replicable, show statistically significant outcomes, and demonstrate sustained impact over time.

Exigent Circumstances

Situations in which a youth's caregiver is unwilling or unable to assume immediate custody, or their whereabouts are unknown, necessitating emergency placement or response.

Families In Need of Services (FINS)

A family that has a child for whom there is no court-ordered supervision by the Department for delinquency or the DCF for dependency.

Filled Bed

A shelter bed occupied by an eligible youth, tracked for capacity and reporting purposes.

Individualized Services

Services tailored to the strengths, risks, and preferences of youth and families. Guided by formal assessment results and a collaboratively developed plan, they vary in duration, intensity, and content.

Juvenile Probation Officer (JPO)

A Department of Juvenile Justice staff member responsible for supervising youth on

probation and coordinating service delivery. This role may also be performed by contracted case managers.

Provider

An entity contracted by the Florida Network to deliver direct services, including case management, counseling, intake, and shelter for youth and families in defined geographic areas.

Medical / Mental Health Alerts

System-generated flags indicating medical, psychiatric, behavioral, or supervision-related risks that must be considered in care and staffing. Alerts may include suicide risk, medication interactions, trauma history, and other safety concerns.

Mental Health Services

Licensed or supervised clinical interventions designed to assess, treat, and alleviate symptoms of mental or emotional disorders. These may be delivered individually or through group programming.

New / Unduplicated Program Participant

A youth who has completed intake and is receiving services for the first time within the current contract period. Used for program tracking and reporting.

Outcome

A measurable result reflecting the impact of services on youth or family well-being, behavior, or functioning. Outcomes may be behavioral, educational, emotional, or social.

Physically Secure Shelter Services

Court-ordered locked placement settings for adjudicated CINS youth who meet statutory criteria such as contempt, runaway behavior, or failure to comply with prior court orders.

Practices with Demonstrated Effectiveness

Interventions supported by empirical research showing reduced criminogenic risks. While specific practices may not be rigorously studied, their underlying principles have demonstrated consistent success across similar populations.

Prevention

Efforts targeting youth at risk of delinquency to divert them from deeper system involvement. Includes services like mediation, community engagement, and early intervention prior to any delinquent acts.

Promising Practices

Delinquency interventions with substantial empirical support, often based on quasi-experimental designs. They show positive outcomes but may not yet meet full evidence-based criteria for replication or scale.

Referral

The intentional connection of youth and families to internal or community-based services that match their assessed needs, based on service plan recommendations and provider partnerships.

Respite Services

Short-term shelter support that serves as an alternative to secure detention for youth who have been arrested or issued a Pre-Delinquent Citation (PDC) for an incident of Domestic Violence on a family member within their home. Additionally, shelter services may be offered to youth on probation as an alternative to deeper system involvement.

Risk Management

Organizational policies and training strategies aimed at minimizing harm, complying with OSHA standards, preparing for emergencies, and protecting youth and staff. Includes alert systems, safety planning, and incident reporting.

Screening

The intake-level data collection process used to identify presenting problems and inform referral decisions. Serves as a gateway to deeper assessment and eligibility confirmation.

Service Documentation

Required entries into NetMIS detailing who received services, when, by whom, and what type of service was provided. Supports auditing, fidelity monitoring, and quality assurance.

Service Plan

A written document developed with youth and caregivers that identifies specific goals, needs, action steps, and timelines to guide service delivery.

Sex-Specific Services

Programming addressing developmental, health, and behavioral differences among boys and girls. Includes parenting skills, communication techniques, and curriculum tailored to youth identity and experience.

Shelter Services

24/7 residential care including basic needs, case management, counseling, and crisis intervention. May be voluntary or court-ordered and limited to 35 days unless in exigent circumstances.

SNAP® (Stop Now and Plan)

An evidence-based behavioral intervention model teaching youth emotional regulation, decision-making, and coping strategies. Aims to prevent further involvement in the juvenile justice system.

SNAP® in Schools and Communities

A 13-session universal prevention curriculum delivered in high-risk elementary schools and community settings. Focuses on bullying, anger management, peer pressure, and school engagement.

Subcontractor

An external entity contracted by a provider to fulfill service-related obligations as part of the Florida Network's agreement with the Department.

Substance Abuse Services

Clinical and recovery-oriented services designed to assess, treat, and prevent substance use disorders, aligned with Chapter 397, F.S. and delivered in accordance with individual treatment plans.

System of Care

A coordinated network of community services tailored to a local region's needs and priorities, designed to ensure continuity, accessibility, and cultural responsiveness for youth and families.

Trauma-Informed Care

A clinical and operational framework that recognizes the impact of trauma including abuse, neglect, loss, or violence on youth development and behavior. Prioritizes safety, empowerment, and healing.

Treatment Plan

A guide developed by clinical staff that outlines specific interventions to address identified mental health, physical, or behavioral health needs. Includes measurable goals and service schedules.

Treatment Services

Direct therapeutic services provided by clinicians in alignment with a youth's treatment plan. May include individual counseling, skill-building, and specialized curricula.

Truancy Court Youth

A youth involved in formal judicial processes due to chronic school absences, typically referred for FINS services or case staffing as part of intervention efforts.

Ungovernable Youth

A child who has persistently disobeyed the reasonable and lawful demands of the child's parents, legal guardians, or custodians, despite the child having the mental and physical capacity to understand and obey lawful rules and demands and is beyond their control as set forth in sections 984.03(7)(c) and 984.03(15), F.S.

Objectives for Services

Purpose

To define the core objectives and required service outcomes for all programs managed by the Florida Network, ensuring alignment with contractual expectations and promoting positive youth and family outcomes.

Policy Statement

All programs operating under the Florida Network shall work collectively to achieve the following objectives:

- Prevent delinquent behavior and involvement with the dependency system.
- Preserve and support family unity and integrity when it aligns with the child's best interest.
- Deliver a continuum of services that mitigate risk factors for delinquency and strengthen protective factors by building on youth and family strengths.
- Match service intensity to the level of risk and needs presented by youth and families.
- Establish and nurture local partnerships to create a coordinated community-wide service response, including referrals beyond the Florida Network's scope.
- Strengthen family support systems and provide opportunities for youth to develop life skills and positive childhood experiences.

Procedures and Performance Standards

Each contracted local provider must meet the following expectations:

- Provide screening, assessment, community counseling, and residential services to at least 90% of the contracted number of youth and families.
- Ensure 85% of youth served complete the program.
- Maintain a 90% crime-free rate among youth while they are receiving services.
- Achieve an 85% rate of youth with no adjudications within six months post-discharge.
- Participate in annual program monitoring.

DOMAIN 1: Background Screening and Compliance

1.0 Background Screening

Policy

Agencies shall adhere to all background screening requirements outlined in Chapters 20, 39, 435, 984, and 985 of the Florida Statutes, as well as the Department of Juvenile Justice (DJJ) Statewide Procedures #1800 and #2060 ([FDJJ-1800PC](#) [FDJJ-2060P](#)). These standards apply to all staff, contractors, volunteers, mentors, and interns who serve in any capacity that involves direct or potential contact with youth, or who have access to confidential youth records.

No employee, contractor, volunteer, or intern shall have direct contact with youth or have access to confidential youth records until they have successfully completed and cleared the required background screening process. Individuals disqualified by the screening must be dismissed or removed from any role involving youth engagement.

All personnel shall undergo re-screening every five (5) years of continuous service to ensure ongoing compliance with statutory standards. Additionally, provider agencies must verify the eligibility of all potential hires through the E-Verify system prior to finalizing employment.

Occasional guests, such as speakers, ministers, or performers, who interact with youth for less than ten (10) hours per month are not subject to background screening if they are under constant and direct supervision by screened staff. Video surveillance for this purpose is prohibited.

Purpose

To establish a consistent, legally compliant framework for screening individuals who may interact with youth in local provider programs. These practices are designed to:

- Prevent contact between youth and individuals with disqualifying criminal histories
- Promote workplace safety, integrity, and accountability
- Reduce organizational liability and safeguard program reputation
- Ensure alignment with DJJ guidelines and state mandates

Procedure

Suitability Assessment for Direct Service Roles

- Each contracted provider agency must administer a suitability assessment tool that includes a scoring function for all applicants seeking direct service roles.
- The assessment must be passed within five (5) business days of the first attempt and may be taken no more than three (3) times within thirty (30) calendar days.

- Retake Guidelines:
 - First retake may occur on the same day as initial attempt
 - Second retake must occur no earlier than five business days after the second attempt
 - After three failed attempts, the applicant must wait 30 calendar days to reattempt
- Former employees in good standing who return within 18 months, and who previously passed the assessment may be rehired without retaking the assessment, unless the assessment tool has since changed.

Criminal History Acknowledgement

- All applicants must complete Form IG/BSU-003 to disclose prior criminal history, including pleas or convictions related to offenses prohibited under Level 2 Screening Standards.
- This form must be reviewed by the hiring authority and retained in the applicant's local personnel file. It is not submitted to the Background Screening Unit (BSU) unless requested.
- If the applicant discloses any disqualifying offenses committed within the past seven (7) years, they are ineligible for screening or hire.

Document Submission for Exceptions

- If the offenses are older than seven years or charges were dismissed, and the provider wishes to proceed, the applicant must submit:
 - Certified copies of arrest reports
 - Certified judicial disposition documents for each relevant charge
 These must accompany the background screening request.

Livescan Submission Requirements

- Before an employment offer is extended, the following must be completed and submitted:
 - 1) Form IG/BSU-002 – Livescan Background Screening Request
 - 2) Legible copy of a valid driver's license or Florida ID card
 - 3) Legible copy of social security card, or accepted alternatives such as a W-2 or SSA letter with typed SSN
 - 4) Fingerprint submission (must use standard blue-line form):
 - ORI code: FL921940Z
 - Reason fingerprinted: FS.984.01 / Caretaker

Submission Address:

DJJ – Background Screening Unit
Office of Inspector General
2737 Centerview Drive, Suite 305
Tallahassee, FL 32399-3100

Payment Requirement: a check or money order payable to DJJ must be included with the screening package.

Screening Validity and Rehire Conditions

- A completed background screening is valid for 180 calendar days.
- If an applicant is not hired within 180 days, a new screening request and payment must be submitted.
- Employees who separate and return within 90 days may be re-employed without additional screening.

Direct Contact Protocols

- If an individual is disqualified through screening, they may seek an exemption through DJJ as outlined in the policy: [FDJJ-1800PC](#)

Resubmission Protocols: All staff, contractors, interns, and volunteers must undergo resubmission screening:

- Every five (5) years, initiated before the Retained Prints Expiration Date via the Clearinghouse portal
- If a person is off roster for 90 days or more, a 90-day resubmission is required
- All required forms must be submitted at least ten (10) business days before expiration

Communication Guidelines

- Only the authorized requestor may communicate with BSU
- Applicants may only contact BSU directly if instructed to do so
- Applicants receive written notification of disqualifying charges
- Requestors receive public record information only; confidential records are withheld

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this domain and is signed and approved.
- The agency has implemented a policy to determine the criteria for a pre-assessment tool and the pass rate, score or measure for suitability of direct care staff working with youth.
- All positions providing direct services (residential and community counseling) to youth have successfully passed pre-employment suitability assessment on the initial attempt.
- For any applicant that did NOT pass the initial suitability assessment, applicant retook the assessment and passed within five (5) business days of the initial attempt, not to exceed three (3) attempt within thirty (30) days.
- Employees who have a break in service may be reemployed with the same agency without an additional suitability assessment if the break is less than eighteen (18) months. However, if the provider changed or updated the assessment tool used, there is evidence that the employee completed the new assessment.
- For new hires, the background screening was completed and applicant determined eligible prior to date of hire.
- For employee, contractor, volunteer, or intern who provide services for ten (10) or more hours per month-The background screening was completed and volunteer/mentor or intern determined eligible prior services being provided.
- For those with ineligible background screenings, the exemption was obtained prior to working with youth.
- Five year re-screening was completed prior to the 5-year anniversary date of initial hire or prior to expiration of retained fingerprints date.
- The file contains proof of E-Verify for all new employees obtained from the Department of Homeland Security.

1.1 Annual Affidavit of Compliance with Good Moral Character Standards

Policy

Agencies receiving funding through the Department of Juvenile Justice (DJJ) must annually complete and submit a notarized Affidavit of Compliance with Good Moral Character Standards. This affidavit affirms the provider's adherence to the statutory and procedural standards regarding moral character for individuals who interact with youth or have access to youth records.

The affidavit is submitted via Form IG/BSU-006, which must be completed and submitted (via fax or email) to the DJJ Background Screening Unit (BSU) no later than January 31 each calendar year. This annual submission ensures each provider's continued eligibility to operate under DJJ contracts and supports the department's commitment to safe, ethical service delivery.

Purpose

To provide a verified, annual declaration from authorized provider personnel confirming that all individuals employed, contracted, or volunteering within youth-serving roles meet state-defined standards of good moral character. This policy reinforces public trust, safeguards youth, and supports the integrity of DJJ programs and services.

Procedure

Annual Completion of Form IG/BSU-006

- The designated leadership official (e.g., Executive Director, Owner, Principal) of each provider facility must:
- Enter their full name and official title on the affidavit
- Clearly identify the facility or provider name
- Sign the form in the presence of a Notary Public
- Obtain proper notarization, including Notary signature and seal

Submission Requirements

- Once signed and notarized, the original form must be submitted to the BSU by January 31 annually
- The affidavit should be mailed to the Background Screening Unit at the official DJJ address listed on current guidance documents
- Timely submission is required to maintain contractual compliance and funding eligibility

Access to Form and Guidance

- Form IG/BSU-006 is available through the official DJJ website
- For additional details about the background screening process and moral character standards, refer to e [Florida Department of Juvenile Justice’s Background Screening Unit page](#).

Demonstration of Compliance:

- Affidavit of Annual Compliance with Level 2 Screening Standard (Form IG/BSU-006) is completed and submitted to BSU by January 31st, as evidenced by fax confirmation or email sent to BSU

1.2 Provision of an Abuse-Free Environment

Policy

All provider programs must establish and implement a written policy and procedure for reporting child abuse. Programs shall promote a safe, secure, and respectful environment that is free from all forms of abuse, harassment, and intimidation—ensuring protection for youth, staff, and all others within the facility.

Purpose

To reinforce a code of conduct that prohibits physical abuse, verbal intimidation, profanity, threats, and any form of psychological harm. Staff must uphold the rights of youth by ensuring their right to confidentiality and access to basic needs, including food, clothing, shelter, medical care, and personal security.

Procedure

- *Mandatory Reporting Requirement:*
Any individual who has knowledge of, or reasonable suspicion that a child is abused, abandoned, or neglected—as defined by Florida law—must report immediately to the Florida Abuse Hotline (1-800-962-2873). This includes circumstances in which a child is without supervision or care, and no responsible adult is immediately available.
- *Facility-Based Incidents:*
The Child Abuse Hotline number must be clearly visible for staff and youth to see. Abuse alleged to have occurred at the program facility must be reported promptly to both:
 1. Florida Abuse Hotline ([1-800-962-2873](tel:1-800-962-2873))
 2. DJJ Central Communications Center (1-800-355-2280)
- *Non-Facility Abuse Allegations:*
Abuse occurring outside the facility and facility sponsored community events (e.g., in the youth's home) shall be reported only to the Florida Abuse Hotline.
- *Reporting Access:*
Youth and staff retain the right to report abuse independently and without prior approval. Requests for phone access must be honored promptly—delays in allowing calls are not permissible unless justified by safety or supervision concerns.
- *Immediate Management Response:*
Facility leadership must take swift and decisive action to address incidents involving

physical or psychological abuse, verbal threats, inappropriate language, or excessive use of force.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this domain and is signed and approved .The program has a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation and there is evidence that it is provided to staff.
- The Child Abuse Hotline number is clearly posted and visible for youth and staff to see.
- The program has a process in place for reporting and documenting any calls to the Child Abuse Hotline.

1.3 Incident Reporting

Policy

All programs are required to report incidents in accordance with the Department of Juvenile Justice (DJJ) standards. Reportable incidents must be communicated to the Central Communications Center (CCC) within two (2) hours of occurrence or of the program's awareness. The CCC operates 24/7 to support DJJ, local providers, and programs in maintaining safe environments for youth care and service delivery.

The CCC can be reached at 1-800-355-2280. Programs must maintain written policy, procedures, and practices consistent with DJJ guidelines, as outlined in [F.A.C. 63F-11](#). While DJJ does not require a specific form, use of the [OIG Incident Reporting Form](#) is recommended.

All incidents must be:

- Documented in the facility's program logbook.
- Recorded on an incident form.
- Reviewed and signed by a supervisor or Program Director.

Procedure

Reportable Incident Categories: The following types of incidents, whether DJJ-specific or applicable to CINS/FINS services, must be reported:

Program Disruption

- Accident, Building Emergency, or System Malfunction
- Discovery of Drugs, Alcohol, Firearms, or Weapons
- Contraband
- Food Boycott
- Disturbance
- Hostage Situation
- Incidents Involving Visitors
- Natural or Environmental Disaster
- Program Closure
- Media Attention
- Loss or Theft of Department Property
- Explosive Device Threat or Discovery
- Vehicle Traffic Crash
- Detention Placement Alert

Escape/Abscond

- Court-Ordered Youth
- Youth under the supervision of DJJ

Medical Incidents

- Contagious Diseases
- Employee Death
- Staff or Youth Injury from Physical Intervention
- Off-Site Medical Transport
- Youth Injury or Illness
- Youth Death
- Prescribed Medications Missed or Late by ± 1 Hour (excludes OTC/as needed)

Mental Health/Substance Abuse

- Self-Inflicted Injury
- Suicide Attempt or Gesture
- Baker Act Transport

Staff-Related Complaints

- Use of Force
- Possession or Introduction of Sexually Explicit Material
- Sexual Misconduct
- Inappropriate Relationships
- Employment Before Background Clearance
- Employee Arrest
- Document Falsification
- Criminal Activity
- Unauthorized Release of Information
- Health/Mental Health/Substance Abuse Services Complaint (Any known or suspected improper action or omission of services)
- External Agency Investigations
- Use of Intoxicating Substances
- Threats Issued by Staff

Youth Behavior

- Battery
- Felony Activity (Including While Under Community Supervision)
- Felony Arrests During Custody
- Youth-on-Youth Sexual Contact

Follow-Up and Documentation Expectations

- All initial incident reports must include known details such as names, nature, location, time, and any relevant incident or case numbers.
- Missing details must be updated no later than 10:00 a.m. the following day, either electronically or by phone to the CCC.
- Timely follow-up with DJJ regarding root cause analysis and additional requested data must follow IOC response protocols.

Definitions of these incidents can be found in the [F.A.C. 63F-11](#).

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this domain and is signed and approved. The program notified the Department's CCC no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident.
- The program completes follow-up communication tasks/special instructions as required by the CCC.
- Incidents are documented in the program logbook.
- Agency internal incidents are documented on incident reporting forms or electronically and all CCC reportable incidents were consistently reported to CCC as required.
- All incident reports are reviewed and signed by program supervisors/directors.

1.4 Staff Training and Professional Development

Policy

A strong and knowledgeable workforce is vital to effective program operations, youth safety, and organizational sustainability. Local provider agencies shall implement structured training programs that ensure staff are equipped with the competencies necessary to fulfill their roles responsibly and professionally.

Staff training is a foundational element of service delivery, aligned with the expectations of funders, regulatory agencies, and evidence-based practice. Agencies must provide thorough onboarding and continuous training, both general and role-specific, to promote staff development, compliance, and quality of care.

Purpose

To define staff training standards for direct care, counseling, and program personnel including full-time, part-time, on-call, contract staff, interns and volunteers across residential and non-residential programs. These standards support agency goals, contractual obligations, and licensing requirements by ensuring all personnel receive targeted, measurable professional development.

Procedure Training Requirements

| Minimum Annual Training Hours | | |
|--------------------------------------------------|---------------------------|-----------------------------------------|
| Staff Category | Year 1 Requirement | Annual Requirement (Post Year 1) |
| Community Counseling & SNAP (Direct Care) | 80 hours | 24 hours (Community Counseling) |
| Residential Direct Care (Shelter) (DCF-Licensed) | 80 hours | 40 hours |
| Contractors / Interns (All Programs) | 80 hours | Based on assigned duties |

If a staff member returns after a break in employment lasting less than six (6) months, the supervisor must review and verify previous training completion before reinstatement. Documentation must be signed and filed accordingly.

Annual training must be conducted on a calendar or fiscal year basis, not based on hire date.

Training Platforms and Responsibilities

- Agencies must ensure staff complete all required training(s) provided by DJJ, and Florida Network. Agency staff can complete training(s) offered by other key funders such as DCF, FYSB/RHYTTAC, and COA to satisfy the Network requirements if applicable.
- Staff are encouraged to pursue additional training opportunities aligned with their service populations and program needs.
- Training(s) may occur in virtual or in-person formats, and staff must be oriented to enrollment and sign-in procedures.

Agencies shall designate a training coordinator or responsible party to monitor and manage training files and maintain ongoing tracking, compliance audits, and documentation for all staff.

Training Documentation and Tools

Training Logs Must Include:

- Staff name and position
- Date of hire and fiscal year
- Training title and hours (with cumulative totals)
- Completion or facilitation date
- Training platform or location

Supplemental Proof Shall Include (if applicable):

- Training certificates
- Sign-in sheets
- Digital platform records
- Agendas or facilitator/trainer documentation

Recommended tracking templates are available:

- [New Hire Training Tracking Sheet](#)
- [Annual In-Service Training Tracking Sheet](#)

If a training is not completed within the required timeframe, the file must include:

- A documented reason for delay
- A revised schedule for course completion

Pre-Service Requirements for Direct Care Staff

- Direct Care staff may only work independently (and be counted toward staffing ratios) after completing all mandatory pre-service training as defined in agency policy.
- All new hires must complete a provider orientation, covering training platforms, login procedures, and expectations for ongoing development.

Training is offered throughout the year via:

- Florida Network
- Department of Juvenile Justice
- Local certified trainers
- Community training resources
- Internal agency-led sessions

| Required Within 30 Days of Hire | | |
|---------------------------------------|----------------|-------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| Civil Rights & Federal Funds (US DOJ) | All Staff | SkillPro (0.5 hours) – Course #1484 |

| Required Prior to Working Independently with Youth; within 90 Days of Hire | | |
|-----------------------------------------------------------------------------------------|--------------------|-----------------|
| Training Requirement | Staff Required | Location/Format |
| Provider Orientation | | |
| Agency Policies & Procedures | All Staff | In-person |
| Contraband overview and search policy/practice. Staff will sign an acknowledgment form. | Shelter Staff Only | In-person |
| Behavior Management | Shelter Staff Only | In-person |
| Risk Management (see policy 1.6) | All Staff | In-person |
| Building/Facility Layout | All Staff | In-person |

| Required Prior to Working Independently with Youth; within 90 Days of Hire | | |
|------------------------------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| File Documentation / Paperwork Requirements | All Staff | In-person |
| Confidentiality | All Staff | In-person / FYSB / DCF / SkillPro |
| CCC & Incident Reporting | All Staff | In-person |
| Child Abuse Reporting | All Staff | In-person |
| Client Intake & Screening | Direct Youth Contact Staff | In-person |
| Client Orientation | Shelter Staff Only | In-person |
| Fire Safety Equipment | All Shelter Staff | In-person by a supervisor or other program trainer AND virtual (SkillPro #215 or DCF) |
| Medical & Mental Health Alert System | All Shelter Staff | In-person |
| Disaster Preparedness | All Staff | In-person |
| Universal Precautions / Communicable Diseases / Infection Control / Bloodborne Pathogens Part I & II | Direct Youth Contact Staff | Bridge / DCF / SkillPro |
| CPR / First Aid | Direct Youth Contact Staff | In-person by CPR Certified Instructor |
| Video Surveillance & Equipment | Staff with access | In-person |
| CINS/FINS CORE | All Staff | Instructor-led or Bridge |
| Crisis Intervention (e.g., MAB) | Shelter Staff Only | In-person (2-day / 16 hours) |

| Required Prior to Working Independently with Youth; within 90 Days of Hire | | |
|-----------------------------------------------------------------------------------|----------------------------|---------------------------------------------------------------------------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| Florida Network Youth Suicide Prevention | Direct Youth Contact Staff | Bridge |
| Adolescent Development / Positive Youth Development | Direct Youth Contact Staff | In-person / RHYTTAC / SkillPro |
| Cultural Humility / Diversity | Direct Youth Contact Staff | In-person or virtual (Specific training at the agency's discretion. Available sources Bridge / RHYTTAC) |
| Mental Health & Substance Abuse | Direct Youth Contact Staff | Bridge or other funder-approved |

| Required Prior to Working Independently with Youth; within 90 Days of Hire | | |
|-----------------------------------------------------------------------------------|----------------------------|----------------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| Child Abuse: Recognition, Reporting & Prevention | All Staff | SkillPro (1 hour) – Course #168 |
| Equal Employment Opportunity | All Staff | SkillPro (1 hour) – Course #112 |
| Human Trafficking Intervention for Direct Case Staff | Direct Youth Contact Staff | SkillPro (2 hours) – Course #316 |
| Information Security Awareness | All Staff | SkillPro (1 hour) – Course #45 |
| PREA – Part 1 & 2 | All Staff | SkillPro (1.5 hours) – Courses #1549 & #1546 |
| Sexual Harassment | All Staff | SkillPro (1 hour) – Course #111 |
| Trauma Responsive Practices | Direct Youth Contact Staff | SkillPro (2 hours) – Course #125 |
| It's All About Reporting | All Staff | SkillPro – (1 hour) – Course #363 |

| Required Prior to Working Independently with Youth; within 90 Days of Hire | | |
|-----------------------------------------------------------------------------------|------------------------------|--------------------------|
| Training Requirement | Staff Required | Location/Format |
| Naloxone Training | All Staff | Bridge |
| ACEs – Adverse Childhood Experiences | Staff not completing NIRVANA | Bridge or other platform |

| Re-Training Requirements - Annually | | |
|------------------------------------------------------|---------------------------------|-----------------------------------|
| Training Requirement | Staff Required | Location/Format |
| Child Abuse: Recognition, Reporting & Prevention | All Staff | SkillPro (1 hour) – Course #168 |
| Human Trafficking Intervention for Direct Case Staff | Direct Youth Contact Staff | SkillPro (2 hours) – Course #316 |
| Information Security Awareness | All Staff | SkillPro (1 hour) – Course #45 |
| It's All About Reporting | All Staff | SkillPro – (1 hour) – Course #363 |
| Florida Network Youth Suicide Prevention | Direct Youth Contact Staff | Bridge |
| SNAP Refresher Training | Staff Delivering the SNAP Model | Virtual via Bridge |

| Re-Training Required Every Two (2) Years | | |
|-------------------------------------------------|----------------------------|----------------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| PREA – Part 1 & 2 | All Staff | SkillPro (1.5 hours) – Courses #1549 & #1546 |
| Sexual Harassment | All Staff | SkillPro (1 hour) – Course #111 |
| Trauma Responsive Practices | Direct Youth Contact Staff | SkillPro (2 hours) – Course #125 |

| Re-Training Required Every Two (2) Years | | |
|-------------------------------------------------------------|----------------------------|--------------------------------------------|
| Training Requirement | Staff Required | Location/Format |
| CPR / First Aid | Direct Youth Contact Staff | In-person by CPR Certified Instructor |
| Crisis Intervention Training – Network Approved (e.g., MAB) | Shelter Staff Only | In-person (1-day / 8 hours) |
| Fire Safety Equipment | All Shelter Staff | In-person & virtual (SkillPro #215 or DCF) |

| Staff Specific Training | | | |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------|
| Training Requirement | Staff Required | Location/Format | When Required |
| JJIS System Access | Staff who enter and monitor SVS | SkillPro #97 / Instructor-led (contract local DIO to schedule) | Prior to accessing JJIS |
| JJIS Alerts – Part 1 | JJIS Data Entry Staff | SkillPro (1.5 hours) – Course #1485 | Prior to accessing JJIS |
| JJIS Alerts – Part 2 | JJIS Data Entry Staff | SkillPro (1.5 hours) – Course #1486 | Prior to accessing JJIS |
| Motivational Interviewing (MI) | Staff who administer the NIRVANA | In-person / Virtual DJJ Curriculum | Prior to NIRVANA Training |
| NIRVANA Assessment | Staff who administer the NIRVANA | Virtual via Bridge | Prior to assessment |
| Non-licensed Clinical Staff Suicide Assessment Training-20 hours including 5 assessments | All shelter staff who are not licensed and administering a suicide assessment | In-person / Virtual | Prior to independent assessment of suicide risk |

| Staff Specific Training | | | |
|--------------------------------------------------------|----------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Training Requirement | Staff Required | Location/Format | When Required |
| Medication Distribution | Designated Shelter Staff without a Medical License | In-person / RN-led | Prior to administration of medication and annually |
| PYXIS | Authorized Shelter Staff | In-person / Virtual | Prior to access of the PYXIS |
| SNAP® Support Overview | SNAP Support Staff | Virtual via Bridge | Optional pre-facilitator training prior to the full SNAP facilitator training. -Staff who complete this training can only be paired with a fully trained SNAP facilitator and must complete the next available SNAP® Facilitator Training. <i>*Extensions can be requested in writing to the Network</i> |
| SNAP® Facilitator Training | SNAP® Staff Facilitating the Model | In-person | Prior to facilitating SNAP groups; re-training required if inactive for 1 year |
| NetMIS Training | NetMIS Users | Bridge or Virtual via Bridge | Prior to accessing NetMIS |
| FL Statute 984 CINS Petition Training | Case Staffing & CINS Petition Staff | Instructor-led – Local DJJ Attorney | Within the first 90 days of hire |
| Statewide Lockout Protocol | All Shelter Staff | Virtual via Bridge | Within the first 90 days of hire |
| 16 hours clinical training + 36 hours (52 hours total) | Bachelor's degree from an accredited | In-person | Prior to working with youth |

| Staff Specific Training | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|--------------------------|
| Training Requirement | Staff Required | Location/Format | When Required |
| topic-specific training covering: <ul style="list-style-type: none"> • Basic Counseling Skills • Basic Group therapy Skills • Treatment Model and Program Philosophy • Therapeutic Milieu • Behavior Management • Client Rights • Crisis Intervention • Early Intervention and De-escalation • Documentation requirements • Normal and Abnormal Adolescent Development, and • Typical Behavior Problems | university or college in the field of counseling, social work, psychology or Related Human Services Field. (*see rule 63n-1) | | |
| Mental Health and Substance-Related Disorders Counseling Theory and Techniques Group Dynamics and Therapy, and Treatment and Discharge Planning | Bachelor's level non-licensed counseling staff without 2 years of clinical experience assessing, counseling or treating youth with serious emotional disturbance or substance abuse problems. | Weekly supervision with Master's level mental health staff | First year of employment |

Demonstration of Compliance:

Policy Requirements

- The agency maintains a clear policy describing training requirements for:
 - Direct Care staff prior to working independently with youth and during their first year
 - Community Counseling staff (full-time, part-time, contract), interns, and applicable volunteers
 - Ongoing, annual in-service training
 - Non-licensed clinical staff
- A designated staff member is responsible for managing employee training files and conducting routine tracking and reviews to ensure compliance.

New Hire Training Compliance

1. All training required within the first 30 days, during Provider Orientation, prior to working independently with youth, and during the first year of employment is completed and documented in each staff member's individual file and on the FLN Training Log (or equivalent). Required documentation includes:
 - Staff name and position
 - Date of hire
 - Training name, hours, and cumulative total
 - Completion or facilitation date
 - Location or platform (when virtual)
2. Any training not completed within the required timeframe includes documentation of the reason and scheduled completion date.
3. Direct Care staff (full-time, part-time, and on-call) complete all pre-service requirements prior to working independently and achieve a minimum of 80 hours of training during their first year.
4. For staff returning after a break in employment of less than six (6) months, the file contains documentation confirming the supervisor reviewed applicable prior training and verified completion.
5. All Network-required training is supported by documentation such as certificates, sign-in sheets, and agendas.
6. If the agency finds that the instructor is not available for the instructor led course within the required timeframe, then document attempts in the staff training file.

Annual and Biannual Re-Training Compliance

1. Annual and Biannual training must be due on a calendar or fiscal year basis, not based on hire date.
2. Required annual and biannual training is completed, tracked, and documented in employee files and on the FLN Training Log (or similar), capturing:
 - Staff name and position
 - Date of hire and agency's designated training anniversary
 - Training name, hours, cumulative total
 - Completion or facilitation date
 - Location or virtual platform
3. For missed trainings, documentation includes the reason for delay and scheduled completion timeline.
4. Direct Care staff meet annual requirements of at least:
 - 24 hours (community counseling)
 - 40 hours (DCF-licensed residential)
5. All required re-training is supported by completion evidence (e.g., certificates, sign-in sheets, agendas).

1.5 Data Entry & Collection

Policy

Providers shall collect and deliver timely and accurate data regarding local service provision to the Florida Network, as prescribed by the Florida Legislature and Department of Juvenile Justice (DJJ).

- Client and service data shall be entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement.
- The Florida Network staff will input youth information into JJIS within the required timeframes.
- Providers must enter data for all children served under each Florida Network contract type.
- All providers must have a quality improvement process that includes designated staff responsibilities to ensure data accuracy and quality.
- All provider agencies must enter agency information, including all staff (new hires & terminations) into the Florida Network SharePoint Hub (FLN Hub).

Purpose

As part of funding requirements and policy, the Florida Network and its local providers collect information on the programs and services they offer to the community and the individuals who benefit from these programs.

Florida Network Provider Services Include:

- Initial Referral
- Screening for Service Eligibility
- Assessments (such as NIRVANA®)
- Community Counseling Services (including SNAP®)
- Temporary Shelter (including Respite services)
- Enhanced Supervision
- Follow-ups (30/60-day)

Procedure

Data Collection & Entry Requirements

Providers must enter data into NetMIS within three (3) business days as required by contractual standards. Additional reports may be requested ad hoc for the Florida Network, DJJ, or other stakeholders.

The [Florida Network SharePoint Hub \(FLN Hub\)](#) site shall serve as the central repository for all agency information related to FN contracts. Each provider is responsible for ensuring that all information entered into the FLN HUB is accurate, complete, and maintained in a timely manner. The following information is required to be maintained in the FN HUB:

- Staff: A complete listing of all personnel working under Florida Network contracts. Key Staff must be clearly identified.
- Agency Sites: All physical locations where contracted services are provided.
- Local Board of Directors: A current and complete roster of the agency's governing board.

Client Awareness & Confidentiality

Federal confidentiality regulations require that each client receiving services be informed of the data collection process. Providers must document that clients have been informed of:

1. The collection of client-specific data,
2. The purpose of data collection,
3. The method for protecting client identity.

The standard documentation method is obtaining a signed informed consent form during intake.

NetMIS System & Data Accuracy

NetMIS is a data entry, contract monitoring, and reporting system, not a clinical tool. It does not replace a professional clinical intake process.

Data Entry & Submission

- Information is gathered through paper and electronic methods.
- Data must be submitted to the Florida Network, where it is aggregated and analyzed.

Data Review & Updates

- Providers should conduct regular reviews and updates to ensure data quality and accurate compensation for program deliverables.
- Changes to a youth record should be made whenever new information is obtained.
- If a NetMIS User is unable to make corrections, they must contact their data administrator or supervisor for assistance.
- If changes occur outside the current invoice period, they will be reflected on the following month's invoice.
- Billing outside the current fiscal year is not possible.

Shelter Services & Program Transfers

- If a youth switches program types due to meeting allowable service days under one program type:
 - The first case must be discharged from services.
 - A new case must be opened in another program the following day to prevent billing overlap.

Invoicing & Monthly Reconciliation

- All contracted deliverables must be entered into NetMIS prior to billing.
- All youth must be entered to be captured within monthly, yearly, and custom report extracts.
- Agency staff must demonstrate a monthly reconciliation process to verify the accuracy of services provided and billed.
- The staff listing in the [Florida Network SharePoint Hub \(FLN Hub\)](#) must be verified and updated monthly to ensure reporting is accurate for the staff listing report.
- Once data accuracy is ensured, the invoice must be previewed and signed within NetMIS.
- The designated staff member must submit the invoice via NetMIS by the fourth (4th) business day of the following reporting month.
- If an error is discovered, the invoice will be returned for update and resubmission.

Monthly Reporting

- A statewide End-of-Month (EOM) report shall be generated by the Florida Network Office once all provider invoices have been submitted and reconciled.

Additional Information & Support

For further details on data collection procedures, providers should contact their local provider data administrator or the Florida Network at datahelp@floridanetwork.org

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- All providers must have a quality improvement process that includes designated staff responsibilities to ensure data accuracy and quality.
- Client and service data is entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement.
- Monthly review of statewide End-of-Month (EOM) reports is evidenced (via meeting minutes/agendas). This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, and follow-up reporting measures.

1.6 Risk Management / Analyzing and Reporting Information

Policy

The Provider shall implement risk management policies, procedures, and practices to prevent or minimize accidents, injuries, and liability exposure for employees and youth. Risk management practices must comply with federal Occupational Safety and Health Administration (OSHA) workplace safety requirements and all applicable state and local regulations. Employees must adhere to established policies to ensure a safe and secure environment.

Purpose

To enhance safety for youth, employees, and the Provider by minimizing exposure to accidents, injuries, hazardous materials, and liability risks. To improve program operations through proactive risk management strategies, continuous quality improvement, and compliance with workplace safety standards.

Procedure

Risk Management Policies and Training

1. Each Provider shall develop and maintain Risk Management policies, which must be:
 - Available to all staff
 - Reviewed annually and updated as needed
 - Incorporated into staff orientation and ongoing training

2. Policies must address, at a minimum:
 - OSHA training requirements
 - Disaster preparedness and emergency response
 - First aid and CPR certification
 - Universal precautions for health and safety
 - Video surveillance usage
 - Personal safety and self-defense training
 - Suicide prevention protocols
 - Medical and mental health alert systems (for residential programs)

Workplace Safety and Emergency Preparedness

1. OSHA Compliance:
 - Staff must receive training in workplace safety, chemical/material hazards (including Material Safety Data Sheets), and bloodborne pathogens.

2. Disaster Preparedness:

- Providers must maintain written emergency response plans (Continuity of Operations Plan (COOP)) covering likely and possible threats such as: hurricanes, tornadoes, fires, floods, chemical spills, infestation, facility infrastructure failure, riots, shootings, hostage situations, bomb threats, nuclear accidents, and terrorist attacks.

3. First Aid and Universal Precautions:

- All direct service employees must be certified in First Aid and CPR and trained in universal precautions.
- Staff must use available safety equipment provided by the Provider.

Residential Safety and Crisis Intervention

1. Video Surveillance:

- Is used in residential settings to document youth and staff behavior, major incidents and protect staff and youth from misconduct allegations.

2. Crisis Intervention Training:

- Employees working directly with youth in residential settings must complete Florida Network-approved crisis intervention training (MAB, MANDT, CPI).
- Providers must maintain written policies on physical intervention and crisis response expectations.

3. Medical and Mental Health Alert System:

- All CINS/FINS and Respite residential programs must maintain an alert system to identify youth with medical, mental health, substance abuse, or behavioral risks (e.g., suicide risk, aggression, flight risk).

Incident Reporting and Abuse Prevention

1. Incident Documentation:

- Providers must maintain an incident report file for all serious incidents.
- Reports must be submitted to the DJJ Central Communications Center within two (2) hours of the incident.

2. Child Abuse Reporting:

- Allegations of abuse must be reported immediately to the Florida Department of Children and Families (DCF) via the Child Abuse Reporting Hotline (1-800-96-ABUSE).
- Youth must have unimpeded access to self-report abuse upon request.

Monitoring and Compliance

Providers must collect and review data to identify trends and improve risk management practices. Required reviews include:

1. Quarterly Case Record Reviews:
 - Peer-reviewed summaries identifying compliance with CINS/FINS requirements.
2. Quarterly Incident, Accident, and Grievance Reviews
3. Annual Customer Satisfaction Review
4. Annual Outcome Data Review
5. Monthly NetMIS Data Reports Review

Findings must be reviewed by management, communicated to staff and stakeholders, and used to identify strengths, weaknesses, and areas for improvement.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program provides reports of aggregated data and committee/workgroup minutes analyzing information.
- The program conducts quarterly case record reviews. (A summary report of case record reviews, identifying compliance with the CINS/FINS requirements, which is reviewed by management and communicated with staff on a quarterly basis at minimum.)
- The program reviews incidents, accidents, and grievances (shelter) at least quarterly.
- The program reviews customer satisfaction data at least annually.
- The program reviews outcome data at least annually.
- There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.
- The program demonstrates program performance is routinely reviewed with the Board of Directors. All final reports that include a Limited or Failed score is submitted electronically or by mail to the provider's Executive Committee on the Board of Directors.
- Evidence shows strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.

1.7 Transportation of Youth

Policy

The Provider shall ensure that all youth are transported in a manner that prioritizes their safety and the safety of staff, while maintaining appropriate documentation and accountability. All transportation shall be conducted by approved staff operating under agency standards and procedures.

Purpose

To protect youth and staff from real or perceived harm or misconduct during transport, and to minimize risk by establishing clear guidelines for approved drivers, documentation, and supervision practices.

Procedure

General Transport Protocol

1. **Approved Drivers**

- Only agency staff approved by administrative personnel may transport youth in agency-owned or approved private vehicles.
- Drivers must possess a valid Florida driver's license and be covered under the agency's insurance policy.

2. **Ineligible Drivers**

<https://www.djj.state.fl.us/content/download/23975/file/requirements-for-driving-youth-fdjj-1920.pdf?version=2>

- Any employee, contractor, volunteer who has received three (3) or more driving offenses as result of speeding in a three (3) year period
 - Speed 15 mph or more mph over limit-for those with the CMV (commercial motor vehicle) designation on their license;
 - Speed in excess of posted maximum;
 - Speed less than posted minimum;
 - Speed enhanced penalty zone;
 - Unlawful speed – work zone/school zone; and
 - Unlawful speed.
- Any employee, contractor, volunteer who has received one (1) of the following offenses in a three (3) year period
 - Allowing non-licensed operator to drive
 - Driving while license cancelled/revoked/suspended
 - Driving while license suspended Florida Statute 322.34(10(A))

- Driving while license cancelled/revoked/suspended/disqualified
- Driving under the influence
- DUI – property damage/personal injury (type 17)
- Expired license – 4 months or less
- Expired license – more than 4 months
- Reckless driving (type 84)
- Reckless driving (type 85)
- Refusal to submit to chemical test
- Driving with unlawful blood alcohol level (0.08% or above)
- DUI property damage/personal damage (type 108)
- Fleeing or attempting to elude police officer/law enforcement
- Leaving the scene of accident before police/law enforcement arrives
- Habitual traffic offender

3. Documentation

- Each vehicle trip must include the following recorded information:
 - Driver name or initials
 - Date and time
 - Mileage
 - Number of passengers
 - Purpose of travel and destination
- Supervisor will review transportation logs weekly and document supervisory review.

4. Supervision During Transport

- A single staff person may transport the youth with a signed parental consent prior to the transport. In order to ensure the safety of the youth and staff the transport must be:
 - Must be pre-approved by the Program Director
 - Review of the youth’s behavior, history, and risk level
 - Review of the staff member’s job performance and length of employment
 - Documented trip plan detailing destination and estimated mileage
- If there is no consent obtained from the parent prior to the transport, and it is necessary and cannot be delayed; in addition to the single staff transportation requirements above, the following steps must be taken:

- Documentation of approval and the following criteria must be recorded:
 - Justification that the transport cannot be delayed
 - During the transport, the staff member must:
 - Call to check in at pre-established intervals upon arrival and departure
 - Ensure these check-ins are documented by a supervisor or designee
 - If safety concerns arise, maintain an open phone line with agency personnel as an audio witness

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Supervisors complete a weekly review of transport documentation and provide written feedback or coaching when deficiencies are found
- The agency has a practice, review, and approval process in place regarding the transportation of youth assigned to the program.
- All drivers have an approved driver's license.
- List of approved drivers eligible to drive client(s) for the agency or approved private vehicle that considers the driver's work performance and history, indicating no inappropriate behavior is likely to occur.
- The list of approved drivers are covered under the agency's automobile insurance
- There is documentation of use of a vehicle that notes the name or initials of the driver, date and time, mileage, number of passengers, purpose of travel, and location.
- Signed parental consent is obtained in advance of any single transport.
- If a single staff is transporting youth in a vehicle, there is evidence that the Program Director approved it (prior to the transport) and the approval is documented accordingly prior to the client transport.
- If there is no signed parental consent for single staff transport and the transport is necessary and cannot be delayed; in addition to the single staff transportation requirements above, there is evidence that the transporting employee completed a check-in by phone at agreed-upon intervals with the senior program leader or designee, upon departure and arrival. The employee check-ins must be documented by the manager or designee receiving the call.

1.8 Client Contact Policy

Policy

Florida Network provider agencies and personnel must remain vigilant in avoiding conflicts of interest that compromise professional discretion or impartial judgment. All employees, contractors, interns, and volunteers are required to notify executive leadership, or a designated Human Resources representative when a real or potential conflict arises. Reasonable steps must be taken to resolve the issue in a manner that prioritizes and protects the client's interests. In some cases, this may require termination of the professional relationship with appropriate referral.

Agency personnel, including staff, contractors, interns, and volunteers must not:

- Exploit professional relationships for personal, religious, political, or business gain
- Engage in dual or multiple relationships with clients or former clients that pose a risk of exploitation or harm
- Communicate with clients via technology (e.g., social media, email, text, phone, video) for personal or non-work-related purposes
- Accept social media requests or engage in personal relationships with clients via electronic platforms
- If at any time a client attempts to connect with a staff and/or a staff with a client, it must be documented in the youth file.

When dual or multiple relationships are unavoidable, the agency is responsible for establishing clear, boundaries to protect the client. These relationships may be professional, social, or business-related, and can occur simultaneously or consecutively.

Purpose

To safeguard the therapeutic process and protect agency personnel from conflicting obligations that may compromise ethical standards or service delivery.

Procedure

Any individual interacting with, or potentially interacting with, clients must immediately disclose the presence or perception of a dual relationship to their supervisor, Human Resources officer, or executive leadership. All directives provided to eliminate or mitigate ethical risks must be followed without delay.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.

1.9 Community Referrals and Outreach Services

Policy

This policy establishes guidelines for providers to develop and maintain partnerships with local community service organizations and conduct outreach efforts to ensure comprehensive support for families and children served in Florida Network programs.

Purpose

This policy applies to all providers contracted under the Florida Network to deliver prevention and intervention services.

Procedure

Referrals to Local Community Services

Providers shall actively identify and establish both formal and informal partnerships with community-based service providers to enhance service delivery for families and children. These partnerships shall address medical, educational, mental health, substance abuse, and therapeutic needs.

Requirements:

- Providers must establish written formal agreements and informal connections with relevant community-based organizations.
- Copies of all formal agreements must be maintained by the provider and submitted to the Florida Network for record-keeping.
- **All Outreach activities should be recorded in NetMIS within three (3) business days of occurrence.**

Outreach Services

- Providers shall engage with key community stakeholders to raise awareness of available services and foster collaboration in supporting youth.

Requirements:

- Providers will designate a lead staff member to coordinate and provide outreach services.
- Providers must work with local offices of the Department of Juvenile Justice (DJJ), Department of Children and Families (DCF), school boards, middle and high schools, law enforcement agencies, the State Attorney's Office, and other relevant community organizations.
- Providers must submit an Outreach Plan detailing engagement strategies, including:

- Coordination with DJJ, DCF, school boards, law enforcement, and other stakeholders.
- Participation of local school board representatives in Case Staffing Committee meetings (if applicable).
- A detailed timeline for all proposed outreach activities.

Submission of the Outreach Plan to the Florida Network’s Contract Manager for review and approval no later than February 1st of each year.

Stakeholder Engagement:

- Providers must meet with local stakeholders including school districts, judges, and law enforcement—at least twice per year:
 - Discuss available services.
 - Identify potential service improvements.
 - Ensure ongoing communication and collaboration.
 - Documentation of these meetings must be maintained and provided during Quality Improvement (QI) audits.

Community Satisfaction and Service Impact:

- The Florida Network will conduct periodic assessments with local stakeholders to evaluate provider performance and community satisfaction. Assessments will include:
 - Evaluation of the impact of services on school truancy.
 - Recommendations for system improvements.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has a lead staff member who conducts outreach, is designated to participate in local DJJ Board and council meetings and leads other outreach activities. This responsibility is specified in their job description.
- The agency developed and submitted an annual Outreach Plan by February 1st to identify and target youth and communities at greatest risk for delinquency.
- Full-Service agencies document meetings with local stakeholders (school districts, judges, and law enforcement) at least two times per year to discuss services available and needed improvements.
- Outreach activities include education about services offered and guidance on accessing those services. The program has evidence that provides minutes of the event or other verification of staff participation.
- The program maintains written agreements with other community partners, which include services provided and a comprehensive referral process.
- Copies of agreements are forwarded to the Florida Network.

DOMAIN 2: Governance, Contracting & Quality Improvement

2.0 Contract Management

Policy

To establish a uniform framework for managing, evaluating, and enforcing contracts with local service providers, ensuring compliance with DJJ standards, fiscal accountability, and quality improvement domains.

Purpose

This policy applies to all Florida Network providers subcontracted through the Florida Network, under the Florida Department of Juvenile Justice (DJJ) umbrella.

Definitions

- **Provider:** Any agency or organization under contract to deliver services to DJJ-referred youth.
- **Contract Monitoring:** Active oversight activities (inspection, review, reporting, follow-up) designed to ensure provider compliance with contractual terms, applicable laws, and performance standards.
- **Corrective Action Plan:** Documented steps taken by a provider to remedy identified deficiencies or non-compliance.

Procedure

Florida Network will:

- Utilize DJJ-approved Quality Improvement tools to oversee program compliance.
- Monitor and enforce all contract provisions, including:
 - DJJ Statewide Incident Reporting
 - Arrest reporting requirements
 - DJJ background screening protocols
- Ensure quality improvement and corrective action plans are developed, implemented, and tracked to completion.
- Apply graduated consequences that may include technical assistance, corrective action planning, financial consequences, suspension of services, contract rebidding, and/or contract termination for non-performance.
- Enforce payback provisions when services are paid for but undelivered, in consultation with DJJ.
- Allocate and manage units of service and funding by community need and provider performance.

- Review provider compliance with federal statutes (e.g., OMB Circular A-133, Florida Single Audit Act), state law, administrative code, and DJJ policies.
- Monitor quantity, quality, accuracy, and timeliness of data entry and collection by each provider.
- Require each closed client file to include:
 - Juvenile Justice Information System Identification (JJIS ID)
 - Date of Intake
 - Date of Discharge/Release
 - Reason for Discharge/Release
- Obtain and review annual financial audits from providers, in compliance with the Single Audit Act.
- Review program performance with provider’s governing board where significant concerns are identified.

Responsibilities

- Quality Improvement and Compliance Manager
 - Coordinate monitoring activities.
 - Document findings and review and track corrective action plans.
 - Facilitate provider training on compliance and best practices.
- Contract Manager
 - Review financial reports and audit findings.
 - Recommend payback or funding adjustments as needed.
 - Enforce corrective action plans, escalating consequences as necessary.

Monitoring Indicators

During site visits, file reviews, and data audits, the following issues will trigger focused follow-up:

- Failure to ensure client health or safety
- Significant monitoring findings
- Excessive or concerning critical incidents
- Failure to perform or incomplete services
- Missed contractual deliverables or performance benchmarks
- Chronic late performance or reporting
- Inappropriate use of funds

Contract Management

The Florida Network State Office is responsible for administering local provider contracts. Tools to facilitate active Contract Management and Monitoring include:

1. Monthly Data
 - Collect statewide and local performance data each month.
 - Disseminate Contract Benchmarks (services delivered) and Contract Monitoring indicators to DJJ and providers.
2. Contract Monitoring Tool
 - Utilize during announced and unannounced visits by an independent contractor or Florida Network staff
 - Covers fiscal management, DJJ QA standards, background screening, and CCC reporting.
3. Monthly Tracking
 - Review and follow up on all monthly data reports and performance measures.
4. Annual Evaluation
 - Conduct evaluations at least annually.
 - Providers below criteria may be placed on probation for a period of six months
 - Providers continuing to be below criteria may incur financial consequences, including reallocation of resources.
5. Incident Reporting
 - Call in and log all incidents.
 - Verify procedures when DJJ CCC does not accept reports.
 - Annual CCC reporting training delivered at QIC meetings.
6. Satisfaction Survey
 - Administer to youth and parents; input data into NetMIS.
 - Generate Satisfaction Survey Summary and Detail Reports.
7. Current Licenses
 - Verify each shelter provider holds a current DCF child-caring or child-placing license.
8. Quality Improvement Community (QIC)
 - Biannual forums for sharing Policies, DJJ QI standards, CCC updates, programmatic training and program best practices.
9. Programmatic & Administrative Technical Assistance and Data Analysis
 - Provided by contracted program trainers, contracted CPA, HR attorney, and Florida Network staff.
10. Conduit for Communication
 - Facilitate ongoing dialogue among DJJ, providers, independent contractors, and the Florida Network.

2.1 Quality Improvement and Monitoring

Policy

The Florida Network will conduct an external on-site review process to provide an objective assessment of a program's fiscal, programmatic and administrative operations, including management, governance, and service delivery based on established domains.

This policy supports continuous improvement in service quality, ensures compliance with Florida Network standards and programmatic requirements, and minimizes liability for both the Network and local providers.

Purpose

To maintain compliance with required policies and procedures and promote high-quality services and organizational resilience across all contracted programs.

Procedure

Annual Review Cycle

Each year, Quality Improvement (QI) tools are reviewed and revised as needed, then distributed to local providers prior to the annual review cycle. Reviews are conducted randomly between September and June.

Review Process

- The Florida Network conducts on-site Contract Monitoring/QI Reviews, at least annually for all programs. Reviews are based on QI /Demonstration of Compliance domains developed by the Network with input from the Department of Juvenile Justice and Network membership. In addition to annual reviews, the following events will initiate reviews, up to on-site reviews
- Safety and Security issues reported from any source
- CCC reports of a serious nature
- Calls from customers including parents, youth, law enforcement, schools, etc.
- Calls from government officials across any branch
- Calls from DJJ Contract Manager or higher-level position
- Monthly Report Data that appears outside of expected norms

Notification

Local providers receive written notice at least ten (10) business days prior to their scheduled review. On-site reviews typically span two days for residential programs and one day for community counseling providers, beginning with an entrance interview and concluding with an exit interview.

Review Team Composition

The review team includes:

- A lead reviewer who is an independent third-party monitor
- A DJJ representative
- Certified peer reviewers from other Florida Network providers

Peer Reviewer Certification

Contract holders must provide a minimum of two certified peer reviewers per program. Agencies are encouraged to maintain at least three certified reviewers per site to support workload distribution, promote best practice sharing, and foster staff development.

Peer reviewers must meet the following criteria:

- Completion of Florida Network Certified Reviewer Training
- Bachelor's degree or three (3) years of leadership experience in a CINS/FINS program

Data Sources

Review teams use multiple data sources to assess indicators:

1. Program documentation (e.g., policies, committee minutes, case files)
2. Interviews with youth, parents, and staff
3. Direct observation of service delivery
4. NetMIS

Quality Improvement Community

The Florida Network Quality Improvement Community (QIC) convenes as needed to address changes to QI/Demonstration of Compliance Domains and policy. All providers contribute to the development and refinement of these standards.

Quality Improvement Domains

Programs are evaluated across the following domains:

- Management & Accountability
- Oversight & Planning
- Screening, Assessment & Intervention
- SNAP Services
- Shelter Care Services
- Mental Health and Health Services
- Physically Secure Services

Scoring System

All program reviews evaluate current operational practices and determine their adherence to FNYFS policies.

The program review focuses on processes observed on site during program reviews, with particular attention to the initial conditions documented during fieldwork.

Techniques employed included document review, staff interviews, direct observation of practice, and testing of control effectiveness. All evidence is cross-referenced to ensure traceability from the original findings, observations, or source data to the final report conclusion.

These findings are supported by documentary evidence (e.g., observation of practice, work orders, transaction logs) and first-hand observations recorded in the working papers. Overall, the integrity of the review depends on maintaining an unaltered record of the conditions that existed at the time the evidence was gathered.

When a deviation from policy/procedure is identified during the onsite QI review, it is noted as an "Exception" in the report. If the practice is corrected while the team is on-site, that will be noted in the report.

- **Satisfactory Compliance** – No exceptions or only minor, non-systemic exceptions with corrective action already applied.
- **Limited Compliance** – Exceptions that interrupt service delivery and require management oversight.
- **Failed Compliance** – Missing essential components requiring immediate remediation.
 - Failed or Limited scores may trigger the following thresholds for overall program failure:
 1. 25% or more of indicators rated as Failed
 2. At least 15% of indicators Failed and 30% are rated Limited
 3. At least 5% of indicators Failed and 50% are rated Limited
 4. 65% or more of indicators rated as Limited or Failed

Agencies must submit a Corrective Action Plan for any Failed or Limited indicator. Re-reviews occur within six (6) months of the final report.

Critical Issues

Findings that pose a threat to youth safety or program security are designated as critical issues. These must be corrected within 48 hours unless otherwise directed by the Florida

Network. Failure to do so could result in a suspension of services. Documentation of resolution is required to the Florida Network.

Best Care Provider Designation

Programs achieving Satisfactory scores across all indicators may be recognized as Best Care Providers. Agencies with minor exceptions may also be considered at the discretion of Network leadership.

This designation reflects a program's ability to deliver effective services within a resilient, learning-oriented management structure. Best Care Providers serve as models for peer agencies statewide.

Challenge and Appeal Process

Programs may appeal review findings during on-site debriefings and upon receipt of the draft report. Appeals must be submitted via email with a read receipt to the Florida Network Chief Operating Officer within five (5) business days of receiving the draft.

The Chief Operating Officer will respond within 14 business days after consulting with the review team and Network leadership. Cooperation and professionalism are expected throughout the appeal process.

Reporting

Draft QI/Compliance Monitoring reports are issued to the local service provider within 15 business days of the monitoring visit. Finalized reports are provided to the local service provider and the Department's Contract Manager within 25 business days of the monitoring visit. Findings are entered into DJJ's Program Management and Monitoring System (PMM). An Outcome-Based Corrective Action Plan (OBCAP) is required to be submitted within 14 business days for all areas categorized as Limited or Failed. Corrective actions related to critical indicators must begin immediately and follow the OBCAP template in the addendum (reference it here once complete).

Corrective Action Process

- Major deficiencies are reviewed with the Florida Network to verify the findings.
- Significant safety-threatening non-compliance triggers immediate verbal notification to the Executive Director and Florida Network QI Manager, followed by a written report within 48 hours outlining required immediate corrective actions required.
- Providers must submit a Corrective Action Plan within 14 working days, using the Service Provider Corrective Action Form (see addendum).
- An independent contractor reviews the plan within three business days; upon approval, the provider implements corrective measures.

- Successful resolutions are documented in writing to the provider.
- Recommendations for program or operational improvements may be issued; written responses are not mandatory.

2.2 Risk Monitoring & Assessment

Policy

The Florida Network may deploy an independent third-party auditor to assess a contracted agency's operational readiness and its ability to deliver essential services while maintaining mandatory safeguards for staff and clients. This assessment is triggered by one or more of the risk indicators listed below.

Findings will be compiled in a written report and shared with:

- The executive officer of the contracted organization
- The executive committee of the organization's board of directors

Purpose

To provide targeted oversight and responsive monitoring when significant risk factors may compromise the effective functioning of a contracted agency.

Procedure

Episodic Risk Assessment Monitoring may be initiated based on risk indicators communicated to the Florida Network through any of the following channels:

- Critical incident reports
- Public reports of mismanagement or malfeasance
- Credible concerns raised by agency partners, clients, or personnel
- Unexplained or irregular changes to service deliverables
- Obfuscation of information by agency personnel
- Lack of communication from executive leadership in response to inquiries of concern

Risk Indicators

The following factors may prompt an episodic risk assessment:

1. Loss of key staff member (President/Executive Director, Finance Manager, Program Director, Shelter Supervisor)
2. Death of a direct care staff member
3. High staff turnover
4. Arrest of agency staff members
5. Unacceptable or poor contract monitoring results
6. Minimal or low performance Quality Improvement (QI) score
7. Unacceptable or poor FNYFS Report Card results

8. Issues of non-compliance
9. Number of incidents accepted by the DJJ CCC
10. Weak or absent internal controls
11. Financial deficiencies reported by other funding sources
12. Loss of funding
13. High number of runaway incidents
14. High number of violent incidents
15. Complaints from internal or external sources
16. Newly funded agency
17. External program intelligence
18. Loss of facility or van keys
19. Governance concerns

2.3 Disaster Planning

Policy

All agencies must develop and maintain a comprehensive Disaster Preparedness Plan, designed to protect youth, staff, records, and facilities from harm during emergency situations. This plan shall be reviewed and, if needed, updated annually, and must be submitted to the Florida Network each calendar year, no later than February 1st.

Providers delivering shelter services must additionally sign and comply with the Universal Agreement Emergency Disaster Shelter, as affirmed by the Chief Executive Officer (CEO) or authorized designee. This agreement formalizes participation in coordinated statewide emergency response efforts.

Purpose

To ensure a proactive and coordinated response to emergencies that threaten the safety and well-being of staff, youth, and facility operations. This policy promotes organizational resilience and continuity of care through structured planning for various hazard scenarios.

Procedure

Disaster Preparedness Plan Requirements

Each Disaster Preparedness Plan must include (at minimum) protocols for:

1. **Emergency Evacuation Protocols**
 - Situations covered: hurricanes, tornadoes, fires, floods, youth disturbances, hostage scenarios, shootings, chemical spills, bomb threats, and terrorism-related events
2. **Severe Weather Procedures**
 - Clear actions for tropical storms, lightning warnings, and localized alerts
3. **Evacuation Logistics (Shelters Only)**
 - Safe and reliable transportation methods
 - Conditions and triggers that necessitate evacuation
4. **Evacuation Facility Designation**
 - Identification of specific alternate housing or safe shelter sites
5. **Critical Resource Planning (Shelters Only)**
 - A generator, and demonstrated proficiency to use it, to preserve basic operations
 - Procedures to relocate essential items during evacuation:
 - Food, medications, medical supplies
 - Youth care documentation (logbooks)

- Communication tools (cell phones, radios)
 - Bedding or other survival necessities
- 6. Florida Network Notification Protocol**
- Contact the Florida Network, Director of Contract Operations with any program disruptions, evacuations, or operational changes.
- 7. Program Closure Communication**
- If any service provider under contract with the Florida Network experiences temporary or permanent closure, notification must be sent immediately to the DJJ Central Communications Center (CCC).

Universal Agreement Requirement

The [Universal Agreement Emergency Disaster Shelter document](#) must be signed by all agency executives. This agreement remains active for the duration of the provider’s contract and affirms the agency’s commitment to coordinated emergency shelter efforts.

Demonstration of Compliance:

- Each agency develops and maintains a comprehensive Disaster Preparedness Plan that includes the following:
 - Emergency evacuation protocols
 - Severe weather procedures
 - Evacuation logistics (shelter only)
 - Evacuation facility designation (shelter only)
 - Critical Resource Planning
 - Florida Network and DJJ notification requirements
- The comprehensive Disaster Preparedness Plan is submitted to the Florida Network annually, no later than February 1st.
- The Universal Agreement/Emergency Disaster Shelter document is signed by the agency executive.

2.4 Staff Qualifications, Key Personnel, and Vacancy Reporting

Policy

All staff delivering services under the Florida Network contract must possess the appropriate educational qualifications, professional training, and where applicable licensure or certification. The Provider shall maintain adequate staffing at all times to ensure continuity of service. All staff positions funded under the Florida Network contracts must be logged into the [Florida Network SharePoint Hub \(FLN Hub\)](#) and identified by contract number. Key personnel vacancies must be reported and filled in a timely manner to avoid disruption of services and potential financial penalties.

Purpose

To ensure staffing sufficiency and workforce stability by defining qualification requirements, key personnel responsibilities, vacancy protocols, and reporting obligations in accordance with contractual and licensing standards.

Procedure

Staff Qualifications

1. Professional and Exempt Staff: Must hold a minimum of a bachelor's degree. Relevant experience may substitute for education on a year-to-year basis.
2. Non-Exempt Staff: Must hold at least a high school diploma.
3. All staff must meet applicable licensure or certification requirements for their role or position within the organization, as outlined by law, contract, or licensing authority.

Key Personnel Notification and Staffing Continuity

1. The Provider shall notify the Florida Network Contract Manager within five (5) working days of a vacancy in any key personnel role.
2. Key personnel include and vary by contract:
 - Residential Director (or equivalent)
 - Non-Residential Director (or equivalent)
 - Shelter Clinical Supervisor (or equivalent)
 - Nurse
3. Vacant key positions must be filled with personnel of equivalent experience and expertise. Temporary assignments (i.e., "acting" roles or contracted clinicians) are acceptable and considered "filled" while the hiring process is active.
4. All vacancies of any position that exceed 90 days must be reported to the Florida Network.

5. The Provider shall maintain and implement a written backup staffing plan to ensure coverage in the event of staff absence due to illness, emergencies, or vacation. Services must not be canceled or rescheduled due to staffing gaps.

Vacancy Penalties and Reporting

1. The Florida Network shall withhold \$100 per day for each day a key position remains vacant beyond 90 days.
2. This penalty ceases once an applicant is selected, or the role is temporarily filled by a qualified individual in an acting or contracted capacity.
3. If the selected applicant is not successfully hired, the penalty shall resume. If a key position remains vacant for more than 220 days, the penalty continues indefinitely.
4. Vacancy status for each key personnel role must be reported monthly in the Staff Vacancy Report, which is updated on the agency staff listing in the [FLN Hub](#).

Staffing Changes and Amendments

1. Any changes to staffing levels, titles, or qualification requirements must be submitted through a formal contract amendment. No unilateral staffing changes are authorized.
2. All staffing updates, including new hires, departures, and transitions, must be documented in the monthly Staff Vacancy Report provided to the Florida Network. This is maintained monthly by each agency and collected in the [FLN Hub](#).

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all the requirements for this policy and is signed and approved.
- The provider maintains and implements a staffing plan that ensures coverage in the event of staff absence due to illness, emergencies, or vacation. Services are not cancelled or rescheduled due to staffing gaps.
- Provider staff meet required qualifications:
 - Bachelor's degree (or relevant experience on a year-for-year basis) for Professional or Exempt staff
 - High-school diploma for non-exempt staff
 - Applicable licensure or certification for their roles
- The provider notifies the Florida Network Contract Manager within five (5) working days of a vacancy in a key personnel role:
 - Residential Director (or equivalent)
 - Non-Residential Director (or equivalent) - *This is the only key position for Community Counseling and SNAP[®] only providers/contract.*
 - Shelter Clinical Supervisor (or equivalent)
 - Nurse

DOMAIN 3: Screening, Assessment & Case Management

3.0 Screening for Eligibility Policy

Policy

All referrals for services must be screened for eligibility based on the criteria outlined in this policy. Screenings must be documented using the Florida Network screening form and entered into NetMIS within three (3) business days of completion.

Purpose

Eligible youth and families classified as Families in Need of Services (FINS) will have access to the full continuum of CINS/FINS services outlined in this manual. Youth under age 18 who meet the criteria for Children in Need of Services (CINS) may be eligible for judicial intervention, following documented attempts to engage the youth and family through FINS services.

Procedure

Eligibility Criteria

Families in Need of Services (FINS)

At the time of referral, a family that has a child is eligible if:

- There is no court-ordered supervision by the Department of Juvenile Justice (DJJ) for delinquency or the Department of Children and Family Services (DCF) for dependency.
- A youth may be referred who is currently under investigation by DCF for an allegation of abuse, neglect or abandonment. The referrals must come directly from DCF, via the referral form attached in addendum (*once approved will be added*). This will be subject to an interagency agreement between DCF and DJJ and subject to available funding.
 - If the referral from DCF is declined, the DCF referral source must be informed immediately.
- The child has been referred for:
 - Running away from parents or legal guardian or custodian.
 - Ungovernable and persistently disobeying the reasonable and lawful demands of parents or legal guardian or custodian and is beyond their control.
 - Habitual truancy from school.
 - Engaging in other serious behaviors that place the child at risk of future abuse, neglect or abandonment or at risk of entering the juvenile justice system.

A family in need of services is defined in Florida Statute Chapter 984.03(27).

Children in Need of Services (CINS)

CINS is an adjudicated status for a child who meets the following criteria:

- There is no pending investigation at time of referral into an allegation or suspicion of abuse, neglect, or abandonment.
- There is no pending petition filed with the court alleging the child is delinquent
- No current court-ordered supervision by the department for delinquency under chapter 985 or court-ordered supervision by the Department of Children and Families (DCF) under chapter 39. referral alleging delinquency.
- The child must also be found by the court:
 - Persistently running away from parents, legal guardians, or custodians despite reasonable efforts of the child, parent, legal guardians or custodians, and appropriate agencies to remedy the condition contributing to the behavior.
 - To be a habitual truant from school, while subject to compulsory school attendance, despite reasonable efforts to remedy the situation pursuant to sections 1003.26 and 1003.27, F.S. and services offered by the department or its authorized agent.
 - To be ungovernable by having persistently disobeyed the reasonable and lawful demands of the child's parents, legal guardians, or custodians, and to be beyond their control despite the child having the mental and physical capacity to understand and obey the lawful rules and demands, and despite efforts by the child's parents, legal guardians, or custodians and appropriate agencies to remedy the conditions contributing to the behavior.

Respite Services

Referrals for Respite services must undergo screening to determine both eligibility and service availability. Shelter respite services are provided to youth ages 10-17 who:

- Have been arrested or issued a Pre-Delinquent Citation for a Domestic Violence offense against a household member.
- Are currently on probation and require a temporary time-out placement.

1. Domestic Violence Respite

- Youth charged with domestic violence offenses may be referred on a case-by-case basis. Eligibility includes youth previously adjudicated for other issues and those accused but not adjudicated.

2. Probation Respite

- Youth currently on probation, including those with adjudication withheld or previously adjudicated, may be referred for temporary time-out placement from their current home settings if deemed appropriate by their Juvenile Probation Officer (JPO).

3. Pre-Delinquency Citation for Domestic Violence

- Youth who receive a civil citation for domestic violence or have been referred by a pre-delinquency service provider due to domestic violence-related concerns may be admitted.

Exclusion Criteria

Some youth may not be eligible for CINS/FINS or Respite services due to behaviors that pose a danger to themselves or others:

- current or past fire setting behaviors
- violent or sexual offenses (except for domestic violence)
- in need of acute inpatient care or crisis stabilization
- a security or safety risk to other youth or staff.

In such cases:

- A screening must still be completed.
- Appropriate referrals must be made to alternative providers or services.
- Documentation of risk factors and referral actions must be maintained.

Purpose

Community Counseling:

All referrals for community counseling must be screened for eligibility by a trained staff member within three (3) business days of referral. The completed screening must be entered into NetMIS.

Shelter Placement:

Screenings for youth inquiring about shelter placement must be conducted immediately. If the staff member on duty cannot complete the screening or determine eligibility during the call, an on-call supervisor must be contacted to complete the process and determine eligibility within 30 minutes.

Screening and Referral Process:

Designated staff should collect all necessary information to assess immediate concerns and eligibility for services. Based on screening outcomes, referrals should be made to appropriate internal or external resources.

- All findings and actions must be documented in writing.

- If the youth or family declines services, the reason must be documented and logged in NetMIS within (3) three business days.

Legal Status Assessment:

To determine a child's legal status, staff should attempt to consult with the Department of Juvenile Justice (DJJ) and/or the Department of Children and Families (DCF). This information supports:

- Eligibility determination
- Preliminary assessment
- Identifying the need for further screening
- Coordinating appropriate services and referrals

Quality Review:

Designated staff at the local provider agency must review all completed screenings for accuracy, completeness, and appropriate service recommendations. All screenings must be documented using the Florida Network screening form.

3.1 Centralized Intake

Policy

Centralized Intake is available 24 hours a day, 7 days a week, and accessible in every judicial circuit through full-service providers. This process includes eligibility screening, crisis counseling, and referrals to appropriate services, including community-based counseling. The goal is to connect children and families with the least restrictive, most responsive, and individualized services to meet their specific needs.

Purpose

The purpose of the Centralized Intake process is to:

- Assess the child and family's eligibility for services and determine immediate and long-term service needs
- Provide crisis counseling as necessary to stabilize urgent situations
- Offer timely connections and support to families for ongoing services

Procedure

- A trained staff member will complete a Florida Network screening form with each child and family to determine eligibility, identify presenting issues, and document referrals to other programs or services.
- Services may be initiated through referrals made by:
 - Parents, guardians, or legal custodians
 - School officials
 - Law enforcement officers
 - Other authorized referral sources
- Referrals for habitual truancy must comply with Florida Statute 1003.26, requiring that schools document all necessary interventions before making a referral.
- Referrals for ungovernable or runaway behaviors must be voluntarily accepted by the family or individual family members requesting services.

Centralized Intake

1. **Eligibility Screening**

24/7 access to trained staff who assess eligibility for CINS/FINS services, initiate assessments, and provide immediate support as needed.

2. Crisis Counseling

Short-term intervention focused on stabilizing the current crisis and addressing urgent safety or emotional needs.

3. Information and Referral

Around-the-clock support from staff who guide families to appropriate internal and external services based on the needs identified during screening.

3.2 Admission Process

Policy

To support effective service planning and delivery, staff will collect comprehensive information during intake, including child and family demographics, household composition, employment, school history, and other relevant factors. This information is gathered using the Intake Form and used to guide service planning and development.

Purpose

The intake process provides staff with essential insight into the youth's needs, challenges, and potential service options. The information collected serves as the foundation for individualized case planning and also supports broader program evaluation and reporting.

Procedure

1. Scheduling and Setting

- Following the initial screening, an appointment will be scheduled to begin the intake process.
- Intake should take place in a welcoming, private environment that promotes comfort and openness for the youth and family.

2. Documentation and NetMIS Entry

- Staff must complete all intake documentation thoroughly and accurately.
- All required information must be entered into NetMIS within three business days.

3. Information Provided to Families

Local providers must provide eligible families with the following written materials:

- Available service options
- Rights and responsibilities of parents/guardians
- Parent brochure

Providers must also make the following information available in writing to youth and their families:

- Rights and responsibilities of youth
- Possible actions or outcomes related to service involvement (e.g., case staffing committee, CINS petition, CINS adjudication)
- Grievance procedures (shelter only)

4. Client Records

A case file must be maintained for each youth receiving services. Each file must

include, at minimum:

- Chronological notes
- Demographic information
- NIRVANA(s)
- Program and service details
- Correspondence
- Service plans
- Assessments
- Case management notes
- Any other relevant documentation

5. Required Intake Forms

At a minimum, the following documents must be initiate and/or completed during intake:

- Screening Form
- Consent for Services
- Intake Form
- NIRVANA
- Suicide Risk Screening
- Program Orientation
- Plan of Service

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Centralized intake services are available through programs providing shelter services, and are accessible twenty-four hours, seven days a week. The screening form is completed immediately for all inquiries into shelter placement. The initial screening for eligibility for Community Counseling Services (including screening for eligibility, crisis counseling and information, and referral) occurs within 3 business days of referral by a trained staff member using, at minimum, the Florida Network screening form.
- Screenings take place in a setting that allows the client to feel safe and heard.
- Youth and parents/guardians are provided available service options in writing.
- Youth and parents/guardians are provided “Rights and Responsibilities of Youth” in writing.
- Parents/guardians are provided “Rights and Responsibilities of Parents” and/or parent brochure.
- Youth and parents/guardians are provided information regarding the possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication).
- Youth and parents/guardians are provided information regarding the programs grievance procedures.
- If the youth and family do NOT participate in services, the reason is documented on the screening form and logged in NetMIS.

3.3 NIRVANA (Network Inventory of Risks, Victories, and Needs Assessment)

Policy

The Network Inventory of Risks, Victories, and Needs Assessment (NIRVANA) is a trauma-informed, strengths-based tool used to evaluate youth and family needs and measure changes over time within the Florida Network of Youth and Family Services continuum. It identifies both risk factors and protective factors across key life domains to guide service planning and support positive outcomes.

Purpose

The NIRVANA assessment is designed to:

1. Determine a youth's level of risk
2. Identify risk and protective factors
3. Inform the development of a service plan targeting risk reduction and resilience building
4. Measure progress and change resulting from intervention

Procedure

Applicability

NIRVANA must be administered to all youth receiving services under the Florida Network, including:

- **CINS/FINS** (Shelter and Community Counseling)
- **SNAP**® (Under 12, SNAP for Youth, SNAP Youth Justice)
- **Respite** (Domestic Violence Pre- Delinquent Citation, and Probation)

Staff Qualifications

- NIRVANA must be completed by staff who have completed the Florida Network NIRVANA training.
- Staff must have gone through the DJJ approved Motivational Interviewing (MI) training or can prove MI in their education. Licensed clinical staff are exempt due to their licensure status.
- MI training/exemption must be documented in the staff member's training file.

Assessment Domains

NIRVANA evaluates both static and dynamic factors across the following domains:

Delinquency History

- Firearms
- School
- Employment
- Peer Associations
- Family/Living Arrangements
- Alcohol and Drug Use
- Mental Health & Suicidal Ideation
- Attitudes & Behaviors
- Aggression
- Life Skills

Assessment Standards

- Assessments must be conducted in a conversational, client-centered manner using the Interview Guide.
- If the youth discloses alternative information at a later date, the initial assessment may be amended to reflect that information within NetMIS. This does not change the reassessment and post assessment timeframes required.
- The NIRVANA is not a tool for assessing suicide risk. Refer to Suicide Policy for suicide screening procedures.
- Service plans must align with risks/protective factors identified in the NIRVANA.
- Supervisor review and signature is required on every completed NIRVANA within seven (7) business days. (may be noted on the assessment, interview guide, or progress note).
- All completed assessments must be entered into NetMIS according to the timeframes outlined in Data Collection Policy.
- If a youth transitions between services; (e.g. FINS shelter to Community Counseling) and the NIRVANA was completed within 30 days, the provider would need to confirm/modify the pre-populated responses from the original NIRVANA and document the exception(s) in the youth file.

| NIRVANA Assessment Timeframes – All Services | | |
|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Assessment Type | When to Complete | Description |
| Initial NIRVANA Assessment | Shelter Programs: Initiated within 72 hours of intake and completed within seven (7) days from intake. Community Counseling and SNAP: Initiated at intake and completed within 1-2 client contacts | This is the full baseline NIRVANA used to identify risk/protective factors and guide service planning. Initial assessments can be amended as information is learned. |
| NIRVANA Re-Assessment | Every 90 days for youth with long lengths of stay (Not required for SNAP® services) | A full NIRVANA reassessment to evaluate ongoing progress and determine if service plan changes are needed. |
| NIRVANA Post-Assessment | At discharge for all youth with a length of stay greater than 30 days (Not required if a Re-Assessment was completed within 30 days of discharge) | A final NIRVANA used to measure change and impact of services provided. |
| NIRVANA Self-Report (NSR) <i>Shelter Youth Only</i> | Required upon entry into residential programs. If not completed, documentation must be entered in NetMIS and the youth's file noting the reason. | A shortened, youth-completed version of the NIRVANA that helps initiate early assessment before the full tool is administered. |

Note: SNAP® youth are not required to complete a reassessment during the standard 13-week service cycle.

- **Suicide Risk:** The NIRVANA is *not* a tool for suicide screening. Refer to Florida Network Policy for suicide risk procedures.
- **Data Entry Requirements:** All completed assessments must be entered into NetMIS in accordance with the Data Collection policy.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- For youth in shelter care, the NIRVANA Assessment is initiated within 72 hours of admission and completed within seven (7) days from intake.
- For youth receiving Community Counseling Services, the NIRVANA Assessment is initiated at intake and completed within one-two contacts following the initial intake date into services.
- NIRVANA Assessments are conducted by staff who have completed the Florida Network NIRVANA training and has completed Motivational Interviewing (MI).
- All completed NIRVANA assessments are entered electronically into the Florida Network Management Information System (NetMIS) within three (3) business days of service commencement.
- The supervisor's signature is documented on the completed NIRVANA Assessment and/or the chronological note and/or the interview guide that is located in the youths' file within 7 business days.
- (For Shelter) NIRVANA Self-Assessment Report (NSR) is completed within 24 hours of youth's admission into shelter. If unable to complete, there is documentation in NetMIS and the youth's file explaining the barriers to completion.
- A NIRVANA Post-Assessment is completed at discharge for youth with a length of stay (LOS) greater than 30 days.
- For youth with extended LOS, a NIRVANA Re-Assessment is completed every 90 days, with the exception of SNAP services.
- All files contain the interview guide and/or printed NIRVANA.

3.4 Case Management, Counseling & Non-Residential Services Policy

Counseling

Policy

The Provider shall coordinate and deliver comprehensive case management and counseling services to youth and families in need. This includes information gathering, service coordination, advocacy, monitoring of services, case review, and referrals when direct service is no longer required.

Community counseling services shall be provided for an average duration of 12 weeks. All counseling services, both community and shelter based, must be delivered weekly. Community Counseling services shall also be available for youth and families requiring structured intervention, support, and referrals.

Purpose

To ensure holistic, structured, and timely support through assessment, appropriate interventions, and service coordination. The Provider shall prioritize continuity, confidentiality, and effectiveness to improve outcomes for children and families.

Procedure

Service Coordination & Counseling Standards

At a minimum:

- Each client shall be assigned a counselor to provide weekly counseling.
- If case management needs extend beyond the counselor's role, a case manager shall be assigned to ensure continuity through direct provision or referral.
- Counseling services shall be provided at least once per week, for the first 12 weeks of service, by a licensed mental health professional or non-licensed staff working under the direct supervision of a licensed staff. If the session cannot be provided, the reasons why not will be documented in the file.
- Any non-licensed mental health professional must remain under clinical supervision as required by Rule 63N-1.0031 and 63N-1.0033, F.A.C., and Chapter 491, F.S.
- Weekly counseling (individual, group and/or family) must be offered for youth in shelter and community counseling by a staff person deemed qualified under rule 63n.

- If services are not provided for 30 days, the case must be closed.
- The Provider shall document all counseling and case management sessions in the youth's file and NetMIS, including missed sessions.
- If mental health or substance abuse needs are identified, appropriate referrals shall be made and documented.

A minimum of one family counseling session shall be offered to the parent(s) or legal guardian(s) of all youth referred for Respite services (DV, Probation & PDC) to address reunification planning and related concerns. If the session is not conducted, the Provider shall document the reason in the youth's case file, including any barriers to participation or service delivery.

Case Management Process

Case management services shall include but no limited to:

1. Assessment & Referral Coordination – Conduct face to face initial NIRVANA assessments for all eligible youth, including gathering family history, demographics, and other applicable information that will help inform service planning.
2. Service Plan Implementation – Ensure alignment between presenting problems, NIRVANA, additional assessments as needed, intervention plans, and follow-up.
3. Progress Monitoring – Maintain chronological case notes to track and document compliance with case requirements.
4. Family Support & Coordination – Provide direct support and referrals to appropriate resources.
5. Court-Ordered Youth – Monitor compliance with mandated interventions for youth in shelter and community counseling.
6. Case Staffing Committee Referrals – Refer cases with no substantial improvement after six weeks to the case staffing committee for further review and determination by the committee.
7. Judicial Intervention – Recommend and pursue court-based solutions where necessary.
8. Court Support – Accompany youth and families to court hearings and related appointments, as well as preparation of court documents as it relates to the case.
9. Referral to Additional Services – Ensure timely referrals to mental health services, substance abuse treatment, and additional needs as they present themselves.

10. Regular Case Review – Maintain oversight of services, court orders, and referrals.
11. Case Termination & Follow-Up – Conduct follow-ups at 30- and 60-days post discharge.

Community Counseling Service Delivery

The Provider shall deliver counseling services for youth and families who need intervention and support.

- Counseling services shall be available for an average duration of 12 weeks and may include:
 - Individual, group, and family counseling
 - Crisis intervention
 - Parent training
 - Community-based mental health and substance abuse referrals
 - Case management
 - Prevention and diversion services
 - Skills training, tutorial/remedial services
 - Vocational, job training, or employment services
 - Recreational services
- Counseling sessions must be offered at minimum once per week, **for the first 12 weeks,** with documented reasons in the youth's file and in NetMIS if a session cannot be held.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Each client is assigned a counselor.
- Counseling services are provided to each client at least once per week, for the first 12 weeks of services, by a licensed mental health professional or non-licensed staff working under the direct supervision of a licensed staff.
- The reason(s) why a required weekly session could not be provided is documented in the client file.
- Direct supervision is documented on the Licensed Mental Health Professionals and Licensed/Certified Substance Abuse Professionals Direct Supervision Log (MHSA 019) or on a program developed form which contains the same information.
 - Direct supervision must be completed weekly with a LMHP and may be conducted virtually no more than twice per month.
- If case management needs extend beyond the counselor's role, a case manager is assigned and appropriate referrals are made.
- All counseling and case management sessions are documented in the youth's file and NetMIS, including the reason for missed session/s.
- If mental health or substance abuse needs, outside of the program's capacity, are identified appropriate referrals are made and documented.
- For clients receiving Respite Services (DV, Probation & PDC), a minimum of one family counseling session is offered to address reunification planning and related concerns. If the session is not conducted, the reason is documented in the youth's case file, including any barriers to participation or service delivery.
- Clients that do not receive services for 30 days or more have their case closed.
- The program conducts quarterly case record reviews. (A summary report of case record reviews, identifying compliance with the CINS/FINS requirements, which is reviewed by management and communicated with staff on a quarterly basis at minimum.)

3.5 Adjudication Services: Case Staffing

Policy

The Full-Service Agency (offering both Shelter & Community Counseling) shall convene and chair Case Staffing Committee meetings in accordance with Chapter 984.12, Florida Statutes. The Committee must include youth, parent/legal guardian or custodian, a representative from the child's school district, as well as from the department. Optional members include but are not limited to representatives from: Law Enforcement, health, mental health, substance use, social services, and any other person the family recommends. The Committee shall collaborate to determine appropriate interventions and revise service plans to support the needs of youth and families. Attendance and participation of required members must comply with all statutory guidelines.

Purpose

To ensure a consistent and timely response to cases requiring review or intervention beyond routine case management, and to facilitate multi-agency collaboration for identifying service needs and removing barriers to youth and family progress.

Procedure

Convening the Case Staffing Committee

1. The Full-Service Agency will chair the Case Staffing Committee and confirm attendance of designated members in alignment with Chapter 984, F.S.
2. The Committee shall develop or revise the youth's service plan to reflect realistic, attainable, and individualized goals and interventions.
3. The case staffing is convened within 7 days (excluding weekends and legal holidays) of the parent/guardian request.
4. Any case referred to the Case Staffing Committee by the Truancy Court must be staffed within 30 days.
5. The case staffing committee is notified no less than 5 working days before the staffing date.
6. Each case staffing must be recorded in NetMIS, located within the youth record, documenting the date it occurred.
7. A written report is provided to the parent/guardian within 7 days of the case staffing meeting being held, outlining the recommendations and reasons behind the recommendations.

8. The youth and family are provided with a new or revised plan of service as a result of the case staffing committee meeting.

Reasons to Initiate a Case Staffing

A Case Staffing Committee shall be scheduled when:

1. The youth or family has not shown substantial progress toward service plan goals.
2. Current services or interventions are not adequately addressing the identified needs.
3. The youth or family refuses or fails to engage in selected services.
4. A written request for Case Staffing is received from a parent or legal guardian.
5. The assigned case manager or counselor requires support in developing or modifying a service plan.
6. Referral from Truancy Court (must staffed within 30 days). If parental consent cannot be obtained, the program must notify the court.

Goals of the Case Staffing Committee

- Identify the family's concerns and contributing factors.
- Requesting the family and child to identify their needs and concerns.
- Seeking input from the school district and any other people in attendance with knowledge of the family or child's situation and concern.
- Considering the voluntary family service or other community services that have been offered and the results of these services.
- Identifying whether truancy is a concern and evaluate compliance with the remedial strategies provided in s. 1003.26.

Measuring Substantial Progress

Progress shall be evaluated using the following measures:

- For habitually truant youth:
 - Greater than 50% improvement in daily school attendance after 6 weeks of services
 - Greater than 80% improvement after 12 weeks of services, as evidenced by current school attendance records
- For persistent runaways:
 - No new episodes of running away during the period of services
- For ungovernable youth:

- Positive changes reported by parent(s), custodian(s), or legal guardian(s) based on behavior
- The case staffing committee may reconvene as needed for service plan adjustments.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has an established case staffing committee and has regular communication with committee members.
- The program has an internal procedure for the case staffing process, including a schedule for committee meetings.
- A case staffing committee meeting is scheduled when:
 1. the youth/family is not in agreement with services or treatment;
 2. the youth/family will not participate in the services selected,
 3. the youth’s referring problem has not shown substantial improvement within six weeks of initiating counseling.
 4. the program receives a written request from the parent/guardian or any other member of the committee
- Each case staffing is recorded in NetMIS within the case, noting the date it occurred.
- At a minimum, the case staffing is attended by the local school district representative and the CINS/FINS provider. Representatives from the State Attorney’s Office, local mental health provider, local substance abuse treatment provider, law enforcement, DCF, and individuals requested by the youth/family are included, as appropriate.
- The case staffing is convened within 7 days (excluding weekends and legal holidays) of the parent/guardian request.
- The case staffing committee is notified no less than 5 working days before the staffing date.
- A written report is provided to the parent/guardian within 7 days of the case staffing meeting being held, outlining the recommendations and reasons behind the recommendations.
- The youth and family are provided with a new or revised plan of service as a result of the case staffing committee meeting.

3.6 Adjudication Services: CINS Petition Process

Policy

The Provider shall initiate and coordinate the CINS petition process in consultation with the regional DJJ attorney and in accordance with recommendations from the Case Staffing Committee. The Full-Service Provider is responsible for managing all aspects of the Case Staffing Committee and the Provider assigned to the case is responsible for ensuring the petition process is pursuant to Chapter 984, Florida Statutes, including court coordination, document submission, and court attendance. Judicial procedures shall follow all applicable Florida statutes and Rules of Juvenile Procedure.

Purpose

To ensure effective judicial intervention is pursued when appropriate to support family reunification and prevent deeper involvement in the dependency or delinquency systems, while maintaining compliance with all statutory requirements related to CINS/FINS adjudication services.

Procedure

General Responsibilities

1. The Full-Service Provider shall oversee the Case Staffing Committee and initiate a CINS petition in consultation with the regional DJJ attorney, as outlined in Section 984.12, F.S.
2. The Provider shall maintain full responsibility for coordination with Department attorneys and the state courts, including required attendance at all court hearings without subpoena.

Petition Filing and Legal Coordination

1. Upon recommendation from the Case Staffing Committee, the case manager or designee will prepare the petition and pre-disposition report.
2. The DJJ attorney will review and file the petition with the Clerk of Court based on the committee's recommendation.

Summons and Court Notification

The Clerk of Court shall issue a summons with the hearing details and a copy of the petition. The summons is directed to:

- Parent(s)
- Legal custodian(s) or actual custodian(s)

- Youth
- Guardian Ad Litem (if appointed)
(Reference: Section 984.16, F.S.)

Arrestment Hearing

The arrestment is a formal proceeding where the youth and parent/legal guardian may admit, deny, or consent to the allegations in the petition. This establishes whether a disposition hearing or adjudicatory hearing is required.

Disposition and Adjudication

1. If the youth and parent/legal guardian consent or admit, the case may proceed to a disposition hearing.
2. If denied, the case proceeds to an adjudicatory hearing.
3. Many courts may move directly to disposition at arrestment if admission/consent is entered.

Judicial Review Hearings

1. A judicial review shall occur within 45 days after the disposition hearing and must include the department's judicial review summary.
2. Additional review hearings must allow sufficient time for the child and family to work towards compliance with the court orders and monitoring by the case manager. No more than 90 days may lapse between hearings.
3. Parents, guardians, and custodians are provided notice of a review hearing and the department must be present. If the parent, guardian, or custodian do not appear, or if the child's presence is waived by the court, then the court may proceed with the hearing and enter orders as it sees necessary, including adjustments to the services ordered before the review hearing.
4. The court may close the case if the youth has substantially complied with court orders and service plan goals.
5. Any case may be closed upon request of the petitioner.
6. Ongoing noncompliance will result in continued court review under Section 984.20(4), F.S.

Review Summary

Prior to each review hearing, the Provider's designee shall prepare a written summary outlining:

- Youth behavior and compliance
- Progress toward court-ordered goals
- Recommendations for continuation or closure of supervision

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program works with the circuit court for judicial intervention for the youth/family, as applicable, including required attendance at all court hearings without subpoena.
- The Case Manager/Counselor completes a review summary prior to a court hearing for a youth.

3.7 Service Plan

Policy

A Service Plan shall be developed for every youth admitted into Florida Network-funded programs. This plan is a collaborative document, created in partnership with the youth and their parent(s)/legal guardian(s), and outlines identified needs, measurable goals, actionable steps, and anticipated timelines for achieving outcomes. The plan serves as a roadmap for service delivery and is informed by the youth's comprehensive assessment(s).

Purpose

The Case/Service Plan is designed to:

- Identify and prioritize the youth's and family's needs, guided by the NIRVANA.
- Establish individualized, measurable goals.
- Determine appropriate services, supports, and interventions.
- Define roles and responsibilities of all parties involved.
- Set clear initiation and completion dates.
- Track progress and outcomes over time.
- Ensure youth and family participation and agreement through documented signatures.

Procedure

- The Case/Service Plan is completed using a local provider-approved form or via NetMIS.
- The plan must be developed in collaboration with the youth, their parent(s)/legal guardian(s), and designated program staff.
- It is based on information from the initial screening, intake, suicide risk screening, and the NIRVANA assessment.
- Each service plan must include an attestation statement confirming that the Licensed Mental Health Professional (LMHP) has completed a review of the youth's NIRVANA assessment. This review must be documented by the LMHP's signature which serves to verify that the service plan aligns with the youth's identified NIRVANA risk and protective factors.
 - For example: "The Licensed Mental Health Professional is attesting to a formal review of the youth's NIRVANA assessment and service plan."
- Needs are prioritized and services are identified accordingly.
- Reasonable timeframes and responsibilities are clearly defined for both initiation and completion of each goal.

- This review confirms that the individualized service plan is aligned with the youth's identified NIRVANA risk and protective factors, ensuring that interventions and supports are responsive to the youth's unique needs and strengths.

Timeframes:

- Shelter Programs: A Case/Service Plan must be developed within seven (7) days of the youth's intake.
- Community Counseling Programs: A Case/Service Plan must be developed within one contact following the completion of the NIRVANA.

Signatures & Documentation:

- The service plan must be signed by the youth, parent(s)/legal guardian(s), and designated staff upon completion.
- The Licensed Mental Health Professional (LMHP) will review and sign within seven (7) days following completion. They will also attest at signature to the review of the NIRVANA to ensure it aligns with the service plan development.
- If a youth or parent/guardian is unavailable for signature, the reason must be clearly documented on the service plan.

Ongoing Review:

- The Case/Service Plan must be reviewed at minimum every 30, 60, and 90 days to assess progress.
- Reviews are conducted based on the plan's initiation date, and updates must be documented accordingly.

Required Elements of the Case/Service Plan

Each plan must include the following components:

- Identified needs
- Measurable goals
- Type(s) of service(s) to be provided
- Frequency of service(s)
- Location(s) of service(s)
- Responsible person(s) for each action step
- Target completion date(s)
- Actual completion date(s)
- Signatures of the youth, parent/guardian, counselor, and supervisor
- Attestation statement confirming the LMHP reviewed the NIRVANA
- Date of plan initiation

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- A Case/Service Plan is developed within seven (7) days of the youth's intake in shelter programs or within one contact following the completion of the NIRVANA in community counseling programs.
- The plan is completed on a local provider-approved form or through NetMIS, using information collected during the initial screening, intake, and NIRVANA assessment.
- The Case/Service Plan reflects the individualized and prioritized needs and goals identified during the assessment process, including relevant domains from the NIRVANA.
- Each plan clearly documents the type of service(s) to be provided, the frequency, and the location of services.
- The plan identifies the person(s) responsible for implementing each service or action step.
- The plan includes both target completion dates and actual completion dates for each identified goal.
- The Case/Service Plan includes signatures from:
 1. The youth
 2. The parent(s)/guardian(s)
 3. If unavailable, the absence is documented with a reason on the plan.
 4. The assigned counselor
 5. The LMHP reviewing the plan (within seven (7) days of plan completion)
- The date of plan initiation is clearly indicated.
- The Case/Service Plan is formally reviewed and revised in collaboration with the youth and parent(s)/guardian(s):
 1. At 30-, 60-, and 90-days following plan initiation.
 2. For court ordered youth, every six (6) months thereafter, or more frequently as needed to reflect changes in progress, needs, or service delivery.

3.8 Youth Records

Policy

The Provider shall maintain a secure and confidential record for each youth receiving services. Each record must include all documentation related to the youth's assessment, service provision, and discharge, and shall be accessible only to authorized personnel directly involved in the youth's care.

Purpose

To ensure youth records are organized, protected, and readily accessible to qualified staff while safeguarding confidentiality and meeting contractual and regulatory compliance.

Procedure

Security and Accessibility

1. All youth records must be marked "confidential" and stored securely in locked cabinets or rooms accessible only to authorized staff.
2. Physical files in transit must be placed in opaque, locked containers also marked "confidential."
3. Electronic records:
 - Must be securely maintained
 - Made immediately available for audit upon request
 - Retained for five years after the termination date of the contract that is funding the youth's service
4. All records must be structured for efficient information retrieval.
5. Any data breach must be immediately reported to the Department's Central Communication Center (CCC) Hotline, with a formal follow-up report to the contract manager within 24 hours

Shelter Youth Records

Each youth file in shelter care shall include, at a minimum:

- Table of Contents
- CINS/FINS Screening Form
- Informed Consent
- Youth Photograph

- Shelter Intake Form
- Suicide Assessment (if applicable)
- NIRVANA Self-Report (NSR)
- Full NIRVANA Assessment or Interview Guide
- NIRVANA Re-assessments and Post-Assessments (as applicable)
- Plan of Service
- Chronological Notes
- Medication Inventory Form
- Approved Contact List
- Copies of Referrals (as applicable)
- Discharge Summary (at case closure)
- Follow ups (if printed)

Community Counseling Youth Records

Each youth record for community-based counseling shall include, at a minimum:

- Table of Contents
- Screening
- Informed Consent
- Community Counseling Intake Form
- Suicide Assessment (if applicable)
- Full NIRVANA Assessment or Interview Guide
- NIRVANA Re-assessments and Post-Assessments (as applicable)
- Plan of Service
- Chronological Case Notes
- Copies of Referrals (as applicable)
- Discharge Summary (at case closure)
- Follow ups (if printed)

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- All youth records are marked “confidential”
- All youth records are kept in a secure room or locked in a file cabinet that is marked confidential and only accessible by staff
- When in transport, all records are locked in an opaque container marked “confidential
- All records are maintained in a neat and orderly manner
- Shelter records contain, at a minimum:
 1. Table of Contents that outlines documents in each section
 2. Screening
 3. Informed Consent
 4. Photograph of the youth
 5. Shelter Intake Form
 6. Suicide Assessment (if needed)
 7. NIRVANA Self Report (NSR)
 8. NIRVANA full Assessment
 9. Plan of Service
 10. Chronological Notes
 11. Medication Inventory Form
 12. Approved contact list
 13. Copies of referrals made (if needed)
 14. Discharge summary once case is closed.
- Community Counseling records contain, at a minimum:
 1. Table of Contents that outlines documents in each section
 2. Screening
 3. Informed Consent
 4. Community Counseling Intake Form
 5. Suicide Assessment (if needed)
 6. NIRVANA full Assessment
 7. Plan of Service
 8. Chronological case notes
 9. Copies of referrals made (if needed)
 10. Discharge summary once the case is closed

3.9 Shareet Cares Demonstration Project

Policy

The Shareet Cares Project is to prevent youth and young adult homelessness through a holistic, community-centered approach, and divert youth away from homelessness through services, support, and flexible cash assistance. Services are provided to youth ages 6–21 in Miami-Dade, Broward, Palm Beach, Charlotte, Collier, Glades, Hendry, and Lee counties.

Purpose

The objectives of the Shareet Cares Demonstration Project are:

- Identify young people at risk of experiencing homelessness
- Design and develop a comprehensive community-based prevention plan to prevent youth homelessness
- Implement robust, holistic prevention services tailored for youth and young adults to respond to the diverse needs of youth at risk of homelessness and their families

Procedure

Intake and Service Entry

Upon receipt of referral, Case Managers will complete an intake into services that includes, at minimum:

- Full NIRVANA assessment
- Plan of service
- Consent for services
- Referrals made
- Chronological notes
- Follow-up activities

All information must be entered into NetMIS within three (3) business days of completion.

Assessment and Re-assessment

- Complete a NIRVANA post-assessment at discharge
- Conduct a NIRVANA re-assessment every 90 days following intake

Service Planning and Cash Assistance

Case Managers will determine client needs and assess the imminent risk of homelessness. Youth needs must be reflected on the Service Plan following screening and NIRVANA

completion. Service Plans may be completed within NetMIS or on an LSF-identified document.

- Offer case management services to up to 400 potential clients
- Target serving 300 clients with case management
- Provide Flexible Cash Assistance to 60 of those 300 clients, up to \$1,600 per client (not required to spend the full amount per client)
- Document all expenditures in the client file and report to LSF management

Case Staffing and Referrals

- Staff cases regularly to monitor progress and identify additional referral needs
- Refer eligible youth/young adults to other Florida Network services while enrolled in SCP
- Maintain communication with the original referral source

Case Closure and Satisfaction

- Case closure at the discretion of the Case Manager and team
- Require a NIRVANA re-assessment if a case remains open 90 days after intake
- No additional NIRVANA if a case closes within 30 days of intake or re-assessment
- Administer a client satisfaction survey at discharge

Follow-Up

- Complete follow-up contacts at 30, 60, and 90 days post-discharge
- Enter follow-up results into NetMIS

Project Site Responsibilities

Individual project sites must designate staff to:

- Conduct outreach to potentially eligible populations
- Participate in bi-monthly task force meetings
- Participate in bi-monthly Youth Advisory Board meetings
- Attend community stakeholder meetings
- Participate in all required trainings
- Participate in all mandatory meetings with FYSB
- Respond to referrals and provide eligibility determinations within 72 hours

3.10 Discharge and Follow Up

Policy

The Provider shall implement and follow a structured discharge policy that ensures all youth and families exit services under documented, appropriate conditions. Discharge may occur upon successful completion of services or prematurely under clearly defined circumstances. All discharges shall be entered into NetMIS using the appropriate completion status. Follow-up services shall be conducted after case closure to promote continuity of care and support ongoing progress.

Purpose

To provide a consistent and accountable process for terminating services and discharging youth from shelter or case management, with appropriate documentation, referrals, and follow-up to support youth safety, legal compliance, and service continuity.

Procedure

General Discharge Conditions

Youth or families may be discharged from services prior to completion under the following circumstances:

1. No longer meet CINS/FINS eligibility criteria
2. Youth engages in behavior endangering themselves or others and has been referred to an appropriate provider
3. Youth is reported as a runaway and law enforcement notification has been made
4. Family and youth cannot be located despite reasonable efforts
5. Family voluntarily withdraws or refuses participation
6. Parent withdraws services for a returning runaway
7. Statutory provisions require discharge
8. No services have been provided within the last 30 days

Shelter Discharges

1. Youth may be discharged at any time to a parent, legal guardian, custodian, DCF, or law enforcement
2. Youth may be discharged for presenting a danger to self, peers, or staff, with referral to appropriate follow-up services
3. Youth has exceeded the maximum length of stay

Completion Statuses in NetMIS

- Services Completed, After Care Planned
- Services Completed, No Referral Made

- Services Completed, Referral Made
- Family Voluntarily Withdrew
- Services Completed, Youth Removed by Protective Local Provider

Case Closure Criteria

1. Service Plan goals are completed
2. FINS criteria are no longer met
3. Services are declined or withdrawn from family
4. Referrals are made to more appropriate services
5. Dangerous behavior warrants higher level of care
6. Family is nonresponsive or unable to be located
7. Three (3) contact attempts fail to re-engage the family:
 - 1) Missed scheduled appointment
 - 2) Follow-up phone call
 - 3) Mailed 7-day closure notice (copy retained)
8. Court-approved termination of truancy cases
9. Adjudicated CINS cases closed per Florida Network policy

Discharge Summary Requirements

A discharge summary must be completed by the case manager and include:

- Reason for termination
- Summary of case activity, findings, and recommendations
- Summary of services provided
- Youth/family progress
- Youth's final placement and rationale (if not reunited with family)
- Aftercare planning and referrals
- Follow-up arrangements by the provider
- Completed NIRVANA assessment (per Policy 3.03)

Follow-Up Services

1. Follow-up services shall be provided at minimum 30 and 60 days after case closure, regardless of service type, and documented in NetMIS
2. Follow-up includes:
 - Coordinating services to support child safety
 - Monitoring progress toward case plan goals
 - Ensuring court order compliance
3. For adjudicated CINS cases, supervision may be reinstated and Judicial Review Summaries submitted if case reopening is warranted

4. For cases that are referred for services by Truancy Court for FINS services, or to the case staffing committee for consideration of a CINS petition as a result of truancy related issues; youth having been deemed Truant by the Court, the Provider shall:
 - Verify school attendance during 30- and 60-day follow-ups if the youth remains subject to compulsory education
 - Request parental consent for school records if no interagency agreement exists
 - Accept parent-supplied attendance documentation if needed
 - Document efforts in the youth's file when attendance verification cannot be obtained

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- 30 and 60 day follow-ups are provided post discharge for all youth served. Each file contains a discharge summary that:
 1. describes the reason for termination;
 2. outlines the events of the case, services provided, progress of the youth and family during services, and recommendations for future treatment or services;
 3. describes the living arrangements of child at termination. If the child is not returned to the family at termination, the discharge summary must contain the reasons for the alternative placement, plans for the child's living arrangement, and interim objectives set that will accomplish an eventual return, if possible and appropriate;
 4. outlines the aftercare recommendations and the arrangements for case follow-up.
 - Each file contains a NIRVANA Post Assessment.
 - For cases that are referred for services by Truancy Court for FINS services, or to the case staffing committee for consideration of a CINS petition as a result of truancy related issues; youth having been deemed Truant by the Court, the Provider shall verify school attendance during 30- and 60-day follow-ups if the youth remains subject to compulsory education. If verification cannot be obtained, efforts are documented in the youth's file.

DOMAIN 4: SNAP[®] Programs

4.0 SNAP® Under 12

Applies To: All Florida Network-funded sites implementing SNAP® Under 12 services

Policy

SNAP® Under 12 (SNAP U12) is a structured, manualized group intervention designed for youth ages 6–11 and their caregivers. The program consists of thirteen (13) weekly sessions facilitated by SNAP®-trained staff, with formal intake and discharge processes, and standardized assessments to measure impact.

Purpose

SNAP® Under 12 equips families with the tools to improve emotional regulation, behavioral control, and problem-solving. Through eligibility screening, structured sessions, and targeted discharge planning, the program delivers individualized support for families experiencing behavioral and emotional challenges.

Procedure

Staffing Requirements

- Screening staff must complete SNAP® and Motivational Interviewing training
- NIRVANA® assessments conducted by qualified staff
- SNAP® U12 facilitators must administer all youth/caregiver intake components and standardized assessments

Screening & Admission

- Use Florida Network-approved screening tools
- If youth is eligible:
 - Schedule Agency Intake
 - Conduct NIRVANA® assessment
 - Complete SNAP U12-specific intake and orientation
- If no group start within 30 days, refer to CINS/FINS Community Counseling
- If youth is not eligible, provide community referral options

Admission Criteria

Youth must meet ALL:

- Age 6–11 at intake
- Behavioral/emotional challenges in home, school, or community
- Caregiver participation is mandatory (must attend weekly groups and support home practice)

Exclusion Criteria

Youth may NOT be admitted if any apply:

- Documented developmental or cognitive delays
- Diagnosed Autism Spectrum Disorder
- Recent mental health crises (e.g., psychosis, disassociation)
- Active addiction or withdrawal symptoms
- Acute distress from trauma, transitions, or anxiety
- Suicide attempt within 30 days and no follow-up completed

Intake Documentation & Data Entry

Required Documents

Minimum documentation includes:

Eligibility Screening

- SNAP® Client File Checklist
- Florida Network Youth Screening Form
- SNAP® Brief Intake Screening Checklist (BISC)

Agency Intake

- Community Counseling Intake Form
- NIRVANA® (pre)

SNAP U12 Intake

- Reinforcement Trap Cycle
- Parenting and Child Goal Sheets
- SNAP® Child Screening Interview
- Consent to Treatment and Research Form
- TOPSE (pre)
- CBCL (caregiver)
- TRF (optional based on school-related concerns)

Note: At least three (3) documented attempts must be made to collect each assessment.

Data Entry Requirements

All required data must be entered within 3 business days:

- NetMIS: Youth Screening, Florida Network Community Counseling Intake Form, NIRVANA®, TOPSE
- Case setup in NetMIS must link youth to each SNAP session they attend

- Each youth must be entered into ASEBA-Web to include NetMIS ID and sorted by fiscal year folder
- CBCL and TRF uploaded to ASEBA-Web platform

Group Composition Guidelines

- No more than seven (7) youth per group
- Maximum two (2) year age gap among youth
- Girls' youth groups must have two (2) female facilitators
- Girls' parents groups must have one (1) female facilitator
- Groups scheduled during traditional and non-traditional hours to avoid school conflicts

SNAP® Group Delivery

Weekly Pre-Session Requirements

- Check-In Calls to both youth and caregivers must cover:
 - Crisis support
 - Attendance and barriers
 - Providers will assist with transportation barriers to and from group.
 - Sibling supervision
 - Troubleshoot “Code mission/home practice” completion
- SNAP® Pre-brief Checklist:
 - Facilitators must meet for at least 45 minutes before each session
 - Complete Pre-brief Checklist
 - Upload to OneDrive within 3 business days

Facilitator Requirements

- SNAP Group Model
 - Youth Group: Minimum of 2 facilitators
 - Caregiver Group: At minimum 1 facilitator, maximum 2 facilitators
 - Girls Group Model:
 - Youth: 2 female facilitators
 - Caregiver group: 1 female facilitator minimum (a SNAP trained male facilitator may assist)
- Curriculum Modifications: Must submit written request to Florida Network SNAP Team for changes involving:
 - Group size or composition
 - delivery facilitation of more than one session per week,
 - Inclusion of siblings
 - Facilitator substitutions

- Virtual delivery formats
- Include: participant-stated barriers + resource/service adjustment plan

Session Delivery

- Weekly attendance recorded for youth, parents, and siblings
- Youth and caregiver sessions recorded and uploaded to OneDrive within 3 business days
- Make-up sessions (if needed):
 - Minimum 45 minutes
 - Complete Make-up Session and Adherence Contact note
 - After 3 total or 2 consecutive missed sessions: Submit contact notes to the Florida Network SNAP® Team for review.

Post-Session Requirements

SNAP® Debrief Process

- Facilitators must meet for 45 minutes post-session
- Complete Debrief Checklist
- Discuss group dynamics, challenges, next steps
- Upload to OneDrive within 3 business days

Evaluation & Documentation

- Complete and upload SNAP® Weekly Feedback Evaluation Forms for youth and caregiver into One Drive
- Upload:
 - Pre/Debrief Checklists
 - Attendance records
 - Weekly Evaluations Forms completed by Facilitators
 - Make-up Session Adherence Contact Notes

| Document | Responsible Person(s) |
|------------------------------------------------------------------------------|------------------------------|
| SNAP® Pre-brief Checklist | Facilitators/SNAP Team |
| SNAP® Client Contact Notes/Agency Contact Notes to document 'Check-In Calls' | SNAP Team |
| Parent SNAP® Group Attendance Logs | SNAP Team |
| Children SNAP® Groups Attendance Logs | SNAP Team |
| Weekly Feedback Questionnaires (end of group cycle) | Parent/Caregivers |
| Parent SNAP® Weekly Evaluation Form | Facilitators/SNAP Team |
| Children SNAP® Weekly Evaluation Form | Facilitators/SNAP Team |
| SNAP® Debrief Checklist Document | Facilitators/SNAP Team |

Discharge Procedures

Discharge Criteria

- Program completion
- Voluntary withdrawal or refusal to continue
- Behavior risks (safety concerns)
- Referral to more appropriate services
- Family unresponsive after 3 documented contact attempts
- DCF removal

Discharge Documentation

May not occur before Session 10 unless:

- Early withdrawal
- Three attempts to contact the family without success

Required Forms:

- Youth & Parent Evaluation Forms (Week 13)
- Post-TOPSE (NetMIS)
- Post-CBCL + optional TRF (ASEBA)
- Post-NIRVANA (NetMIS)
- SNAP® Discharge Summary Report, including:
 - Discharge reason
 - Service summary
 - Goal progress
 - Outcome comparison
 - Aftercare referrals (if applicable)

All documentation must be completed within 30 days of final group session

Post-Discharge Follow-Up

- Conduct follow-up calls at 30- and 60-days post-discharge
- Document in the SNAP® youth file on a contact note.
- Enter into NetMIS within 3 business days

End-of-Year Reporting

All agencies must submit a Year-End Report using a Florida Network template, including:

- Youth/caregiver evaluation data
- Community outreach logs
- Site-specific barriers and planned solutions
- Case management review: successes, limitations

- Goals for the next fiscal year
- Submission timeline: minimum 5 working days' notice provided

SNAP LEAD Attendance Requirement

- Each funded site must send 1 representative to full duration of all Florida Network SNAP Lead events
- Attendees must transfer learned content to internal SNAP® teams
- Participation documentation submitted upon request

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.

Eligibility and Intake Documentation

- Services are provided to families with youth aged 6–11 who meet CINS/FINS eligibility criteria and exhibit behavioral/emotional concerns in the home, school, and/or community.
- The following documentation is required before initiating SNAP® services:
 1. SNAP® Client File Checklist
 2. Florida Network CINS/FINS Youth Screening Form
 3. SNAP® Brief Intake Screening Checklist (BISC)
 4. Florida Network Community Counseling Intake Form
 5. NIRVANA® assessment
 6. Reinforcement Trap Cycle
 7. SNAP® Parenting Goal Sheet
 8. Child Way to Go Goal Sheet
 9. SNAP® Child Screening Interview
 10. Consent to Treatment and Research Participation Form
 11. Tool of Parenting Self-Efficacy (TOPSE) – pre-assessment
 12. Child Behavior Checklist (CBCL) – caregiver
 13. Teacher Report Form (TRF) – optional based on school indicators
- Assessment Collection Attempts:
Each required measure must reflect at least three (3) documented collection attempts in the youth file if initial completion is unsuccessful.

Session Preparation and Delivery

Pre-Session Requirements:

- Staff conduct weekly check-in calls with youth and caregivers to:
 1. Identify crises or attendance barriers
 2. Arrange transportation and sibling supervision
 3. Review home practice assignments
- Complete the SNAP® Pre-brief Checklist and upload it to OneDrive within three (3) business days of the scheduled session.
- During Sessions:
 - Weekly attendance is documented for youth, caregiver, and sibling groups.
 - Both youth and caregiver sessions are videotaped and uploaded to OneDrive within three (3) business days.

- Make-up sessions, if needed, are:
 - A minimum of 45 minutes
 - Completed Make-up Session and Adherence Contact Note

Post-Session Tasks

- Staff complete and upload the SNAP® Weekly Feedback Evaluation Forms (youth and caregiver) within three (3) business days of group cycle completion.
- Each group cycle must include the following documentation:
 1. SNAP® Pre-brief Checklist
 2. Check-in call notes documented via SNAP®/Agency Contact Notes
 3. Group Attendance Logs (youth and caregiver)
 4. Weekly Feedback Questionnaires
 5. Weekly Evaluation Forms (youth and caregiver)
 6. SNAP® Debrief Checklist completed after each session and uploaded within three (3) business days

Discharge and Post-Assessment Compliance

- Required Discharge Documentation:
 1. SNAP® Group Evaluation Forms (Week 13 – youth and caregiver)
 2. Post-TOPSE entered into NetMIS
 3. Post-CBCL entered into ASEBA-Web
 4. Post-NIRVANA entered into NetMIS
 5. Post-TRF (optional, based on school factors)
- Timeline and Assessment Efforts:
 1. Discharges must be completed within 30 days of group completion
 2. At least three (3) documented attempts must be made to collect each post-assessment
 3. No post measures may be completed prior to Session 10 unless:
 4. Youth voluntarily withdraws
 5. Agency documents three unreturned contact attempts
- SNAP® Discharge Report is filed and includes:
 1. Reason for discharge
 2. Summary of services delivered and goal progress
 3. Pre/post assessment outcomes (if available)
 4. Aftercare referrals or follow-up recommendations

Post-Discharge Follow-Up

- Agencies conduct and document 30-day and 60-day follow-ups the SNAP® Contact Note format.
- Enter all follow-up records into NetMIS within three (3) business days of completion.

4.1 SNAP Fidelity Monitoring

Policy

Fidelity monitoring ensures that SNAP® Under 12 (youth and parent), Youth, and Youth Justice group sessions, are delivered as designed. Adherence scores and facilitator competency documentation are recorded in NetMIS and stored in OneDrive to support consistent, evidence-based practice across all agencies.

Purpose

Ensuring fidelity of SNAP® delivery is central to preserving the integrity, effectiveness, and replicability of our evidence-based interventions. This policy:

- Defines fidelity in two core dimensions: adherence to session content and facilitator competency in skillful delivery.
- Describes how adherence monitoring and competency assessment support continuous quality improvement, staff development, and consistent outcomes for youth and families.
- Aligns our internal monitoring processes with standards set by the Child Development Institute (CDI), the Florida Department of Juvenile Justice (DJJ), and the Florida Network of Youth & Family Services.
- Establishes clear timelines, responsibilities, and data-management protocols that enable real-time corrective action, targeted coaching, and transparent reporting.
- Reinforces a culture of accountability by specifying minimum fidelity thresholds, documentation requirements, and escalation steps when fidelity falls below acceptable levels.

By articulating why and how SNAP® must be delivered with precision, this policy empowers program leaders and facilitators to maintain high standards of practice, ultimately improving participant engagement, skill acquisition, and long-term behavioral outcomes.

Procedure

Video, Recording and Uploading

- All SNAP® Under 12 youth and parent group sessions must be videotaped showing participants and facilitators.
- All SNAP® for Youth and SNAP® Youth Justice sessions must be videotaped showing facilitators.
- Upload all recordings to OneDrive or SharePoint within three (3) business days of each session.

Fidelity Adherence

1. A trained SNAP® team member (not the session facilitator) completes the Fidelity Adherence Monitoring Checklist either live or by reviewing the session recording.
2. Sessions must include at least twenty (20) minutes of continuous group activity; recordings falling short are deemed incomplete and cannot be used for fidelity evidence.
3. Enter the Checklist score and assessor name into NetMIS within three (3) business days of the session.
4. Notify the Florida Network in writing whenever a session recording is missing or incomplete.
5. A minimum score of 60% on the Fidelity Adherence Checklist is required for the session to qualify as adherent to the model.
6. CDI and the Florida Network use ongoing adherence data to verify fidelity and guide quality improvement.

Facilitator Competency

1. Frequency & Timeline
 - Cycle 1: Facilitator goals established in August; weekly self-assessment and supervisor review August–December; monthly check-ins August–December; upload all Goal Sheets by December 31.
 - Cycle 2: Facilitator goals established in January; weekly self-assessment and supervisor review January–May; monthly check-ins January–May; upload all Goal Sheets by May 31.
2. Self-Assessment
 - Weekly completion of the self-reflection section of the Facilitator Competency Goal Sheet to identify skill gaps.
 - Set one competency goal aligned with SNAP® standards.
3. Supervisory Review
 - Review Goal Sheet monthly and discuss progress, challenges, and skill development monthly.
 - Adjust goals mid-cycle if objectives are met or new priorities emerge.
4. Documentation
 - Upload each completed Goal Sheet to the designated OneDrive folder by the end of each cycle.
 - Facilitator Competency Goal Sheets completed twice annually, with self-assessments, supervisory reviews, and uploads by December 31 and May 31.

All documentation: video files, Checklist scores, and Goal Sheets, must be accessible in OneDrive/SharePoint and NetMIS to demonstrate ongoing fidelity and competency across SNAP® services.

Demonstration of Compliance

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- SNAP® Under 12 group sessions (youth & parent) are videotaped and uploaded to OneDrive and/or SharePoint within three (3) business days of each session.
- SNAP® for Youth and SNAP® Youth Justice group sessions are videotaped and uploaded to OneDrive and/or SharePoint within three (3) business days of each session.
- A trained SNAP® team member completes the Fidelity Adherence Monitoring Checklist for every group session, and scores (with assessor name) are entered into NetMIS within three (3) business days.

4.2 SNAP® for Youth

Policy

SNAP® for Youth (SNAP 4Y) is an evidence-based intervention model designed to support youth between the ages of 12 and 17 who present with behavioral concerns and are considered at-risk of future involvement with the juvenile justice system. Services are delivered through technology-based group sessions, grounded in cognitive-behavioral principles and facilitated by trained SNAP® team members. The program includes a formal intake process, thirteen (13) weekly sessions tailored to the youth's needs, and a structured discharge protocol ensuring continuity of care and closure.

Purpose

The SNAP® for Youth program provides a behavioral framework that helps youth identify and manage cognitive distortions, develop emotional regulation skills, enhance self-control, and strengthen problem-solving competencies. The intake process serves to assess eligibility and establish baseline behavioral indicators. Each session targets key areas of risk while providing a supportive, skill-building environment. The discharge process confirms service completion, documents progress, and connects youth to appropriate aftercare, reinforcing family preservation and long-term resilience.

Procedure

Intake Process

Staffing & Screening Requirements

Only staff who have completed the required training(s) may deliver intake services. This includes:

- Florida Network training on CINS/FINS eligibility screening
- Motivational Interviewing techniques
- NIRVANA® assessment delivery
- SNAP® for Youth facilitator training

Eligibility is determined using the Florida Network-approved tool to confirm admission based on behavioral risk indicators. If eligible, intake proceeds with Agency Intake and SNAP®-specific components conducted by qualified staff.

If a youth cannot be placed in a group within 30 calendar days, or if the youth and family are in immediate need of services, referral must be made to CINS/FINS Community

Counseling. Youth deemed ineligible for SNAP® services must be referred to appropriate community resources, and this referral must be documented.

Admission Criteria

Youth must meet ALL of the following to be enrolled:

- Age: Between 12 and 17 at the time of intake
- At risk of further and/future contact with the juvenile justice system
- Youth who present with:
 - Cognitive distortions
 - Pro-criminal or anti-social attitudes and behaviors
 - Poor problem-solving skills
 - Limited social competence or communication ability

Exclusion Criteria

Youth are not eligible if any of the following are present:

- Documented developmental or cognitive delays incompatible with curriculum participation
- Diagnosis of Autism Spectrum Disorder
- Mental health crises such as psychosis or severe disassociation in the past 30 days
- Substance withdrawal or addiction symptoms requiring medical stabilization
- Acute distress caused by recent trauma, extreme anxiety, or significant transitions
- Suicide attempt within 30 days where recommended follow-up care has not been completed

Each exclusion must be clearly documented and followed with appropriate referrals.

Required Documentation

Intake Documentation – Pre-Service Requirements

Before a youth begins participation in SNAP® services, the following documentation must be collected and filed:

- SNAP® Y Client File Checklist
- Florida Network CINS/FINS Youth Screening Form
- Florida Network Community Counseling Intake Form
- SNAP Youth Intake Brief Screening Checklist (Teacher or Caregiver version)
- Consent to Treatment and Participation in Research Form
- SNAP® for Youth Orientation Document
- Youth Goal Sheet
- SNAP® for Youth Intake
- Demographics Form (Excel – entered into the SNAP Youth Data Entry Form)

- NIRVANA® assessment
- How I Think (HIT) Questionnaire
- Social Skills Improvement System (SSIS – Student and Teacher/Adult Forms)

If any of these assessments are incomplete, the youth’s file must contain at least three (3) documented attempts to obtain the required information.

Intake Data Entry Requirements

The following systems and forms must be updated:

- NetMIS intake entries completed within three (3) business days
- SNAP Youth Data Entry Form (including demographics, consent, HIT, SSIS, SSIS2) updated within three (3) business days of intake
- Ongoing program data, including attendance, goal ratings, check-ins, and Client Satisfaction Questionnaires, must be updated quarterly at minimum or upon request
- Florida Network team ensures JJIS entry and validation

Group Composition Guidelines

- No more than eight (8) youth per group
- Maximum three (3) year age gap among youth
- Girls' groups must have two (2) female facilitators
- Groups scheduled during traditional and non-traditional hours to avoid school conflicts

SNAP® Group Service Delivery

Pre-Session Preparation

Before each SNAP® group session:

- A check-in call is completed with the youth to identify any crises, barriers to attendance, and transportation needs using the SNAP® for Youth Client Group Reminder Log.
- Agencies must provide logistical support for youth transportation as needed.
- The SNAP® Pre-brief Checklist must be completed and uploaded to OneDrive within three (3) business days of each session.
- Girls’ groups must include two female facilitators to meet same-sex modeling requirements.

Curriculum Structure

Boys Program

- Youth complete 13 sessions out of 15 available digital modules
- The first six (6) sessions must be delivered in order
- Sessions 7–11 may be selected to fit the youth’s behavioral presentation
- Session 12 occurs during the twelfth week
- Session 13 is designated for group review and celebration

Girls Program

- Delivered using 8 digital sessions and 4 manualized lessons
- Week 13 is used for program review and celebration

All requested curriculum or delivery modifications, including session length, delivery dosage of more than one session per week, facilitator changes, group size, or virtual formats, require written request to the Florida Network SNAP Team. The request must include:

- Participant-identified barriers
- Required supports or accommodations

Group Session Protocols

- Weekly attendance logged in the Florida Network Youth Data Spreadsheet
- Groups are videotaped and uploaded to OneDrive within three (3) business days
- Make-Up Sessions:
 - Delivered in-person
 - Minimum of 45 minutes
 - Completed using the SNAP for Youth Make-Up Contact Note and Adherence Checklist
 - Documented and uploaded within three (3) business days
- If youth misses 3 make-up sessions or 2 consecutive sessions, submit contact notes to the Florida Network SNAP Team for review

Post-Session Activities

After each group session:

- Complete the SNAP® Weekly Feedback Evaluation Form and upload within three (3) business days
- Update the SNAP Youth Data Entry Form within three (3) business days
- For make-up sessions:
 - Document content completion using Fidelity Adherence Checklist
 - Enter data into NetMIS within three (3) business days

Session materials must include:

- SNAP® Pre-brief Checklist
- Youth Group Attendance Logs
- SNAP® Weekly Evaluation Form
- SNAP® Debrief Checklist Document

Discharge Process

Allowable Reasons for Discharge

- Completion of all required sessions and assessments
- Youth voluntarily withdraws or declines services
- Youth engages in behavior that endangers self or others (must be referred to higher-level care)
- Transfer to alternative services based on emerging needs
- Youth becomes non-responsive after three (3) documented outreach attempts

Discharge Documentation

Each youth's discharge must include:

- SNAP® Discharge Summary Report with:
 - Reason for discharge
 - Summary of services delivered and goal progress
 - Changes in pre/post assessments (if available)
 - Referrals or aftercare recommendations supporting family preservation
- Post-Assessments (completed after Session 10 unless early withdrawal):
 - SNAP® Client Satisfaction Questionnaire (Week 13)
 - HIT Questionnaire
 - SSIS Student and Adult Forms
 - NIRVANA® Assessment

Discharges must be completed within 30 days of group completion, with at least three documented attempts to complete each post-assessment.

Post-Discharge Requirements

- Conduct youth follow-up contacts at 30- and 60-days post-discharge
- Document in the SNAP® file
- Enter into NetMIS within three (3) business days of completion.

Demonstration of Compliance

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.

Youth receiving services must meet all of the following:

- Age: 12–17 years old at time of intake
- Eligibility: Meet CINS/FINS criteria
- Behavioral Risk Indicators: Present with at least one of the following:
- Cognitive distortions
- Pro-criminal or anti-social attitudes and behaviors
- Poor problem-solving abilities
- Lack of social skills and/or interpersonal competence

Intake Documentation Requirements

Before youth may begin SNAP® group participation, the following documents must be completed and placed in the youth's client file:

- SNAP® Youth Client File Checklist
- Florida Network Youth Screening Form
- Florida Network Community Counseling Intake Form
- SNAP Youth Intake Brief Screening Checklist (Teacher or Caregiver version)
- NIRVANA® Assessment
- Consent to Treatment and Participation in Research Form
- SNAP® for Youth Orientation Document
- Youth Goal Sheet
- SNAP® Youth Data Entry Form
- How I Think Questionnaire (HIT)
- Social Skills Improvement System (SSIS) – Student Form
- Social Skills Improvement System (SSIS) – Teacher/Adult Form

Documentation Standard:

If any of the above assessments are incomplete, the youth's file must contain at least three (3) documented attempts to obtain each missing item.

Intake Data Entry Compliance

- All NetMIS data entries related to intake must be completed within three (3) business days
- The SNAP Youth Data Entry Form (including consent, demographics, HIT, SSIS, SSIS2) must be updated within three (3) business days of intake

Weekly Group Compliance

Prior to Each Session:

- Staff must conduct a check-in call with each youth using the SNAP® Client Group Reminder Log
- Complete the Pre-brief Checklist Document and upload to OneDrive within three (3) business days of the session date

During Sessions:

- Verify weekly group attendance in NetMIS

- Videotape youth group sessions and upload to OneDrive within three (3) business days

During Sessions:

- Record weekly attendance in the Youth Attendance Log
- Videotape youth group sessions and upload to OneDrive within three (3) business days
- Youth must complete thirteen (13) sessions, aligned with approved SNAP® curriculum

After Each Session:

- Complete the SNAP® Weekly Feedback Evaluation Form for each youth - Upload within three (3) business days of the session
- For make-up sessions:
- Complete the Client Contact Note and Fidelity Adherence Checklist
 - Update the SNAP Youth Data Entry Form within three (3) business days
 - Upload documentation and enter NetMIS data within three (3) business days of the make-up date

Weekly Documentation Must Include:

- SNAP® Pre-brief Checklist
- Youth Attendance Logs
- Weekly Feedback Evaluation Form
- SNAP® Debrief Checklist

Discharge and Post-Assessment Compliance

- Required Discharge Documents:
 - SNAP® for Youth Client Satisfaction Questionnaire (Week 13)
 - How I Think Questionnaire (HIT – post)
 - Social Skills Improvement System (SSIS) – Student and Teacher/Adult Forms
 - NIRVANA® Assessment at discharge

Timeline Standards:

- All discharges must be completed within thirty (30) calendar days of group completion
- If post-assessments are not completed, staff must attempt collection at least three (3) documented times and file efforts in the client record
- Discharge Summary Report Must Include:
 - Reason for discharge
 - Summary of services provided and goal progress
 - Summary of any available pre- and post-test comparisons
 - Recommendations or referrals for aftercare services, supporting family preservation

Post-Discharge Follow-Up

- Conduct follow-up calls at 30 and 60 days post-discharge
- Document using the SNAP® Contact Note format
- Enter into NetMIS within three (3) business days of each follow-up completion.

4.3 SNAP® Youth Justice

Policy

The SNAP® Youth Justice program is designed for youth ages 12–19 referred by Florida Department of Juvenile Justice (DJJ) Probation Officers. The program provides evidence-based group sessions that teach youth emotional regulation, problem-solving, and self-control. Each youth receives:

- A SNAP® intake conducted by a trained team member
- Thirteen (13) weekly SNAP® group sessions
- A structured discharge meeting upon completion

Purpose

This policy ensures that youth referred through DJJ are appropriately screened, served, and supported throughout their participation in SNAP® Youth Justice. It establishes operational consistency in:

- Eligibility and screening protocols
- Documentation and referral workflow
- Group delivery and fidelity adherence
- Discharge procedures and post-care follow-up
- Quality assurance alignment with Florida Network standards

Procedure

Admission Criteria

Youth must meet all the following requirements:

- Ages 12–19 and referred by a DJJ Probation Officer
- On Probation, Conditional Release (CR), or Post-Commitment Probation (PCP)
- Present behavioral needs, including:
 - Cognitive distortions
 - Pro-criminal or antisocial attitudes
 - Deficient problem-solving skills
 - Poor social competence

Youth outside the specified age range or on an alternative legal status may be considered eligible only upon joint agreement between the Florida Network and DJJ.

Exclusion Criteria

Youth are excluded from participation if they present with:

- Developmental or cognitive delays are incompatible with group facilitation
- A diagnosis on the autism spectrum
- Active mental health crisis (e.g., psychosis, bipolar disorder, acute depression)
- Acute addiction or withdrawal symptoms
- Suicidal ideation
- Charges including murder, manslaughter, sexual battery or assault of a victim under 12, home invasion robbery, or aggravated child abuse

Referral Process

The referral pathway ensures timely screening, eligibility confirmation, and proper placement in JJIS. It is divided into several coordinated stages:

1. DJJ Referral Initiation

- The Juvenile Probation Officer (JPO) refers eligible youth via the JJIS Probation Resource Booking (PRB) system.
- The referral must include the fully completed, Florida Network-approved SNAP® Youth Justice Referral Form.
- JJIS automatically sends an email notification to the local agency alerting them to the referral.

2. Local Agency Review (2 Business Days)

- Upon receipt of the referral email, the agency must review the referral and all attached documents within two (2) business days.
- The JPO may be contacted by email for any missing or clarifying information.
- The agency must work with probation on referrals where:
 - The Youth Referral Information is incomplete
 - The JPO has not responded “Yes” to all Pre-Referral Activities
 - Group Formulation Considerations are missing or incomplete

3. SNAP® Team Screening and Confirmation (5 Working Days)

- A trained SNAP® team member performs eligibility screening using the Florida Network-approved screening form.
- Within five (5) working days of receiving the complete referral, the agency emails the assigned JPO confirming:
 - Initial youth acceptance
 - Tentative start date for the 13-week group

4. Rejection or Ineligibility Protocol

If a referral cannot be accepted:

- Notify the Florida Network SNAP® Youth Justice Coordinator, the Chief Probation Officer (CPO)/Assistant Chief Probation Officer (ACPO), and the assigned JPO immediately via email.
- The FN Coordinator will follow up within three (3) business days to facilitate a discussion between all parties.

5. Escalation and Final Determination

- If the local agency and JPO/JPOS disagree on eligibility:
 - Escalate to the CPO for a final determination in collaboration with the Florida Network Coordinator and the local agency.
- Based on CPO and Florida Network determination:
 - If the youth is deemed ineligible, the agency must reject the referral in JJIS and document the reason in the comments.
 - If the youth is eligible, the agency emails the assigned JPO confirming: Tentative start date for the 13-week group

6. Placement in JJIS

- Once eligibility is confirmed:
 - Accept the referral in JJIS
 - Record program placement within three (3) working days
 - Begin the intake process

Intake Process

- Must be completed within two (2) weeks of program placement in JJIS.
- Expedite when a 13-week group starts in under two weeks.
- Youth and parent/guardian participation is required ; contact JPO for support for scheduling challenges.
- Email the JPO after intake completion with date, time, and location of the first session.
- Confirm youth attendance by contacting them 24–72 hours prior. Notify JPO immediately by phone if the youth may not attend.

Required Intake Documentation

- SNAP® Y Client File Checklist
- Florida Network Youth Screening Form
- Florida Network Community Counseling Intake Form
- NIRVANA
- Consent to Treatment and Research Participation
- SNAP® Orientation document
- Youth Goal Sheet

- Demographics Form
- How I Think (HIT) Questionnaire
- SSIS Student and Teacher/Adult Forms
- SNAP® Youth Excel Spreadsheet

Minimum of three (3) documented attempts must be made to collect missing assessment information.

Data entry required:

- NetMIS within three (3) business days of intake
- SNAP® Youth Data Entry Form updated within three (3) business days

Group Composition Guidelines

- No more than eight (8) youth per group
- Maximum three (3) year age gap among youth
- Girls' groups must have two (2) female facilitators
- Youth grouped by similar risk to reoffend (CAT assessment):
 - Low with Moderate
 - Moderate with Moderate-High
 - Moderate-High with High
 - NOTE: In no event should a High and Low risk to reoffend youth be placed in the same group.
- Curriculum modifications (e.g., delivery format, delivery dosage of more than one session per week, group size, facilitators) require written request detailing:
 - Participant-identified barriers
 - Necessary supports or accommodations
- Groups scheduled during traditional and non-traditional hours to avoid school conflicts

Session Delivery Requirements

Pre-Session:

- Contact youth 72–24 hours before session
- Conduct check-in call
- Complete and upload Pre-Brief Checklist within 3 business days
- Notify JPO immediately of attendance issues

During Session:

- Deliver 13 weekly sessions
 - Boys Program

- Youth complete 13 sessions out of 15 available digital modules
- The first six (6) sessions must be delivered in order
- Sessions 7–11 may be selected to fit the youth’s behavioral presentation
- Session 12 occurs during the twelfth week
- Session 13 is designated for group review and celebration
- Girls Program
 - Delivered using 8 digital sessions and 4 manualized lessons
 - Week 13 is used for program review and celebration
- Document attendance and session details
- Record and upload video within 3 business days
- Adjustments for holidays or disruptions require FN and CPO approval

Make-Up Sessions:

- Delivered in person, minimum 45 minutes
- Document using SNAP® Make-Up Contact Note and Adherence Checklist
- Upload within three (3) business days
- Report missed or consecutive absences with scheduling efforts to Florida Network Team
- All attempts documented in client file

Post-Session Requirements

- Complete and upload SNAP® Weekly Feedback Evaluation Form within three (3) business days of each session
- Enter attendance and fidelity data into NetMIS
- Weekly reporting of youth attendance to JPO and CPO

Discharge Process

Allowable Discharge Scenarios:

- Successful program completion
- Transfer to more appropriate services by JPO
- Youth refusal, disengagement, or safety concerns
- Unable to locate youth after three consecutive contact attempts

Discharge Documentation:

- Client Satisfaction Questionnaire (Week 13)
- HIT Questionnaire
- SSIS Student and Teacher Forms
- NIRVANA at discharge
- Three (3) documented attempts for post-assessment collection

- Discharges completed within 30 days of group completion

Discharge Report must include:

- Reason for discharge
- Summary of services and goal progress
- Summary of pre/post test changes
- Recommendations or referrals for aftercare

Post-Discharge Follow-Up:

- Follow-ups at 30 and 60 days
- Documented in the SNAP® file
- Entered into NetMIS within three (3) business days of each contact

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.

Eligibility & Admission

- Youth are ages 12–19 and on Probation, Conditional Release (CR), or Post-Commitment Probation (PCP), referred by a DJJ Probation Officer.
- Youth outside the age range or under alternative legal status may be accepted with mutual approval from DJJ and the Florida Network.
- Referrals are screened by a trained SNAP® team member using Florida Network-approved tools.
- JPO is notified of eligibility within five (5) business days of referral.
- Intake is completed within two (2) weeks of accepted JJIS placement.

Pre-Service Documentation

Prior to beginning group services, the following documentation must be completed and present in the youth's SNAP® file:

- SNAP® Y Client File Checklist
- Florida Network Youth Screening Form
- Florida Network Community Counseling Intake Form
- NIRVANA
- Consent to Treatment and Participation in Research Form
- SNAP® Orientation Document
- Youth Goal Sheet
- SNAP® for Youth Data Entry Form
- How I Think Questionnaire (HIT)
- Social Skills Improvement System (SSIS) — Student and Teacher/Adult Forms.

If any assessments are incomplete, there must be at least three (3) documented attempts in the youth's file to obtain the information.

Data Entry Requirements

- NetMIS intake entered within three (3) business days
- SNAP® Youth Data Entry Form updated within three (3) business days of program start and quarterly thereafter as needed
- Documentation of attendance, group composition, goal progress, check-ins, and evaluation data updated regularly per network guidance

Group Delivery & Fidelity

- Youth are assigned to groups of no more than eight (8) participants, with a maximum age span of three (3) years.
- Group composition must align with DJJ risk levels as documented in CAT assessments.
- Gender-specific modeling is observed (e.g., two female facilitators for girls' groups).
- A check-in call is conducted 72–24 hours prior to each session and documented.
- Pre-Brief Checklist completed before each session and uploaded to OneDrive within three (3) business days.
- Youth attend a total of thirteen (13) sessions.
- Attendance is documented weekly; sign-in logs include session date, time, location, topic, facilitator, and youth signatures.
- All group sessions are videotaped and uploaded to OneDrive within three (3) business days.

Post-Session & Evaluation Activities

- Weekly group attendance and any issues are reported to each youth's JPO and the local CPO.
- SNAP® Weekly Feedback Evaluation Form completed by staff and uploaded within three (3) business days of each session.
- Additional post-session documentation includes:
 - SNAP® Pre-Brief Checklist
 - Attendance Logs
 - Weekly Evaluation Form
 - SNAP® Debrief Checklist Document

Discharge Requirements

- Discharge summary completed for all youth, regardless of completion status.
- Allowable discharge reasons include successful completion, transfer to more appropriate services, refusal to participate, safety concerns, or inability to contact youth after three consecutive documented attempts.

- Required discharge documents:
 1. SNAP® Client Satisfaction Questionnaire (Week 13)
 2. How I Think (HIT) Questionnaire
 3. SSIS Student and Teacher/Adult Forms
 4. NIRVANA at Discharge
- Discharges are completed within thirty (30) days of group conclusion.
- At least three (3) documented attempts must be made to collect post-assessment data.

Discharge Report includes:

- Reason for discharge
- Summary of services and goal progress
- Summary of pre/post test changes, if available
- Aftercare recommendations or referrals

Post-Discharge Follow-Up

- Follow-ups conducted at 30 and 60 days post-discharge
- Documented in the SNAP® Contact Note
- Entered into NetMIS within three (3) business days of each follow-up

4.4 F.A.T.H.E.R.S - SNAP® U12 and Case Management Services (DCF)

Policy

All providers shall offer SNAP® U12 and Case Management services tailored to the unique needs of fathers, including those residing in Opportunity Zones, involved in justice system proceedings, or experiencing economic hardship. Services will be delivered in alignment with Florida Network guidelines, using standardized tools, staffing models, and reporting protocols.

Purpose

To provide a structured framework for the delivery of SNAP® U12 and Case Management services to eligible fathers and their families, addressing individualized needs through screening, group intervention, and coordinated support.

Procedure

Definitions

- Case Manager: A designated staff member responsible for providing ongoing follow-up, support, and coordination for eligible fathers participating in the program.
- Father: Includes biological, custodial, legal, adoptive, foster, or stepfather, grandfather, non-relative male, or male family member acting in a paternal role to children age 17 or younger residing in Florida. Excludes mentors or males with only adult children.

Procedures

Eligibility and Screening

- A trained Case Manager shall screen each father using the Florida Network-approved screening form.
- If deemed eligible, an intake will be conducted to gather necessary background and service needs.
- Fathers meeting one or more of the following criteria may qualify:
 - TANF and/or SNAP recipients
 - Recipients of Re-employment Assistance
 - Previously or currently incarcerated
 - Residents of Florida Opportunity Zones (economically distressed communities)
 - Participants in Batterers Intervention Programs (BIP)
 - Involved in Chapter 39 child welfare proceedings
 - Priority is given to fathers of children 17 years or younger

SNAP® Service Delivery

- SNAP® services shall follow Florida Network policies:
 - Intake Requirements (SNAP® U12)
 - Group Delivery (SNAP® U12)
 - Fidelity Adherence Monitoring
 - Discharge Requirements
 - Required Trainings

Case Management Scope

Case Management may include the following service components:

- System Navigation
- Tracking and Recording Outcomes
- Establishing Goals
- Linking Fathers to Community Services
- Referral Management
- Assessment of Family Needs
- Service Plan Implementation
- Family Support Services
- Case Staffing
- Case Monitoring

Documented in NetMIS or ASEBA through:

- Contact Notes
- Service Plans
- Performance Outcome Reporting
- Tool of Parenting Self Efficacy (TOPSE) – Pre/Post
- Child Behavior Checklist (CBCL) – Pre/Post

Referrals

- If no upcoming SNAP® group is available, or the child is ineligible for SNAP®, referral to internal agency services or appropriate community programs must be completed.

Staffing Requirements

Each agency must allocate the following personnel for service delivery:

- 0.25 FTE Coordinator
- 2.0 FTE Case Managers

- 1.0 FTE SNAP® Facilitator
Any changes in staffing or budget must be submitted to and approved by the Florida Network.

Implementation Teams

Each agency shall convene an Implementation Team that may include:

- Florida Network representatives
- Local program staff
- Law enforcement partners
- Grantor-identified Department of Children and Families (DCF) personnel
- Other community stakeholders as needed

Outreach Requirements

Agencies must create outreach materials and engage system partners to promote awareness and program eligibility. Outreach strategies may include:

- Attendance at community meetings and events
- Participation in Circuit Committees and Advisory Councils
- Direct education sessions with DCF, law enforcement, and judicial personnel
- Inclusion in stakeholder websites and social media campaigns
- Engagement of Florida Network subject matter experts when needed

Reporting and Invoicing

| Report Name | Due Date | Subcontract Sections |
|--------------------------------------|-------------------------------------------|-------------------------------------------|
| Quarterly Outputs Report | 10th calendar day after each quarter | Sections C-2.5.1.1 and E-1.1 |
| Quarterly Outcomes Report | 10th calendar day after each quarter | Sections C-2.5.1.2 and E-1.2 |
| Quarterly Cost Reconciliation Report | 10th calendar day after each quarter | Section C-2.5.1.3 |
| Annual Program Evaluation Report | 25th calendar day after end of grant year | Section C-2.5.1.4 |
| Annual Property Inventory Report | July 1st of each year | Section 10 – Property |
| Quarterly Request for Payment | 10th calendar day after each quarter | Section F-2; Attachments 1, 1-1, 1-2, 1-3 |

4.5 SNAP® for Schools and Communities

Policy

SNAP® groups must be offered weekly in approved school or community settings, following standardized procedures to ensure consistency, accountability, and measurable outcomes.

Purpose

The SNAP® for Schools and Communities program delivers weekly behavioral education groups to elementary-aged youth in high-risk, low-performing school and community settings. The curriculum covers managing anger, navigating peer pressure, and addressing bullying, with the overarching goal of promoting productive school attendance and enhancing classroom dynamics.

Procedure

Group Selection and Approval

- Groups are delivered in elementary school or community settings.
- Must have no less than five (5) youth and no more than thirty (30).
- A maximum of two (2) grade years difference in the same group.
- Any modification to standard delivery; such as multi-grade formats (more than 2 grade years), delivery in non-school environments, or multiple sessions per week—requires Florida Network approval.

Pre-Service Requirements

- Provide notification to students' parent/guardian regarding participation.
- Ensure completion of the Measure of Classroom Environment (MoCE) pre-assessment to establish baseline dynamics.

Session Delivery

- Groups are facilitated by trained SNAP® personnel in collaboration with a teacher or supervisory adult.
- A minimum of five students and a 45-minute session length are required.
- Weekly attendance logs must include:
 - Cycle ID
 - Session details (date, time, title)
 - Agency and student names
 - Signatures from both the facilitator and classroom/community lead
 - Upload to NetMIS within three (3) business days
- The "Way to Go" goal sheet is completed and uploaded to OneDrive.

- A Fidelity Adherence Checklist is completed once per 13-week classroom cycle and uploaded to OneDrive.
 - The fidelity score must be entered into NetMIS within three (3) business days of the fidelity Adherence Checklist completion.
- Each session must be entered into NetMIS within three (3) business days.

Post-Service Requirements

- Ensure completion of the MoCE post-assessment to measure impact.
- Complete a SNAP® Feedback Form, submitted by the supervising adult, and upload to OneDrive.

Documentation Requirements

All documentation must be submitted within required timeframes to maintain compliance:

| Document | Responsible Party | Submission Platform |
|------------------------------|-----------------------------------------|----------------------------|
| MoCE (Pre/Post) | Teacher/Supervisory Adult | NetMIS |
| Way to Go Goal Sheet | Facilitator & Teacher/Supervisory Adult | OneDrive |
| Attendance Logs | Facilitator & Teacher/Supervisory Adult | NetMIS |
| Fidelity Adherence Checklist | Facilitator/SNAP Team | OneDrive |
| Feedback Form | Supervisory Adult | OneDrive |

Demonstration of Compliance:

- SNAP® for Schools and Communities groups are conducted at local school or community settings with elementary-aged youth.
- The following is completed before beginning SNAP® for Schools and Communities:
 - Letters are sent to each child’s parent/guardian informing them of SNAP® for Schools and Communities services.
 - Measure of Classroom Environment (MoCE)-Pre-session
- During sessions weekly:
 - Attendance log is completed with participants’ names and signature of teacher/supervisory adult and SNAP® for Schools and Communities facilitator.
 - Way to Go Goal Sheet is completed with children and uploaded into OneDrive after each session.
 - Sessions are a minimum of 45 minutes in length and have at least 5 student participants.
 - A Fidelity Adherence Checklist is completed per session/per classroom and uploaded into OneDrive.
 - Each group session is entered into NetMIS within 3 business days of the session.
- The following documentation at final group shall included:
 - Measure of Classroom Environment (MoCE) Pre-sessions
 - Way to Go Goal Sheet
 - Weekly Attendance Logs uploaded in NetMIS
 - One Fidelity Adherence Checklist per classroom for the 13-week classroom sessions, updated into OneDrive
 - Measure of Classroom Environment (MoCE)-Post Sessions
 - SNAP® for Schools & Communities Feedback Form

DOMAIN 5: Shelter Program Services

5.0 Shelter Program Services

Policy

All Florida Network shelters will provide short-term, voluntary services that include overnight shelter, food, basic needs, assessment, case management, counseling, transportation, and access to education. These services will be available 24 hours a day, every day of the year, with continuous awake supervision. Each shelter must be licensed under Chapter 409.175, Florida Statutes.

Purpose

Shelter services shall include overnight accommodation with awake supervision, food, clothing and necessities as needed, case management, crisis intervention, counseling, transportation, and access to education. These services will be delivered in a well-maintained environment that emphasizes dignity, personal responsibility, and engagement through developmentally appropriate activities.

Procedure

1. Services shall follow the requirements of Chapter 984, F.S., Chapter 985.601(3)(a), Florida Network policies, DJJ procedures, and all contract provisions.
2. Providers must coordinate intake, assessment, and services with non-residential community-based organizations.
3. Programming must support development through life skills education, problem solving, anger management, family management, and other youth- and family-focused curricula.
4. Any refusal to accept youth for CINS court-ordered shelter placement shall be documented and entered into NetMIS within one working day.
5. Placement priority shall be given to:
 - Court-ordered admissions
 - Domestic Violence Referrals
 - Youth at risk of harm to themselves or others by leaving the shelter
6. Youth eligible for Enhanced Supervision (with Florida Network written approval) may include:
 - Youth with court-ordered for up to 90 days pursuant to section 984.225(3)(b), F.S.
 - History of runaway behavior
 - Youth who have been trafficked or at risk
 - Youth with intensive behavioral or emotional needs

Supporting documentation may include, but not be limited to:

- Youth screening documenting youth history and need
- Human Trafficking Screening Tool (HTST)
- Suicide Risk Screening and Assessment
- Court Order

Shelter eligibility includes CINS/FINS, Domestic Violence (DV), Pre-delinquent Citations (PDC), and Probation Respite placements. See the addendum for the flow chart regarding the length of stay extension process by program type. Shelter status by program type:

Shelter Statuses for CINS/FINS

1. CINS Court Order Youth up to 35 days (requires uploading Court Order document)
2. CINS Court Order Youth up to 90 days (requires uploading Court Order document)
3. Voluntary FINS Shelter Youth
4. Voluntary FINS Shelter Youth (Truancy Petition)
5. Voluntary FINS Shelter Youth (Short-term Services & Support)

Short-Term Services and Support

The provider may place children brought to a juvenile assessment center for truancy at a local agency CINS/FINS shelter until a parent or legal custodian can assume responsibility. If the parent or custodian cannot be located or is unwilling to take responsibility, the child may remain in the shelter for up to 24 hours (one (1) filled bed day) while the DCF responds and assumes custody.

Emergency Stabilization

- The Provider may offer short-term assistance while a youth awaits placement in a more appropriate setting, specifically to avoid imminent endangerment.

Law Enforcement Referrals

- Youth brought to a juvenile assessment center for truancy may be temporarily placed at the CINS/FINS shelter until a parent, guardian, or legal custodian assumes responsibility.
- If the responsible adult cannot be located or is unwilling/unable to take custody, the youth may remain in shelter for up to 24 hours pending DCF intervention.

Voluntary Shelter Placement

- Shelter may be provided for youth meeting CINS/FINS criteria for up to 35 days.
- Additional services may include crisis counseling, stabilization support, and outreach.

- Florida Network may approve extensions in five (5) business day increments, with written justification and alternate placement planning submitted.
- Requests are submitted in writing via the <https://forms.office.com/r/HjPsuC0B3x>
- Maximum of four (4) extensions allowed, unless written approval from the Network from the Department (DJJ).
- If a parent refuses to allow youth to return home, the Lockout Agreement Protocol shall be initiated immediately, with notification to the circuit CPO and Regional Attorney.
- No compensation will be issued beyond the fourth (4) extension.

Youth Under Age 10

- Per 65C-46.012, F.A.C, youth under 10 may be admitted only with Florida Network and DCF licensing approval.
- Admission limited to 24 hours, with efforts to place with a parent, guardian, DCF, or approved child-caring agency.
- Florida Network may approve extensions (if exigent circumstances exist) in five-business-day increments; maximum of five extensions.

Respite (placement not to exceed 30 days max)

- Domestic Violence Respite
 - Youth charged with domestic violence offenses may be referred on a case-by-case basis. Eligibility includes youth previously adjudicated for other issues and those accused but not adjudicated.
- Probation Respite
 - Youth currently on probation, including those with adjudication withheld or previously adjudicated, must be referred by the JPO for temporary time-out placement from current home settings if deemed appropriate by their Juvenile Probation Officer (JPO).
- Pre-Delinquency Citation for Domestic Violence
 - Youth who receive a civil citation for domestic violence or have been referred by a pre-delinquency service provider due to DV-related concerns may be admitted.

Note: All respite referrals must ensure that placement is not for disciplinary purposes and must not compromise community safety. Youth shall not be admitted if they present with fire-setting behaviors; history of violent or sexual offenses (excluding domestic violence); require acute inpatient or crisis stabilization; or pose a safety threat to others. If exclusionary factors are identified post-admission, the Department and, when applicable, the PDC provider and law enforcement must be notified, and removal must occur within 48 hours or immediately if safety risks exist.

Limits on Youth to Be Served (Respite)

Maximum Bed Days per Admission

- A youth may receive up to 21 filled bed days per admission.
- The goal is to release youth from respite within 14 days.
- If a youth approaches the 21st day and is not ready for reunification, the Provider may request an extension from the Florida Network, not to exceed a total length of stay of 30 filled bed days.
- Extension requests must be submitted no fewer than three (3) calendar days before the 21st day of the youth's stay.

Extension Request Protocol

Requests must be:

- Submitted in writing via the <https://forms.office.com/r/HjPsuC0B3x>
- Sent to the Florida Network's Contract Manager
- Received no earlier than three (3) business days prior to the youth's scheduled program exit
- Accompanied by a justification outlining the need for additional days
- The Florida Network will provide a written response within two (2) business days of receiving the request.
- Upon approval:
 - For PDC youth, the Provider shall notify the county PDCSP of the extended stay.
 - For Domestic Violence and Probation respite youth, the Provider shall notify the assigned JPO on the youth's 14th day in shelter and collaborate on a release plan.

Readmission Criteria

- Youth may be readmitted only in connection with a new qualifying offense following release.

Core Shelter Services and Safety Practices

The Provider shall ensure at minimum the following services are delivered to all youth admitted to the shelter:

- **Preliminary Health Screening:** Conducted at the time of admission and includes review of medical history, suicidal ideation or attempts, current/past substance use, medication needs, physical health concerns, and recent illness/injury. Medical referrals must be made as appropriate for youth with health conditions, allergies, or dietary restrictions.

- **Basic Needs Provision:** Includes shelter, food, clothing, and access to emergency medical care.
- **Counseling Services:** Individual and/or family counseling shall be provided at least weekly. (See Policy/Procedure Counseling Services)
- **Psychoeducational Groups:** Conducted a minimum of five days per week using a structured group process model. There is a clear group leader or facilitator identified and documentation includes the date/time of group, list of participants, length of group, and the topic.
- **Case Management:** Coordinated care planning and referrals as outlined in service plans. (See Policy/Procedure Case Management and Service Delivery)
- **Education Services:** Access to local public-school programs or alternative educational programming.
- **Recreational Programming:**
 - Minimum one hour of physical activity daily.
 - Access to faith-based activities, with structured non-faith-based alternatives offered for those who opt out.
 - Opportunities for homework support and access to age-appropriate reading materials.
- **Offsite Activities:** Shall be limited to community activities that involve community service work, medical/treatment needs, or judicial obligations, youth education and enrichment activities, or other physical recreational opportunities as appropriate.
- **Transportation:** Provided to support service plans and participation in required activities. (See Policy/Procedure Client Transportation)
- **Life Skill Development:** Programming includes workshops, community service, and opportunities to practice adaptive behaviors. Service linkages shall be made at discharge when appropriate.
- **Medical/Mental Health Alerts:** Staff must be informed of any condition requiring special attention or care. See Policy/Procedure Medical/Mental Health Alerts)
- **Episodic Care:** All care episodes (first aid or external referrals) must be documented in the youth's file.
- **Behavior Management:** Programs must utilize an approach that fosters accountability and behavioral growth. (See Policy/Procedure Behavior Management Strategies)
- **Grievance Process:** Agencies must maintain a grievance process that is accessible, confidential, and youth friendly. Youth may submit grievances regarding staff conduct, conditions of care, or perceived violations or denial of their basic rights. Grievance forms should be readily available and written in language appropriate for the youth served.

- Program Director or designated Supervisor will oversee and manage the grievance process, except when the grievance is about them. In such cases, an alternate administrator must be assigned to ensure impartial review.
- Grievances must be reviewed and resolved within 72 hours of submission. If resolution is delayed beyond this period, documentation must reflect the cause for delay, actions taken, and anticipated completion date. All grievance records must be retained by the agency for a minimum of one year from the date of submission.
- Grievance boxes are to be checked at least once daily (excluding weekends and holidays) by a member of management or designated supervisor. Each check must be logged in the program's daily logbook, including the date, time, and name of the person conducting the check.

Practices Ensuring Emotional and Physical Safety at minimum:

- Program Orientation: Initiated within two (2) hours and completed within 24 hours of admission. (See Policy/Procedure Program Orientation)
- Youth Photo Identification: Taken upon admission and stored with intake documents.
- Client Rights and Information Access: Provided through handbooks and public postings.
- Daily Schedule: Clearly posted and followed.
- Youth Grievance Process:
 - Locked grievance boxes are accessible to youth in common areas.
- Grievances reviewed daily and resolved within 72 hours. Nighttime Supervision: Bed checks conducted every 15 minutes. (See Policy/Procedure Staff and Youth Supervision)
- Staff Coverage: Minimum of two (2) trained direct care staff on duty at all times. (See Policy/Procedure Staff and Youth Supervision)
- Use of Force: Incidents reported and logged with CCC as required. (See Policy/Procedure Incident Reporting)
- Youth Classification and Room Assignment: Safety-focused placement; youth concerns heard and considered. (See Policy/Procedure Youth Room Assignment)
- Daily Log Books: Used to document routine activities and reviewed by supervisory staff. (See Policy/Procedure Logbooks)

Youth File Requirements

Each youth record must be marked confidential and include at minimum the following components: (See Policy/Procedure Youth Records)

- Table of Contents

- Screening Tools
- Informed Consent
- Youth Photograph
- Shelter Intake Form
- Suicide Assessment (if applicable)
- NIRVANA Self-Report (NSR) and Full Assessment
- Plan of Service
- Chronological Notes
- Medication Inventory
- Approved Contact List
- Referral Copies (as applicable)
- Discharge Summary (upon case closure)

Suicide Risk Screening

All personnel must actively assess and monitor youth for suicidal risk throughout their shelter stay. Risk identification and appropriate intervention shall follow the procedures outlined in the Suicide Prevention Policy/Procedure.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal.
- A minimum of one hour of physical activity is provided daily.
- Youth are provided the opportunity to participate in a variety of faith-based activities aligned with their preferences or spiritual beliefs. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities.
- Daily programming includes opportunities for youth to complete homework and access a variety of age-appropriate, program-approved books for reading. Youth are allowed quiet time to read.
- Daily programming schedule is publicly posted and accessible to both staff and youth.
- Psychoeducational Groups are conducted a minimum of five days per week using a structured group process model. There is a clear group leader or facilitator identified, and documentation includes the date/time of group, list of participants, length of group, and the topic.
- Formal and accessible grievance procedures for youth, including available grievance forms and a locked box, is accessible to youth in a common area.
- Grievance boxes are checked at least once daily (excluding weekends and holidays) by a member of management or designated supervisor. Each check is logged in the program's daily logbook, including the date, time, and name of the person conducting the check.
- Only the Program Director/Supervisor has access to and manages grievances unless it is toward themselves (which are escalated to higher leadership).
- All grievances are resolved and documented by the Program Director/Supervisor within 72 hours. If this does NOT occur within the 72-hour period, there is sufficient documentation explaining the cause of the delay in resolution.
- Grievances are maintained on file for a minimum of one (1) year.

5.1 Shelter Environment

Policy

Each Florida Network shelter shall maintain a safe, clean, and well-maintained environment that promotes youth safety, dignity, and positive development. Shelter operations will support daily routines and structured programming designed to promote health, emotional wellness, and personal responsibility through active engagement in social, physical, intellectual, and life-skill activities.

Purpose

A physically sound, hygienic, and orderly environment communicates a culture of care, accountability, and pride among youth, staff, and leadership. These conditions serve as the foundation for effective programming and youth development.

Procedure

Facility Cleanliness and Maintenance

1. The facility shall be clean, neat, and well-maintained at all times.
2. Furnishings shall be in good repair and maintained as needed.
3. A written cleaning schedule or protocol must be in place and followed consistently. Youth participation is encouraged but not relied upon exclusively.
4. Grounds must be landscaped, free of debris or hazards, and without insect or pest infestations.
5. Bathrooms and shower areas are clean, functional, and well-stocked.
6. All indoor spaces are free from graffiti and contraband, and lighting is sufficient for daily activities.
7. Dumpsters and trash cans are covered, and garbage is removed regularly.

Safety and Security Measures

1. All doors must be secured with controlled access for staff; key control procedures must follow agency policy.
2. Agency and staff vehicles must remain locked at all times.
3. Agency vehicles must contain required safety equipment, including:
 - Current first-aid kit (items replaced when expired)
 - Fire extinguisher
 - Flashlight
 - Glass breaker
 - Seat belt cutter
4. Facility shall display:

- Emergency egress map
 - Client rules and grievance forms
 - Abuse hotline and DJJ reporting numbers
5. Fire extinguishers shall be visible and accessible, not locked away.
 6. Washer/dryer units must be functional; lint screens cleaned after every use.
 7. Agencies must establish a Safety Committee responsible for facility inspections, testing of safety protocols, and review of incident reports and trends
 8. No ropes or cords affixed to blinds, curtains or shades are permitted in youth sleeping areas.

Chemical Storage and Inventory

1. All chemicals must be:
 - Approved for use
 - Clearly labeled and securely stored
 - Tracked via a perpetual inventory maintained and reviewed at least weekly
2. A separate, current inventory must be maintained at each chemical storage site unless alternate arrangements are approved by the Florida Network.
3. Material Safety Data Sheets (MSDS) must be kept and updated regularly.

Youth Sleeping Arrangements

1. Each youth shall have:
 - A private, clean bed
 - Covered mattress, pillow, linens, and blanket
2. Upon request, youth must be provided a safe, lockable space for personal belongings.

Licensing and Inspections

1. The facility must maintain and display a current DCF Childcare License.
2. Annual inspections required:
 - Fire safety and equipment
 - Residential Group Care and Food Service by Department of Health, where applicable.
3. Monthly fire drills must occur once per shift, completed within two (2) minutes.
4. Emergency preparedness drills must be conducted quarterly, at a minimum.

Food Service

1. Menus shall be posted and reviewed annually by a licensed dietitian.
2. Refrigerators/freezers are clean and maintained at required temperatures and all small and medium sized appliances are operable and clean for use as needed.
3. All cold food must be properly stored, labeled, and dated.

4. Dry storage areas must remain clean and organized to meet health and safety standards. Packages must be dated once opened.

Environmental Standards

1. The Provider shall maintain a safe, sanitary, and well-maintained environment that supports the physical and emotional well-being of all youth.
2. All living, dining, restroom, classroom, and recreational areas shall be kept in a tidy and orderly condition, free from debris, excessive clutter, or safety hazards.
3. Cleaning procedures shall follow routine schedules and be documented to ensure compliance with health, safety, and licensing regulations.
4. Youth and staff shall be educated on personal and communal cleanliness practices, and the Provider shall promote youth participation in keeping personal and shared spaces clean.
5. The facility shall meet or exceed local and state inspection standards related to environmental health, including sanitation, pest control, and food storage.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The facility is clean, neat, and well-maintained.
- Furnishings are in good repair.
- The program is free of insect infestation.
- All bathrooms and shower areas are clean and functional, free of foul odors, leaks, dust, mildew and in good working order.
- There is no graffiti on walls, doors, or windows.
- Lighting is adequate for tasks performed there.
- Exterior areas are free of debris.
- Grounds are free of hazards.
- Dumpster and garbage can(s) are covered.
- All doors are secure.
- In and out access is limited to staff members and key control is in compliance.
- All agency and staff vehicles are locked. All agency vehicles are equipped with major safety equipment including first aid kit (with current, non-expired items that are replaced regularly), a fire extinguisher, a flashlight, a glass breaker, and seat belt cutter.
- Detailed map and egress plans of the facility, general client rules, grievance forms, abuse hotline information, DJJ Incident Reporting Number and other related notices are posted.
- Agency has a current DCF Child Care License which is displayed in the facility.

- Interior areas (bedrooms, bathrooms, common areas) do not contain contraband and are free from hazardous unauthorized metal/foreign objects (e.g. cords, rope, metal shower rings).
- All chemicals are listed, approved for use, inventoried weekly and perpetually, stored securely. A perpetual inventory is the primary means of maintaining a current and real-time inventory. The weekly inventory is conducted weekly, at a minimum, to ensure that a perpetual inventory is being maintained consistently and accurately. If more than one location is used to store chemicals, there is an inventory wherever chemicals are stored that is current and well-maintained unless previously approved by the Network.
- Material Safety Data Sheets (MSDS) are maintained on each chemical item.
- Washer/dryer are operational & general area/lint collectors are clean. Lint is cleaned after every load.
- Each youth has his/her own individual bed with a clean covered mattress, pillow, sufficient linens and blankets.
- Youth have a safe, lockable place to keep personal belongings, if requested.
- Annual facility fire inspection is conducted, and the facility is in compliance with local fire marshal and fire safety code within jurisdiction.
- The agency completes a minimum of one fire drill on each shift monthly and demonstrates completion within 2 minutes or less.
- The agency completes one mock emergency drill per shift quarterly, at a minimum.
- All annual fire safety equipment inspections are valid and up to date (extinguishers, sprinklers, alarm system and kitchen overhead hood, including fire extinguishers in all vehicles). **Fire extinguishers are easily accessible by staff in the event of an emergency.
- The agency has a current Satisfactory Residential Group Care inspection report from the Department of Health.
- The agency has a current Satisfactory Food Service inspection report from the Department of Health, and food menus are posted, current, and signed by a Licensed Dietitian annually.
- All cold food is properly stored, marked and labeled and dry storage/pantry area is clean and food is properly stored. Packages in the pantry area are dated upon opening.
- Refrigerators/Freezers are clean and maintained at required temperatures and all small and medium-sized appliances are operable and clean for use as needed.

5.2 Shelter Search Policy

Policy

All providers contracted by the Florida Network to deliver shelter services for CINS/FINS, Domestic Violence, PDC DV and Probation Respite programs shall maintain and enforce a policy governing searches of all youth prior to entering the program environment. This policy shall include procedures for both routine searches upon admission or reentry and reasonable suspicion searches to detect and prevent contraband.

The use of a hand-held metal detector wand, where video surveillance is available, is mandatory prior to entry to the shelter (e.g., admission, return from school, outings, or visitation). All contraband discovered must be reported to the Central Communications Center (CCC) within two (2) hours of discovery.

Staff vigilance, attention to detail, and proper execution of these procedures are essential to ensuring a safe environment for all youth and shelter staff.

Purpose

To protect the physical and emotional safety of youth and staff by mitigating and preventing the introduction of contraband into residential shelters through structured, proactive search policies and staff awareness.

Procedure

A. Education

1. Each youth shall receive orientation that includes a Florida Network-approved contraband video or packet, reviewed and acknowledged during intake.
2. Intake staff shall ask each youth if they use substances to cope with mental health symptoms and provide guidance on alternatives (e.g., stress balls, music, breathing exercises). Parents will be notified and ensure the message is clear that substances and contraband will not be permitted in the shelter.
3. Contraband detection practices and search responsibilities will be included in daily staff briefings. During each shift change, the supervisor will confirm that staff members do not have any prohibited items.
4. New hire orientation packets shall include a contraband overview and search policy. Staff will sign an acknowledgment form. Programs must review their contraband practices annually.

B. Search Protocol

1. Conduct searches one youth at a time and ensure the process is captured on video.

2. Items such as bags and outerwear must be set aside and searched separately.
3. Search process includes:
 - Removal and inspection of hats/head coverings
 - Removal of outer clothing for inspection
 - Emptying and turning out all pockets
 - Removal of shoes (tapped together to dislodge contents)
 - Removal and inspection of socks; visual check of feet/toes
 - Full-body wandung with a charged metal detector, front to back
4. When staff suspect contraband that is not wand-detectable, law enforcement must be contacted to conduct a pat-down search.
5. Outdoor areas must be searched before youth are allowed to use them.

C. Detection Measures

1. Conduct frequent, random searches across all shifts.
2. Use wandung as a standard practice during reentry (e.g., after recreation or outings).
3. Agencies shall implement a staff recognition program for diligent contraband detection, e.g., milestone signage or incentivized acknowledgment.
4. Conduct random video surveillance reviews to monitor consistency in search practices.

D. Response to Contraband

1. Notify law enforcement immediately when illegal contraband is found.
2. Conduct an internal investigation for any policy deviations or issues with compliance.
3. Staff must wand recovered items (e.g., vape pens or phones) to document their detectability in the incident report and investigation reports.

E. Data Collection & Reporting

1. Programs will share updates, best practices, and challenges with the Florida Network's Contraband Reduction Implementation Workgroup.
2. The Florida Network will communicate findings quarterly to the Florida Juvenile Justice Association (FJJA) Contraband Reduction Taskforce.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Searches are conducted in view of video surveillance camera/s.
- Each youth is searched via a fully charged, hand-held metal detector wand from head to toe, back to front, each time they return to the shelter.
- Shelter staff conduct searches of outdoor recreational areas prior to youth using the area.
- Shelter staff conduct frequent and random searches on each shift.

5.3 Logbooks

Policy

Shelter providers must maintain a chronological account of events as they occur, as well as to document safety and security issues. These events shall be documented in a logbook, which may be a physically bound notebook with numbered pages or an electronic system capable of capturing all required elements.

Purpose

To serve as a primary method of communication among staff regarding daily activities, events, and incidents, and to provide a record for internal and external review.

Procedure

Logbook Content

Logbooks must include observations on the general atmosphere and notable behavior of clients and staff. At a minimum, entries must document:

- Emergency situations
- Incidents
- Calls to CCC
- Scheduled events
- Drills
- Medication administration
- Supervision status changes
- Special supervision instructions
- Youth group movement (e.g., meals, recreation)
- Head counts at shift changes and during shifts
- Off-site transports (including staff/youth names and destination)
- Searches, security checks, and overnight bed checks
- Video surveillance reviews
- Requests to access youth and relationship to youth
- Admissions and discharges (with name, date, and time)
- Absconds or attempted absconds
- Weather warnings (e.g., heat advisories, storm alerts)
- Daily grievance box checks by management or designee

Entry Requirements

All entries must be:

- Include time of entry and incident
 - If the date is included in the header, all entries below that header will be associated with that date and no additional date will be reflected in each entry for that day.
- Provide a brief, relevant summary
- Include names of involved youth and staff
- Signed and dated by the person making the entry

Security related entries must be highlighted. Errors must be struck through with a single line, initialed and dated. The use of whiteout is prohibited and no pages may be removed.

Review Protocol

- Program Director or designee must review logbooks weekly and document the review
- Incoming supervisors and shelter counselors must review all shifts since their last entry and document the review
- Direct care staff must review the previous two shifts and document the review

Logbooks must be retained for a minimum of seven (7) years and confidentiality must be maintained.

User Protocol – Physical Logbook

- Legibly written in blue or black ink
- Staff may not make entries or sign for another staff member
- Staff may not sign in/out or confirm task completion on behalf of another

Electronic Logbook Requirements

Electronic logbooks must:

- Prevent deletion of entries
- Be accessible via desktop, laptop, tablet, smartphone, or watch
- Require two-step authentication for entry
- Support at least 10 GB of text data
- Include backup and recovery capabilities
- Display entries chronologically
- Show date/time, employee ID, initials/signature
- Support agency-specific highlights and text colors
- Allow keyword search
- Generate categorized reports (e.g., drills, incidents)
- Allow printing of selected entries

- Include strike-through functionality for corrections
- Restrict tablet use to logbook input only
- Require agency approval for personal devices with logbook access

User Protocol – Electronic Logbook

- Users may not enter or save entries under another's name or PIN
- Users must verify and refresh the date before entry
- Passwords must be shared only with authorized users and changed regularly
- Users may not sign in/out or confirm task completion under another's credentials
- New users must be added within seven (7) days of hire
- Former users must be removed within fifteen (15) days of separation; web access must be revoked immediately

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has a process in place to document daily activities, events, and other major occurrences.
- Safety and security issues that could impact the youth and/or program are highlighted.
- All entries are brief and legibly written in ink for paper logbooks.
- All entries include:
 1. Time of incident/activity/event
 2. Names of youth and staff involved
 3. Brief statement providing pertinent information
 4. Signature of the person making the entry
- All recording errors are struck through with a clear line with staff initial and date.
- The use of white-out is prohibited, and all entries are made in ink with no erasures or white out areas for paper logbooks.
- At the beginning of their shift, the oncoming supervisor and shelter counselor review the logbook of all shifts since their last log entry to become aware of any unusual occurrences, problems, etc., and make an entry signed and dated into the logbook indicating the dates reviewed to document the review.
- All direct care staff reviews the logbook at the beginning of each shift for the previous two shifts (at minimum) and include the dates reviewed, which is evidenced by the date and their signature at time of entry.
- Program director or designee reviews the facility logbook(s) every week and makes a note chronologically indicating dates reviewed and if any corrections, recommendations and follow-up is required, which is evidenced by the date and their signature at time of entry.
- Supervision and resident counts are documented. Visitation and home visits are documented.

5.4 Staffing Standards and Enhanced Supervision

Policy

All shelter staffing ratios and supervision practices must comply with licensing requirements in Chapter 409, F.S., and contract provisions. Enhanced Supervision will be provided to CINS youth who have been court-ordered to services for up to 90 days. In addition, enhanced supervision may be requested for youth who demonstrate extraordinary needs that require increased staffing, elevated monitoring, and/or additional counseling support. Youth identified for Enhanced Supervision must meet eligibility criteria and be approved in advance and in writing by the Florida Network.

Purpose

To establish procedures for providing higher levels of supervision and support to youth who present increased risk factors, and to ensure adequate staffing is in place to maintain safety, visibility, and compliance within temporary shelter environments.

Procedure

General Shelter Staffing Ratios

Each shelter shall maintain minimum Direct Care staffing levels as required by contract and licensing:

1. 1 staff to 6 youth during awake hours
2. Minimum of two staff during sleeping hours
3. 1 staff to 2 youth for youth placed under enhanced supervision (formally staff secure)
4. Minimum of two staff present on all shifts, including overnight
5. Minimum of two staff present during off-site activities

Shelters must ensure:

- A visible and accessible staff schedule
- An on-call roster with contact numbers for additional coverage
- Visual bed checks every 15 minutes during sleep periods or when youth are in their assigned room due to illness or behavioral concern, documented in real time
- If entering a youth's room, a second staff member must observe from the hallway for youth and staff safety
- Constant visual confirmation of youth location and well-being during supervision

- Staffing levels are sufficient to prevent delays, cancellations, or waitlists for youth services
- Staff vacancies and coverage gaps are addressed in a timely manner to uphold safety and contractual obligations

Staffing Practices and Transport

1. Gender of staff supervising youth need not match the youth’s gender; however, shelter policies must protect youth safety during opposite-sex supervision
2. All off-site activities must be staffed by a minimum of 2 staff
3. Youth may not supervise other youth at any time. Shared rooms are permitted with staff oversight and proper supervision during rest periods.

Enhanced Supervision Eligibility and Documentation

Enhanced Supervision may be requested to the Florida Network **for written approval** for the following categories of youth admitted to residential shelter:

1. CINS-adjudicated youth court ordered to shelter for up to 90 days
 - **Documentation Includes:**
 - **A valid court order is required for shelter placement.**
 - **If the shelter order is suspended, admission may proceed with documentation such as a served Take into Custody Order or a parent/case manager statement indicating reinstatement.**
2. Youth who are at high risk of running away, as demonstrated by recent attempts or history of absconding
3. Youth who have been suspected or identified as victims of human trafficking
4. Youth who require increased behavioral or emotional support.

Supporting documentation may include:

- Youth screening tools
- Human Trafficking Screening Tool
- Suicide Risk Screening and Assessment
- Court Order or other relevant documents

Enhanced Supervision and Security

- This service is intended to provide additional staffing to allow for enhanced supervision during awake hours.
- The enhanced supervision local provider will assign specific staff during each shift to monitor the location, behavior, and movement of these youth at all times.

- The assignment of designated staff to youth must be clearly documented for each shift through:
 - Daily shelter log.
 - Posted staff calendar.
 - Any other means that clearly denotes, by name, the staff person assigned to the youth.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has a process in place to ensure adequate safety and security of youth and staff, including a process to request the provision and payment for enhanced supervision for youth meeting the criteria.
- The program maintains minimum staffing ratios as required by contract and policy (1:6 staff to youth during awake hours and 1:5 during off-site activities).
- All shifts consistently maintain a minimum of two (2) staff present.
- The shelter has implemented policies and procedures to ensure youth safety when being supervised by staff of the opposite sex.
- Staff schedule is provided to staff or posted in a place visible to staff.
- There is a holdover overtime rotation roster that includes telephone numbers of staff who may be available when additional coverage is needed.
- Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness. Times are documented in real time. (Not to supersede requirements for constant supervision of youth at risk of suicide).
- The program assigns specific staff during each shift to monitor the location, behavior, and movement for youth on enhanced supervision. The assignment of staff to youth on enhanced supervision status is documented in the shelter log and staff calendar.

5.5 Behavior Management Strategies

Policy

Each program must maintain a written behavior management strategy designed to:

- Maintain order and security
- Promote safety, fairness, and respect for individual rights
- Provide constructive discipline using a system of consistent positive and negative consequences
- Reinforce positive behaviors and encourage goal achievement
- Promote peaceful conflict resolution and open dialogue
- Utilize only the least amount of force necessary when physical intervention is required to restore safety

Purpose

To implement behavior management strategies that promote safety, positive decision-making, personal accountability, and social responsibility among youth. Strategies are responsive to youth needs and include youth and staff input to foster a supportive and structured program environment.

Procedure

Behavior Management Framework

1. The program maintains a detailed written description of its behavior management strategies, including:
 - A wide range of positive incentives and reinforcement tools
 - Immediate and appropriate behavioral interventions that reflect the severity of behavior and help youth understand consequences
 - Logical and consistent consequences for rule violations
 - Rewards and incentives that support engagement and program completion
2. Staff must be trained to demonstrate verbal understanding of intervention theory and practice.
 - A protocol must exist for evaluating staff proficiency in applying both positive and negative consequences
 - Supervisors are responsible for monitoring staff use of behavioral interventions, including point-based and level-based systems when applicable
3. Counseling, verbal intervention, and de-escalation techniques must be used prior to any physical intervention.

- Physical interventions must utilize only nationally recognized and Florida Network-approved techniques (e.g., MAB, MANDT, CPI)
- Only staff members may administer disciplinary action
- Group punishment is strictly prohibited

Disciplinary Safeguards

Disciplinary measures must never deny youth access to:

| Must Not Be Denied | Examples |
|---------------------------|----------------------------------------------------------------------------------------|
| Basic Needs | Regular meals/snacks, clothing, sleep |
| Health Services | Physical and mental health care |
| Education | Participation in educational services |
| Well-being | Exercise, communication privileges |
| Support Access | Contact with parents/guardians, attorney of record, juvenile probation officer, clergy |

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has a detailed written description of the Behavioral Management System (BMS) and it is explained during program orientation.
- A wide variety of positive incentives are used by the program.
- Appropriate interventions are used by the program to teach youth new behaviors and help youth understand the natural consequences for their actions.
- Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior.
- Consequences for violation of program rules are applied logically and consistently.
- Program uses a variety of rewards/incentives to encourage participation and completion of the program.
- All staff are trained in the theory and practice of administering BMS rewards and consequences.
- Supervisors are trained to monitor the use of behavioral interventions by their staff to include the use of point-based and level-based interventions, if applicable to the program intervention strategies.
- There is a protocol for providing feedback and evaluation of staff regarding their use of the positive and negative consequences.
- BMS promotes order, safety, security, respect, fairness and protection of resident rights.
- BMS provides constructive discipline that encourages youth to meet behavior expectations.
- BMS provides for positive reinforcement & recognition; constructive dialogue & peaceful resolution; and minimizes separation of youth from the general population.
- Disciplinary measures do not deny the youth any of the following: regular meals and snacks, clothing, sleep, physical or mental health services, educational services, exercise, correspondence privileges, or contact with parents/guardians, attorney of record, juvenile probation officer or clergy.

5.6 Program Orientation

Policy

All youth admitted to residential programs shall receive a comprehensive orientation within the first 24 hours of admission. This process is initiated within the first two hours and completed within 24 hours, and is facilitated in a welcoming, respectful manner to establish trust and program understanding.

Purpose

To ensure all youth are welcomed into the program through a structured orientation process that promotes emotional and physical safety, sets clear expectations, and fosters engagement in treatment services.

Procedure

Orientation Content

Each program must implement a Youth Orientation process that includes discussion of the following:

- Program philosophy and goals
- Services provided
- Program expectations and daily routines
- Behavior management system
- Rules and guidelines
- Grievance procedures
- Rights and responsibilities
- Review of program schedule

Delivery

- Orientation is initiated within two (2) hours of admission and completed within twenty-four (24) hours.
- Orientation must be delivered in a clear, youth-friendly format by program staff.
- The orientation process may be delivered individually or in small groups, depending on intake schedules and youth needs.

Documentation Requirements

- Orientation must be documented in the youth's individual record.
- Documentation includes:
 - Topics covered

- Date(s) of presentation
- Signatures of both youth and staff responsible for delivery
- Programs may maintain supplemental orientation tracking tools to ensure compliance and support quality assurance.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- Youth received a comprehensive orientation and handbook provided within 24 hours
- Orientation includes the following:
 1. Youth is given a list of contraband items
 2. Behavioral Expectations and a review of the BMS
 3. Dress code explained
 4. Review of access to medical and mental health services
 5. Procedures for visitation, mail and telephone
 6. Grievance procedure
 7. Disaster preparedness instructions
 8. Physical layout of the facility
 9. Sleeping room assignment and introductions
 10. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts
 11. Review of program schedule

5.7 Youth Room Assignment

Policy

All youth admitted to Florida Network residential programs must be assessed upon intake to determine the most appropriate sleeping room assignment. This classification process prioritizes safety, trauma-informed care, and separation of individuals based on behavioral and medical risk factors.

Purpose

To ensure youth are assigned to sleeping rooms based on an initial safety and classification process, minimizing risks and enhancing physical and emotional security during residential care.

Procedure

Room Assignment Criteria

Room assignments are determined during admission and intake using the following indicators:

- Youth's personal history, trauma exposure, and behavioral presentation
- Collateral contacts and initial interviews
- Observations conducted by intake staff
- Age-based separation (younger youth must be separated from older youth)
- Separation of violent youth from non-violent peers
- Identification of youth vulnerable to victimization
- Presence of medical, mental health, or physical disabilities
- Active suicide risk or recent ideation
- Indicators of sexual aggression or predatory behaviors
- Acute symptoms requiring quarantine or isolation (e.g., infectious disease)

Documentation and Alerts

- Staff must enter an alert in the program's alert system immediately upon identifying any special needs or risk factors.
- Alerts include, but are not limited to:
 - Suicide risk
 - Mental health or behavioral concerns
 - Substance use issues
 - Medical fragility
 - Physical or security-related risk factors

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- A process is in place that includes an initial classification of the youths, to include:
 - Review of available information about the youth's history, status and exposure to trauma
 - Initial collateral contacts,
 - Initial interactions with and observations of the youth
 - Separation of younger youth from older youth,
 - Separation of violent youth from non-violent youth
 - Identification of youth susceptible to victimization
 - Presence of medical, mental or physical disabilities
 - Suicide risk
 - Sexual aggression and predatory behavior
 - Acute health symptoms requiring quarantine or isolation
- An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors.

5.8 Video Surveillance System

Policy

All CINS/FINS shelters must maintain a video surveillance system that operates continuously 24 hours a day, 7 days a week to monitor and record facility activity. This system is intended to promote the safety of youth, staff, and visitors within residential shelters.

Purpose

To proactively deter misconduct and ensure that allegations of incidents can be reviewed through recorded visual documentation.

Procedure

System Requirements

The policy does not require live monitoring of cameras at all times, but continuous video recording is mandatory. At a minimum, the agency must:

- Install cameras in interior and exterior areas covering general shelter locations, including hallways near sleeping rooms, common areas, visitor entry/exit points, and youth search locations
- Prohibit camera placement in bathrooms or sleeping quarters
- Ensure cameras are visible and accompanied by posted signage indicating surveillance for security purposes
 - If audio is included in the surveillance system, it must be clearly noticed to all staff, youth, and visitors. Audio may only be recorded if consent is provided in accordance with 934.03 F.S (plus 810.145 F.S).
- Respond to video recording requests within 24–72 hours following a Quality Improvement visit or incident investigation
- Store video and images on a secure hard drive or designated network with restricted access
- Retain recorded footage for a minimum of 30 days (90 days preferred); footage related to specific incidents must be retained for the duration of the investigation
- Preserve video clips indefinitely if they may serve as evidence in civil or criminal proceedings, unless otherwise directed by the Department
- Restrict system access to designated personnel only
- Train designated staff to operate equipment and review footage professionally, ethically, and legally
- Conduct and document bi-weekly supervisory reviews of footage, including random samples of overnight shifts; review timeframes must be logged

- Submit service requests within 24 hours of discovering camera malfunctions; all repair efforts must be documented and retained

Technical Specifications

Cameras must be capable of:

1. Recording date, time, and location
2. Maintaining resolution sufficient for facial recognition
3. Operating during power outages via backup capabilities

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The program has a video surveillance system that operates 24 hours per day, 7 days per week.
- A written notice is conspicuously posted on the premises for the purpose of security.
 - **If audio is included in the surveillance system, it must be clearly noticed to all staff, youth, and visitors. Audio may only be recorded if consent is provided in accordance with 934.03 F.S (plus 810.145 F.S).**
- Cameras are in the interior (e.g. intake office, counseling office, cafeteria, day room) and exterior (e.g. entrance/exit, recreation area, parking lot) general locations of the shelter where youth and staff congregate and where visitors enter and exit (including locations where youth searches are conducted).
- All cameras are visible.
- No cameras are placed in bathrooms or sleeping quarters.
- The system can capture and retain video photographic images for a minimum of 30 days.
- The system can record date, time, and location and maintain resolution that enables facial recognition.
- Cameras can operate during a power outage.
- A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel).
- Supervisory review of video is conducted a minimum of once every 14 days, and the timeframes reviewed are noted in the logbook. The reviews assess the activities of the facility and include a review of a random sample of overnight shifts.
- Requests for video recordings pursuant to investigations or quality improvement visits are provided within 24-72 hours of the request.
- Camera service orders/requests will be made within 24 hours of the discovery of a camera malfunctioning or being inoperable. There is evidence that all efforts made to obtain repairs are documented and maintained.

DOMAIN 6: Medication Management

6.0 Medication Management and Distribution

Policy

Florida Network agencies providing shelter services shall implement written procedures for the safe, secure, and compliant management of oral and topical medications, including Over the Counter (OTC) pharmaceutical products. These procedures include storage, access, disposal, and distribution protocols by non-healthcare staff trained in medication administration.

Florida Network agencies shall not accept youth prescribed injectable medications, except in cases where epinephrine auto-injectors (e.g., EpiPen, Auvi-Q) are prescribed. In such cases, non-licensed staff must have documentation verifying that they have received training in the use of epinephrine auto-injectors from a licensed Registered Nurse (RN).

During scheduled working hours, medication must be administered by licensed healthcare staff when present. When licensed healthcare staff are not onsite, administration shall be the responsibility of designated staff who have completed RN-led certification in assisting with self-administration of medications.

The Florida Network provider agencies offer a continuum of health services to youth temporarily displaced from their homes. These services include physical and mental health screenings and assessments focused on preventative care and promoting overall youth wellness. Each agency is responsible for ensuring the delivery of health care services aligns with Department standards.

Purpose

To ensure that all oral and topical medications and pharmaceutical products are properly stored, accurately administered, and safely managed in accordance with state, federal, and industry-specific regulations

Procedure

Staff Training and Certification

- Non-nursing shelter staff designated to assist with the self-administration of medications must complete in-person medication administration training conducted by a Registered Nurse (RN).
- Staff must demonstrate competency and maintain annual re-certification.
- Refresher training must be provided by an RN in cases of medication errors; virtual instruction by an RN from another Florida Network agency may be permitted with prior Florida Network approval.

Quarterly Review and Error Mitigation

- At minimum, quarterly staff meetings shall be facilitated by the RN and/or Shelter Manager to:
- Review strategies implemented to reduce medication errors.
- Analyze contributing factors to past errors.
- Provide role-play and practice opportunities for corrective measures.

Shift-Level Accountability

- A designated non-nursing staff member on each shift shall be clearly identified on the staff schedule and shift responsibility form to manage medication distribution.
 - Strategies to ensure medications are provided within the 2-hour time frame must be implemented. Examples of compliance strategies include alarm clocks for staff reminders and supervisor oversight during scheduled rounds.
- Staff must have access to clearly visible communication tools that identify youth on medications, including scheduled times and dosage. Examples include alert boards and unified medication logs. **These communication tools must be always kept out of sight of youth.**

Quality Improvement and Error Tracking

- Agencies shall implement an internal Quality Improvement (QI) process to monitor medication management and address systemic issues.
- Medication errors must be documented and reviewed by supervisory personnel.
- Staff responsible for an error shall complete RN-led refresher training prior to resuming medication duties.
- If a staff member commits three (3) medication errors within a 12-month period, their certification shall be suspended.
- Recertification requires completion of full in-person RN-led training and verified competency.

Medication Verification at Intake

- Upon admission, youth and (if available) parent/guardian shall be interviewed regarding current medications.
- This shall occur during the Medical and Mental Health Assessment screening, conducted by an RN if present, or by on-duty staff with RN review within three (3) business days.
- A certified supervisor or higher-level staff shall verify all medication forms on the next business day.
- In facilities without an RN, verification may be conducted by certified Senior Leadership personnel.

Medication Acceptance Criteria

- Only medications provided by a licensed pharmacy—including public health departments and licensed agencies are accepted.
- Medications must be in original containers with valid, patient-specific labeling.
- Prior to administration, the following conditions must be met:
 - Youth reports use of prescribed oral or topical medication.
 - Medication is provided by the youth or their parent/guardian.
 - Substance in the container is identifiable without doubt.
 - Labeling includes the following:
 - Youth's name
 - Pharmacy name and address
 - Dispensing date
 - Prescribing provider
 - Route, frequency, and dosage instructions
 - Expiration date
 - Applicable warning statements
- Container type may vary, provided all labeling criteria are met.

Procedure for Medication Verification and Distribution

To ensure the safe and accurate administration of prescribed medications, **one** of the following verification methods must be completed by a licensed nurse or trained/certified staff:

1. Verification via Contact with Pharmacy

- **Initiate Contact:** Nurse or trained/certified staff contacts the pharmacy directly by phone.
- **Confirm Validity:** Confirm the prescription is current and valid. If unsure of contents, describe the medication to a pharmacist or pharmacy technician for confirmation.
- **Container Integrity:** Only verified medications may be stored in their designated container—no other medications may be included.
- **Prescription Accuracy:** Instructions on the container must match those provided by the pharmacy, and the label must remain unaltered.
- **Documentation:** Record the name of the pharmacy staff spoken to and details of the verification.

2. Licensed Nurse Review (Verification by RN or LPN Only)

- Confirm the medication contents.

- Ensure the prescription label has not been tampered with.

3. Pill Identification Using Drugs.com

- Pill Finder Tool: Use https://www.drugs.com/pill_identification.html.
- Search Instructions: Enter the pill's imprint, color, and shape using the site's search boxes.

All methods of medication verification must be documented. If there is concern about medication contents or labeling, contact the prescribing pharmacy. If unavailable, another licensed pharmacy may assist in verification. Do not accept crushed or broken medication under any circumstance. **If the prescription label states the medication should be administered in "Half Tab" doses, the parent should be given the opportunity to cut the pills at intake. If a parent is not available, the RN will verify with the pharmacy that pills may be broken prior to administration of the first dose.**

Initiation of Medication Distribution Log

Once verification is complete, a trained/certified staff member may initiate the Medication Distribution Log, recording the delivery process conducted by licensed or certified personnel. It is recommended that a second staff member cross-check the completed log against prescriptions and labels prior to the youth receiving the first dose.

Youth Self-Administration Protocol

Medication self-administration by youth must be:

- Highly Structured: Facilitated and supervised by trained/certified staff.
- Secure: Youth are guided as they self-administer oral or topical medications under supervision.
- Monitored: Staff ensures correct delivery in the absence of licensed healthcare personnel.

*Licensed **Registered Nurse Responsibility***

- When onsite during scheduled hours, nurses must perform all medication-related procedures.
- In their absence, a designated certified staff member must prioritize medication supervision duties.
- If **trained staff is** temporarily unavailable, the **receiving** staff member must secure the medication **behind a locked door and inside a locked box/safe.** ~~and delivery area immediately, n~~ **No medication may be left unattended.**
- Nurses may provide guidance on Pyxis use but may not offer medical advice or diagnosis remotely. Evaluation requests must occur onsite.

Utilization of the Pyxis ES System

All shelter providers under the Florida Network must utilize the Pyxis ES system for managing medication records of Florida Network clients. While youth placed by other funders are not required to be entered into Pyxis ES, its use is strongly encouraged to ensure consistency and safety in medication oversight for all shelter youth.

System Manager Access and Responsibilities

Each shelter facility must designate a minimum of two trained System Managers responsible for Pyxis administration. Duties include:

- Adding and deleting user accounts
- Training new users
- Participating in BD updates and functional changes to the Med-Station
- Resolving and documenting discrepancies during each shift (any user may resolve discrepancies)

System Manager access should be limited to individuals in supervisory or training roles who are expected to meet these guidelines.

Proper Medication Storage Procedures

All medications, including over the counter (OTC), controlled, and non-controlled belonging to Florida Network youth must be stored in the Pyxis ES Med-Station. Storage guidelines include:

Drawer Assignments

- Drawers 1–4: Youth medications and agency OTC medications
- Drawer 5: Larger medication items requiring additional space

Refrigeration Requirements

Medications requiring refrigeration must be stored in a fully functioning designated, **locking** refrigerator **in the same room as the Pyxis machine. No other items may be stored in this unit.** Acceptable temperature range: 36°–46°F (2°–8°C)

Establishment Requirements

Medication storage areas must:

- Be clean, secure, and pest-free
- Include quarantine space for outdated or damaged medications
- Maintain adequate lighting, ventilation, temperature, and sanitation

Temperature Guidelines for Medication Packages

| Storage Type | Temperature (°F) |
|------------------|------------------|
| Room Temperature | 59 to 77 |
| Cool Temperature | 46 to 59 |
| Refrigeration | 36 to 46 |
| Freezing | -13 to 14 |

Medication Inventory Protocol

Inventory of medications may be conducted by:

- A licensed Nurse
- A trained/certified staff member assisting in self-administration

Controlled Substances

- Inventoried each shift **by two pyxis trained staff with biometric entry by both users. with a witness**
- **Inventoried each shift even if medication is not accessed for administration.**
- Recommended at shift transition (one staff going off, one coming on)

Non-Controlled Medications

- Audited weekly
- Inventoried by a Nurse or System Manager within seven days
- A witness must verify inventory completed by System Manager

Inventory Triggers

- Audits
- Pyxis count discrepancies vs log count
- Loading or unloading medication from the station

Inventory Steps in Pyxis Medication Station

1. Log in via touchscreen and biometric scanner
2. From the main menu, select MORE, then INVENTORY COUNT
3. Select medications to inventory
4. **If medication is “Controlled”, a second user must enter biometric in system**
5. Count and confirm **blind count for** each cubie and pocket as directed
6. Close drawers and press Exit when complete

Creating a Client Record in Pyxis ES

All youth entered into Pyxis ES must follow the protocol below:

Steps for Entry

1. Navigate to Settings > Patients > Visits and Orders
2. Use facility code (2 digit number) and payer code identifiers:
 - FN: CINS/FINS
 - CW: Child Welfare
 - RH: FYSB/RHY
3. Enter youth's initials (two will be okay if middle initial is unknown) and date of birth (MMDDYY)

Medication Formulary Setup

Adding Medication to the Server

1. Go to Pharmacy Formulary, at the bottom click Add
2. Complete details:
 - Full medication name and dosage in Generic, Pure Generic, and Brand Name fields: (i.e. Fluoxetine20mg in the Generic Name Pure Generic Name, and Brand name fields)
 - MED ID = Youth's full name + first 3 letters of medication name + dosage (e.g., JohnDoeFLU20mg)
 - Enter dosage form, strength/unit, and classification
4. 6 = OTC
5. 0 = Non-Controlled
6. 2 = Controlled (checkbox auto-selects)
 - Click Save
7. Approve medication entry under Approval Queue located on the Medications tab

Assigning Medication to Youth

1. Go to Settings > Patients > Visits and Orders
2. Locate youth's name and select Add Order
3. Choose medication to attach to profile

All youth medications in Pyxis must be classified with Blind Count ON unless they are inhalers, solutions, creams, sprays, or ointments (Blind Count OFF permissible).

Process for Delivery or Assistance in the Self-Administration of Medication

To ensure safe and accurate delivery of medications, the following protocol must be followed by trained/certified staff:

Pre-Administration Steps

1. Check the Medical Alert Log for allergies or contraindications (e.g. holds for side effects).
2. Wash hands thoroughly before initiating delivery.
3. Retrieve and maintain control of the prescription container throughout the process.
4. Have the youth approach the designated medication delivery area.
5. Verify youth identity using the photo attached to the Medication Log.
6. Staff and youth must jointly verify the medication label against the Medication Log.
** Medications with discrepancies must not be administered.*

Medication Verification

1. Confirm the Five Rights before administration:
 - Right medication
 - Right dose
 - Right route
 - Right patient
 - Right time
 - For as-needed (PRN) medication, verify that appropriate time limits have passed.
2. Reconfirm youth's allergy status and inquire about any side effects or adverse reactions.
3. Measure and provide the exact ordered dosage.
 - For liquid medication: use a measuring device and never relinquish the original container.

Observation and Documentation

1. Observe youth swallow or apply the medication.
 - For topical medications applied to genital areas: provide a small portion in a disposable cup; youth returns cup after use as verification.
2. Youth must show an empty mouth and extended tongue when:
 - Medication swallowing is doubtful
 - Youth is on Mental Health Alert
 - Youth has a known history of holding medications
 - Any other concern arises from medication history
3. Document the time of administration on the Medication Distribution Log.
4. Both youth and staff must initial the log to confirm administration.

Timing Parameters

Medication must be administered within 1 hour before or after the scheduled time as ordered by the medication. (e.g. 0730 dose may be delivered between 0630–0830)

Pyxis Access Issues

If Pyxis fails to open:

- Follow mechanical override protocols using keys and tools provided during Florida Network training.
- Medication access must be prioritized.
- "The Pyxis machine will not allow access to the medication" is NOT an acceptable reason for failure.
- Pyxis resets must be completed by a Nurse or trained System Manager.

If Pyxis ESMed Station fails to operate as required, the program shall request technical support (from BDCare Fusion) and notify the Florida Network within 12 hours of gaining knowledge of the issue.

Medication Log Guidelines

- No scribbling: use a single-line strikethrough and initial.
- No white-out allowed.
- Only black or blue ink is permitted.

Under NO circumstances should medications be pre-poured or transferred from their original prescription containers.

The process of documentation of the delivery of medications includes any correspondence/communication, procurement, verification, and refusal of medications.

Additional Documentation and PRN Usage

The reverse side of the Medication Log may be used to document:

- Refusals and reasons
- Side effects and complaints
- Guardian/parent contact regarding refills
- Receipt of new refills
- Time and reason for administering as-needed medications
- Staff signature key linked to initials on the front of the log

Off-Site Medication Delivery Protocol

In off-site scenarios (e.g. court, outings):

- Medications must be transported in original prescription containers within a locked container.
- The Medication Distribution Log must accompany all medications.

- Youth on temporary home visits must be sent with all remaining doses in the original container, provided directly to the parent/guardian **as well as a copy of the Medication Distribution Log.**

Documentation of Off-Site Transfers

Staff must record:

- Name, dose, and quantity of each medication released
- Staff and parent/guardian signatures and date
- A copy must be retained in the youth’s record
- Upon youth’s return to shelter, the intake medication process must be repeated.

Youth Discharge and Medication Protocol

During discharge:

- Document the exact name, dose, and quantity of medication released
- Obtain staff signature and date
- Provide documentation copy to guardian if requested; retain original in youth record

After discharge:

- Unload medications from Pyxis
- Discharge patient record from console
- Delete or deactivate medication from the facility formulary

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The agency has an internal quality improvement process to ensure appropriate medication management and distribution methods to track medication errors and identify systemic issues and implement mitigation strategies, as appropriate.
- All non-nursing shelter staff designated to assist with the self-administration of medication receive in-person medication administration training:
 1. provided by a Registered Nurse
 2. demonstrate competency
 3. maintain re-certification annually
- There is evidence of, at least, quarterly staff meetings conducted by RN and/or Shelter Manager to:
 1. review and assess strategies implemented to reduce medication errors shelter-wide
 2. analyze factors that contributed to medication errors
 3. allow staff the opportunity to practice and role-play solutions

- Any (non-nursing) staff member responsible for assisting with the self-administration of medications is clearly identified and designated on the staff schedule and shift change report/shift responsibility form on each shift.
- Staff shall assist youth with medications within one hour of the scheduled time of delivery as ordered by the medication. The program has strategies to ensure medications are provided within the time frame.
- The agency has a clear method of communicating which youth are on medications with the times and dosage easily discernable by all staff on each shift.
- Any staff member deemed responsible for a medication error, receives refresher training from an RN and demonstrates competency prior to being assigned future medication administration responsibilities. *An RN from another Florida Network shelter may be engaged to provide the refresher training virtually if an RN is not currently on staff, with Florida Network approval.*
- For any staff member deemed responsible for 3 errors within a 1-year time frame, their certification is suspended. Staff are ONLY recertified after completing a full in-person medication administration training, demonstrating competency and receiving certification from the RN.
- All medications (included narcotics and controlled medications) are stored in a Pyxis ES Medication Cabinet that is inaccessible to youth.
- Pyxis machine is stored in accordance with guidelines in Florida Statute 499., which states that the establishment where medications are stored must:
 1. Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;
 2. Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;
 3. Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;
 4. Be maintained in a clean and orderly condition; and
 5. Be free from infestation by insects, rodents, birds, or vermin of any kind.
- Agency maintains a minimum of 2 site-specific System Managers for the Pyxis ES Station.
- If Pyxis ES_Med Station fails to operate as required, the program request technical support (from BDCare Fusion) and notify the Florida Network within 12 hours of gaining knowledge of the issue. Oral medications are stored separately from injectable or topical medications.
- Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose. *(If the refrigerator is not secure, the room is secure and inaccessible to youth.)* These medications are stored at 2-8 degrees C or 36-46 degrees F.

- Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics).
- Perpetual inventory with running balances are maintained for controlled substances. Shift-to-shift counts (verified by a witness and documented) are conducted and documented for controlled substances.
- Non-controlled medication and over-the-counter medications that are accessed regularly are inventoried weekly.
- Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly.
- There are monthly reviews of Pyxis Reports to monitor medication management practice.
- Medication is verified using one of the three methods outlined in Policy 4.02:
 1. Contact Pharmacy (nurse or trained/certified staff)
 2. Registered Nurse or Licensed Practical Nurse (nurse only)
 3. Pill Identifier (Pill Finder) – Drugs.com (nurse or trained/certified staff)
- When nurse is on duty, medication processes are always conducted by the nurse. If nurse or licensed healthcare staff is not onsite, then the designated staff who has been trained to assist in the self-administration of medication distribution by a licensed Registered Nurse is responsible to provide the medication.
- The delivery process of medications is consistent with Policy 4.02.
- All discrepancies are cleared each shift.
- Pyxis keys with the following labels are accessible to staff in the event they need to access medications if there is a Pyxis malfunction:
 - a) TOP COVER
 - b) BACK PANEL- LEFT TALL CABINET LOCK- LEFT
 - c) BACK PANEL- RIGHT TALL CABINET LOCK- RIGHT
- A Medication Distribution Log is used for the distribution of medication by non-licensed and licensed staff.
- The documentation includes the time of administration on the Medication Distribution log and evidence of both (youth and staff initials) that the dosage was given.
- Upon admission to shelter services, the youth and parent or guardian (if available) are interviewed about the youth's current medications as part of the Medical and Mental Health Assessment screening. This process is conducted by a Registered Nurse if one is on premises. Otherwise, this interview is conducted by on-duty staff and reviewed by the Registered Nurse within three (3) business days.
- Upon intake/admission of a youth, an on-shift certified supervisor of higher-level staff will review all medication forms on the next business day. In the event the agency does not have a Registered Nurse, the medication review will be conducted by a certified Leadership position.

6.1 Naloxone Administration and Opioid Overdose Response

Policy

To enhance emergency preparedness and promote life-saving action, all direct care staff shall be trained to recognize signs and symptoms of opioid overdose and be equipped to administer Naloxone in accordance with agency protocols. Naloxone must be readily available on-site and maintained in usable condition. This policy ensures local providers can respond swiftly and effectively to overdose incidents, minimizing the risk of injury or death.

Purpose

To establish clear procedures for identifying, responding to, and managing suspected opioid overdose emergencies within local provider facilities. This policy promotes staff readiness, youth safety, and adherence to evolving public health standards aimed at reducing opioid-related fatalities.

Procedure

Recognition of Opioid Overdose Symptoms

All trained staff must be able to distinguish between an opioid high and a potential overdose:

| Opioid Use (High) | Suspected Overdose |
|----------------------------|---------------------------------------------|
| Relaxed muscles | Pale or clammy skin |
| Slowed or slurred speech | Absent or shallow breathing |
| Drowsy or nodding off | Snorting or gurgling sounds |
| Responsive to stimuli | Unresponsive to external stimuli |
| Normal pulse and skin tone | Slowed heartbeat, cyanotic skin (blue lips) |
| Smaller pupils | Pinpoint pupils |

Key indicators of overdose may include:

- Respiratory depression (slow or absent breathing)
- Lack of response to verbal prompts, physical shaking, or sternal rub
- Visible evidence of substance use (e.g., drug paraphernalia)
- Bystander accounts or known history of opioid use

Overdose Response Steps

1. Activate Emergency Support
 - Immediately call 911 for emergency medical assistance
2. Assess Victim Status
 - Check breathing; initiate first aid based on staff training level
3. Administer Naloxone
 - Use agency-approved nasal Naloxone device according to training
 - Monitor for return to normal respiration
4. Recovery Protocol
 - Once breathing resumes, place individual in the recovery position (on their side)
 - Remain with the individual until professional responders assume care

General Operational Requirements

- Naloxone kits must be stored in accessible locations and checked annually for expiration or damage
- To maintain effectiveness, Narcan Nasal Spray is to be stored between 38F and 77F. Excessive heat above 104F for any length of time inactivates the medication. Narcan Nasal Spray must be stored with a cold pack when temporarily transported in vehicles.
- Expired, compromised, or used Naloxone kits must be replaced immediately
- All direct care staff must complete initial and any required refresher training on Naloxone administration
- Training documentation shall be maintained in staff files and reviewed during quality improvement reviews.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- All staff complete Naloxone training within 90 days of their hire date.
- Naloxone is stored between 37 and 77 degrees F and is stored with a cold pack when transported in vehicles to maintain effectiveness.

6.2 Suicide Prevention

Policy

Providers will create a safe environment for youth through appropriate identification and assessment of risk, maintenance and supervision of the physical environment staff training, and encouragement of parental and family involvement.

Purpose

To ensure that all youth are safe upon admission and throughout the service delivery process.

Procedure

1. Understanding Youth and Families

Youth and families seeking services through Network local agencies are often in crisis due to the caretaker's inability to manage the youth's behavior. The stress of constant conflict can bring families to a "breaking point," motivating them to seek services voluntarily.

Even after admission, youth may feel angry, frustrated, or rejected, which are reactions that can precede impulsive or dangerous behavior. Shelters should maintain a homelike, non-threatening atmosphere to encourage youth to remain safe until they return home.

2. Training of Staff

All staff working with youth must be trained annually to recognize verbal and behavioral cues indicating suicide risk.

Staff Training must include:

- Suicide risk factors most relevant to CINS/FINS and other referred youth
- Verbal and behavioral warning signs to maintain heightened awareness
- Communication protocols (for example: shift meetings, logbook entries) when suicide risk is suspected
- Specific suicide prevention strategies and the impact of youth's feelings of self-worth, belonging, and membership
- Encouragement of youth to report any observation or suspicion of suicidal ideation, expression, or self-harm by peers

*See the training policy for additional training requirements.

3. Environmental Safety

While preserving a homelike environment, youth safety is paramount. Each shelter facility must:

- Pass safety inspections by local health and fire departments
- Install and monitor video surveillance in all common areas
- Lock rooms or closets containing hazardous materials, with keys assigned to designated staff
- Control sharp objects, accounting for them at all times
- Store prescription medications in double-locked cabinets; inventory controlled medications each shift
- Store non-controlled medications in Med-Station ES, inventoried on loading and by weekly vend monitoring
- Equip staff with a “knife for life” as a designated emergency tool, with clear knowledge of its location

4. Provider’s Suicide Prevention and Response Plan

Each local agency must maintain a written suicide prevention and response plan that meets or exceeds the procedures in this manual. The plan must clearly delineate:

- Staff positions and their specific duties
- Supervisory roles and lines of accountability
- Involvement of licensed mental health professionals
- Documentation protocols for risk assessment and response
- Notification procedures for internal and external stakeholders
- Referral systems for immediate and follow-up care

The written plan must be reviewed and updated annually or whenever procedural changes occur.

Identification of Suicide Risk in Shelters and Community Counseling

Policy

Providers will screen every young person at intake and continuously thereafter to spot suicide risk and put in place prevention, assessment, supervision, and referral steps.

Purpose

Keep youth safe in shelter and community counseling by:

- Identifying suicide risk quickly
- Responding with the right level of care and supervision
- Respecting young people’s and families’ needs during their stay

This policy applies to all Florida Network providers, including all staff involved in youth intake, supervision, clinical assessment, incident reporting, and documentation.

If a youth is Baker Acted while receiving services, the incident must be recorded in NetMIS under the Supplemental Information tab within three (3) business days.

Definitions

- **Licensed Mental Health Professional (LMHP):** A professional credentialed under Florida law to diagnose and treat mental health disorders.
- **Non-Licensed Mental Health Professional:** A clinician working under the direct supervision of an LMHP.
- **Suicide Risk Screening:** The five-question intake screening on the Florida Network Intake Form.
- **Follow-Up Assessment:** A subsequent suicide risk evaluation conducted to determine whether increased supervision can be safely lifted.
- **One-to-One Supervision:** Highest monitoring level; one staff member remains within arm's length of the youth at all times.
- **Constant Sight and Sound Supervision:** Continuous, unobstructed visual and auditory monitoring without reliance on remote surveillance.

Shelter Procedures

1. Suicide Risk Screening and Referral

- At initial intake, administer the five screening questions on the Florida Network Intake Form:
 1. Have you recently been in a situation where you did not care whether you lived or died?
 2. Have you felt continuously sad or hopeless to the point of wanting to die?
 3. Do you feel like life is not worth living or wish you were dead?
 4. Have you ever tried to harm or kill yourself?
 5. Are you thinking about harming or killing yourself now or in the last two weeks?
 - If yes, do you have a specific plan?
- If the youth answers “yes” to any question, arrange a suicide risk assessment by a LMHP or a non-licensed professional under direct LMHP supervision.
- Complete the assessment within 24 hours.
- The LMHP must review each initial and follow-up suicide risk assessment within 24 hours of the referral for assessment. If an initial or follow-up suicide risk assessment is completed by non-licensed staff, the LMHP must sign the assessment the next time they are on-site.

2. Supervision Pending Initial Assessment

- Place the youth on Constant Sight and Sound Supervision until the assessment is complete.
- If staff observe an immediate threat to self or others at any time:
 - Switch to One-to-One Supervision.
 - Call 911 and/or follow Baker Act procedures.
 - If law enforcement brought the youth in, request officers remain for transport to a crisis stabilization unit.

3. Return From Baker Act Facility

- Upon return, maintain Constant Sight and Sound Supervision.
- Conduct or update the suicide risk assessment as in Section 1.

4. Suicide Risk Assessment and Follow-Up

- Document all assessments clearly, including:
 - Youth statements, behavioral observations, collateral information.
 - Mental status evaluation and current suicide risk indicators.
 - Degree of risk, supervision recommendations, treatment and follow-up suggestions.
- Before discontinuing increased supervision, obtain a follow-up assessment by a LMHP.
- All initial and follow-up assessments must be signed and dated by the LMHP. If conducted by non-licensed staff, a licensed staff member must co-sign and date as reviewer.
- The LMHP must review each initial and follow-up suicide risk assessment within 24 hours of the referral for assessment.
- If an initial or follow-up suicide risk assessment is completed by non-licensed staff, the LMHP must sign the assessment the next time they are on-site.
- Record assessment results in the youth's file and daily logbook.

5. Levels of Youth Supervision

- One-to-One Supervision
 - Used when youth have made suicidal or homicidal statements/gestures or stated a specific plan, or at the direction of clinical staff.
 - One staff remains within arm's length (up to five feet if closer proximity heightens risk).
 - Monitor youth during all activities sleeping, bathing, restroom, meals with continuous sound.
 - Document any gender-matched staffing exception in the case file.

- Constant Sight and Sound Supervision
- For youth at risk but not expressing current suicidal intent.
- Staff maintain unobstructed visual and auditory contact during all activities, preserving privacy without compromising safety.
- Video/audio surveillance may supplement but not replace physical observation.

6. Documentation and Shift Communication

- Record youth observations at intervals of 30 minutes or less using an Observation Log or shelter daily log.
- Include time, behavioral observations, warning signs, and staff initials.
- Supervisory staff review documentation each shift.
- Completed logs are filed in the youth's record.
- Ensure alerts and logbook entries communicate supervision status between shifts.

7. On-Going Staff Evaluation of Suicide Risk Behaviors

- Staff monitor all youth throughout service delivery for new risk indicators.
- Immediate documentation, reporting, and referral are required if staff observe behaviors such as:
 - Expressions of hopelessness or preoccupation with death.
 - Extreme withdrawal or mood changes.
 - Significant appetite or weight change.
 - Giving away possessions.
- Conduct additional screenings or assessments as indicated.

8. Notifications

- Notify the Program Supervisor immediately if a youth makes suicide gestures or attempts.
- Inform parent/guardian of protective measures implemented.
- Report any suicide attempt to the Executive Director/CEO, Florida Network, and DJJ per DJJ Incident Reporting Policy.

9. Local Provider Responsibility for Staff Training

- Ensure all staff are trained on this policy, tools, and procedures.
- Florida Network will provide training assistance and monitor compliance.
- Non-licensed clinical staff must have:
 - 20 hours of documented training/supervision in suicide risk assessment, crisis intervention, and emergency mental health services.
 - At least five one-to-one assessments conducted on-site under direct LMHP supervision.

- Maintain training records and a signed competency confirmation by the supervising LMHP, including date, signature, and license number, in each non-licensed staff file.

Related Forms and Tools

- Florida Network Intake Form – Risk Screening Section
- Suicide Risk Assessment Template
- Observation Log Sheet
- Daily Shelter Logbook
- Documentation of Non-Licensed Clinical Staff Training Form

Community Counseling Procedures

1. Suicide Risk Screening

- At initial intake into counseling services, administer the five Florida Network Intake questions:
 1. Have you recently been in a situation where you did not care whether you lived or died?
 2. Have you felt continuously sad or hopeless to the point of wanting to die?
 3. Do you feel like life is not worth living or wish you were dead?
 4. Have you ever tried to harm or kill yourself?
 5. Are you thinking about harming or killing yourself now or in the last two weeks?
 - If yes, do you have a specific plan?
- If the youth answers “yes” to any question, ensure safety and immediate referral for assessment.

2. Referral and Interim Supervision

- If a LMHP or supervised non-licensed professional is available, complete a suicide risk assessment immediately.
- If no qualified assessor is available:
 - Keep youth under Constant Sight and Sound Supervision.
 - Notify parent/guardian that screening disclosed suicide risk and that a full assessment must occur ASAP.
 - Document notification efforts and parent response in the case file.
 - Provide community resource information for further assessment.
 - If screening occurred on school property during school hours, notify appropriate school authorities.
- If the youth presents an immediate threat to self or others at any time, call 911 and/or follow Baker Act procedures.

3. Suicide Risk Assessment

- Document assessments clearly, capturing youth statements, behavioral observations, and collateral information.
- Assessment elements must include:
 - Danger to self and level of risk
 - Supervision (suicide precautions) recommendations
 - Treatment or follow-up recommendations
- Sign and date all assessments:
 - The LMHP must review each initial and follow-up suicide risk assessment within 24 hours of the referral for assessment.
 - If an initial or follow-up suicide risk assessment is completed by non-licensed staff, the LMHP must sign the assessment the next time they are on-site.
- Place completed assessments in the youth's case file.

4. Notifications

- Immediately inform parent/guardian and supervisor of any youth determined to be at potential suicide risk.
- For any suicide attempt, notify the Executive Director/CEO, Florida Network, and DJJ per DJJ Incident Reporting Policy.

5. Provider Responsibility for Staff Training

- Ensure staff are trained on this policy, screening tools, safety planning, and procedures.
- Florida Network will support training and monitor compliance.

Related Forms and Tools

- Florida Network Intake Form – Risk Screening Section
- Suicide Risk Assessment (provider agency approved)
- Safety Plan (provider agency approved)
- Documentation of Non-Licensed Clinical Staff Training Form

Demonstration of Compliance

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all the requirements for this policy and is signed and approved.

Core Requirements (All Programs)

- The agency maintains a written suicide prevention & response plan approved by the Florida Network.
- Upon intake, every youth is screened for suicidality using the five Florida Network questions.
- Screening results are reviewed, signed by a supervisor, and filed in the youth's case record.
- A "yes" to any question triggers a full suicide risk assessment by:
 1. A Licensed Mental Health Professional (LMHP), or
 2. A non-licensed clinician under direct LMHP supervision.
- Assessments must be completed and reviewed by the LMHP within 24 hours of a positive screen.
- All assessments (initial and follow-up) are documented in detail—youth comments, behaviors, observations, risk indicators, supervision recommendations, treatment/follow-up—and signed and dated by the LMHP.
- If conducted by a non-licensed staff member, the LMHP must co-sign and date as reviewer the next time they are on-site.
- Parents/guardians and the Program Supervisor are notified immediately of any youth determined to be at risk or following a suicide attempt. All notification efforts (in-person, phone, certified mail) are documented in the case file.
- If a youth poses an immediate threat to self or others at any time, staff follow Baker Act protocols and/or call 911.

Documentation & Family Notification

- All screenings, assessments, supervision actions, and shift-to-shift handoffs are logged in the daily shelter/counseling logbook.
- If a guardian cannot be reached in person, telephone contact attempts are documented; and written notice is sent by certified mail.
- When an immediate assessment is not possible, families receive community resource information.

Community Counseling Programs

- Any screening conducted on school property during school hours is reported to appropriate school authorities.
- Youth that answer “yes” to any suicide risk screening question are assessed by a Licensed Mental Health Professional or non-licensed professional under the direct supervision of the licensed professional within 24 hours.
- If an initial or follow-up suicide risk assessment is completed by non-licensed staff, the Licensed Mental Health Professional must sign the assessment the next time they are on-site.

Residential/Shelter Programs

- Youth that answer “yes” to any suicide risk screening question are assessed by a Licensed Mental Health Professional or non-licensed professional under the direct supervision of the licensed professional within 24 hours from suicide risk screening results.
- Youth that answer “yes” to any suicide risk screening question are placed on Constant Sight & Sound Supervision until assessed by a licensed professional or non-licensed professional under the direct supervision of the licensed professional.
- Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.
- Staff document observations (time, behavior notes, warning signs, initials) at intervals no longer than 30 minutes.
- The assigned supervision level remains in place until a follow-up assessment by a Licensed Mental Health Professional (or supervised non-licensed clinician) confirms safety or the youth is diverted via Baker Act.

6.3 Healthcare Admission Screening

Policy

Each program shall maintain written procedures to guide healthcare screening at admission. These procedures ensure that youth with medical needs whether acute, chronic, or emergent, receive appropriate medical attention, and that critical health information is documented and communicated through designated referral and follow-up mechanisms.

Purpose

To ensure that all youth admitted to shelter programs receive a preliminary physical health screening at admission, allowing staff to identify acute or chronic medical concerns and initiate timely referrals for follow-up care.

Procedure

Screening Process

- A preliminary health screening must be conducted at the time of admission.
- The agency nurse will perform the screening when present during scheduled working hours.
- If a nurse is not available, trained non-healthcare staff may conduct the screening.
- All intakes not screened by a nurse must be reviewed by the nurse within three (3) business days.

Screening Components

The admission screening must assess and document the following health indicators:

1. Current medications
2. Existing medical conditions (acute and chronic)
3. Allergies
4. Recent injuries or illnesses
5. Presence of pain or physical distress
6. Observable evidence of illness, injury, or difficulty moving
7. Presence of scars, tattoos, or skin markings
8. Acute health symptoms that may require quarantine or isolation

Family Involvement

- The parent/guardian may participate in coordinating and scheduling follow-up medical appointments, as appropriate and feasible.

Documentation

- All medical referrals shall be recorded in a daily log maintained by the program.

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- The primary healthcare screening is completed by the nurse if he/she is present during the intake. If not present during the intake, the nurse reviews the primary healthcare screening within 3 business days.
- The primary healthcare screening and observations include:
 1. Current medications
 2. Existing (acute and chronic) medical conditions
 3. Allergies
 4. Recent injuries and/or illnesses
 5. Observation for evidence of illness, injury, pain or physical distress, difficulty moving, etc.
 6. Acute health symptoms requiring quarantine or isolation
- The program has a thorough referral process and a mechanism for necessary follow-up medical care for youth admitted with chronic medical conditions.
- Parents are involved with the coordination and scheduling of follow-up medical appointments, as appropriate.
- All medical referrals are documented on a daily log.

6.4 Medical/Mental Health Alert Process

Policy

Each program shall implement a Medical/Mental Health Alert process designed to communicate critical health and behavioral risk information to all staff. This process supports appropriate supervision, protects youth safety, and ensures timely care and treatment. Suicide Risk Alerts and Mental Health Alerts are essential components of the alert system and must be used to identify and monitor youth requiring elevated support and observation.

Purpose

To ensure all staff are informed of youth medical and mental health conditions that may impact safety, supervision, or emergency response. The alert system equips staff with actionable information to recognize, monitor, and respond to emergent medical or behavioral health needs, especially those requiring heightened supervision or immediate intervention.

Procedures

Alert Process Requirements

- All shelters must maintain an active Medical/Mental Health Alert system accessible to relevant staff.
- Alerts are required for non-licensed personnel to make informed decisions about youth supervision, behavior management, and medical needs.
- Alerts may originate from:
 - Intake screening and assessments
 - Updates following off-site medical or behavioral health appointments
 - Observations or emergent concerns identified during program participation

Conditions Warranting an Alert

Youth must be placed on a Medical/Mental Health Alert when any of the following conditions or risk factors are present:

- Identified suicide risk (see related Suicide Prevention Policy)
- Diagnosed depression or history of self-injurious behavior
- Self-harm requiring emergency medical attention in the past 3 months (e.g., cutting, ingestion of objects, head banging)
- Psychosis or related symptoms requiring hospitalization within the past 3 months
- Examination, hospitalization, or placement under the Baker Act within the past 3 months

- Detoxification, overdose, or withdrawal management related to substance use within the past 3 months
- Evaluation or admission under the Marchman Act within the past 3 months
- Severe allergies or history of anaphylaxis
- Medication interactions or contraindications
- Head injury or trauma
- Pregnancy
- Chronic medical conditions requiring monitoring or treatment
- Sensory, communication, or physical impairments (hearing, speech, vision, mobility)
- Diagnosed developmental disabilities
- Common or serious side effects associated with prescribed medications

Demonstration of Compliance:

- The agency has a written policy and procedure that includes a policy number, date of last review/revision/approval, meets all of the requirements for this policy and is signed and approved.
- If youth has a medical or mental health condition or allergies, they are appropriately placed on the program's alert system.
- Alert system includes precautions concerning prescribed medications and potential side effects.
- Staff are provided sufficient information/instructions to recognize/respond to the need for emergency care for medical/mental health problems.
- A medical and mental health alert system is in place that ensure information concerning a youth's medical condition, allergies, common side effects of prescribed medication, foods and medications that are contraindicated, or other pertinent mental health treatment information is communicated to all staff.

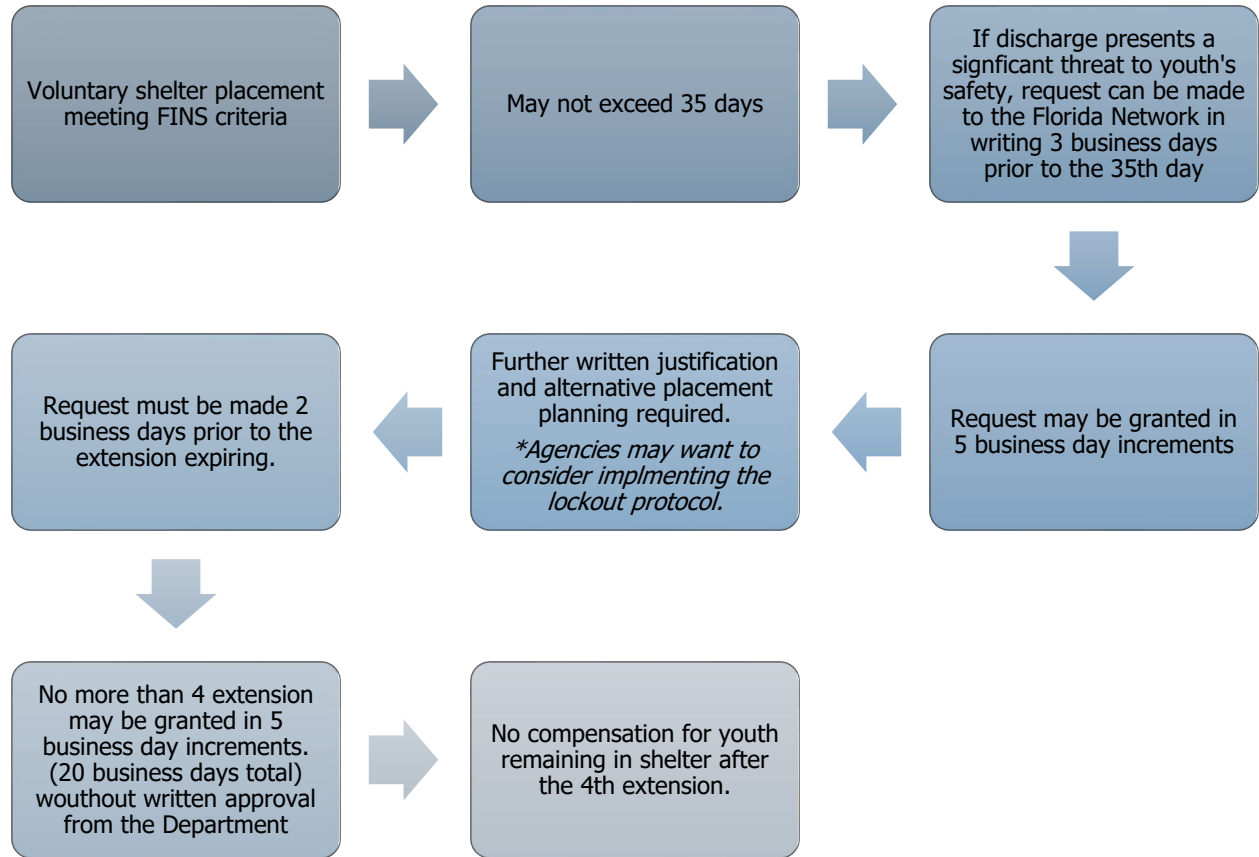
DOMAIN 7: Physically Secure

7.0 Physically Secure

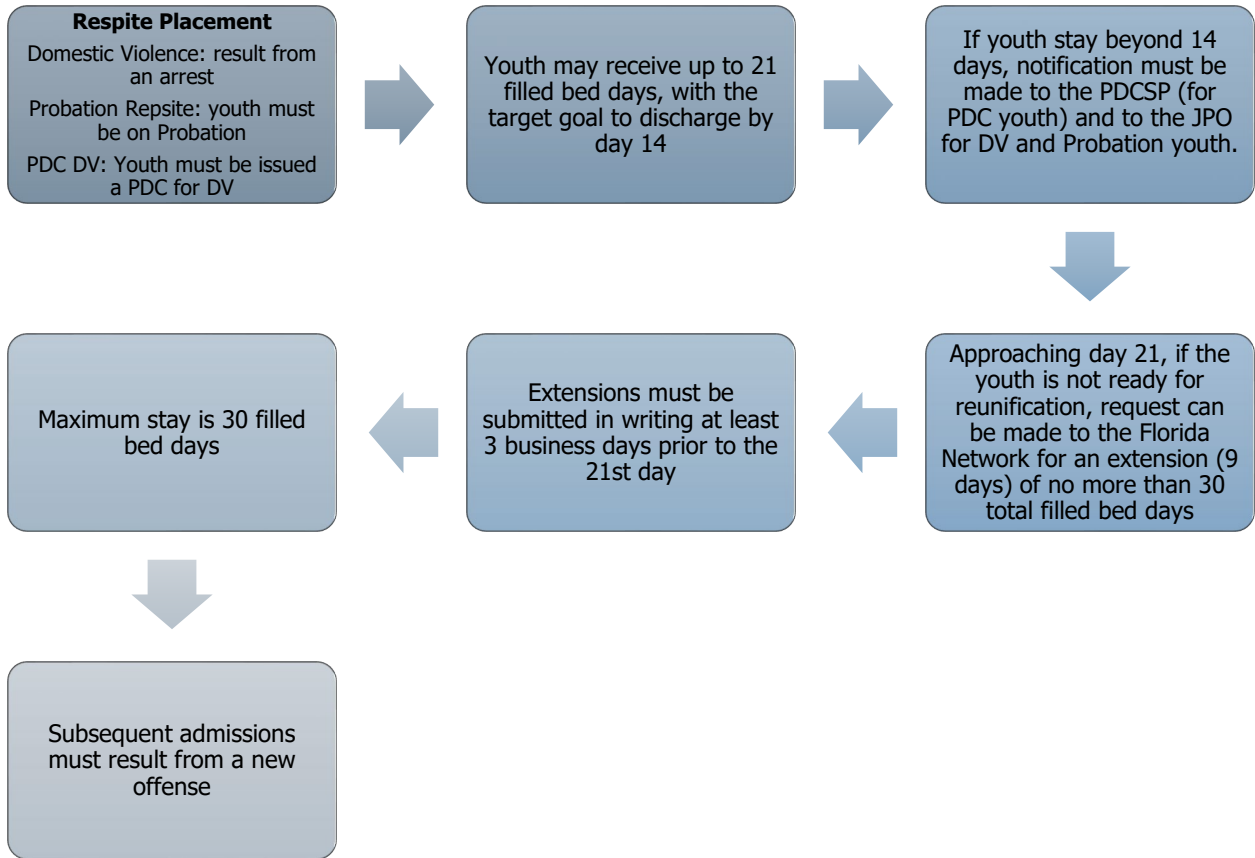
This page has been intentionally left blank, as the policy is pending.

ADDENDUM

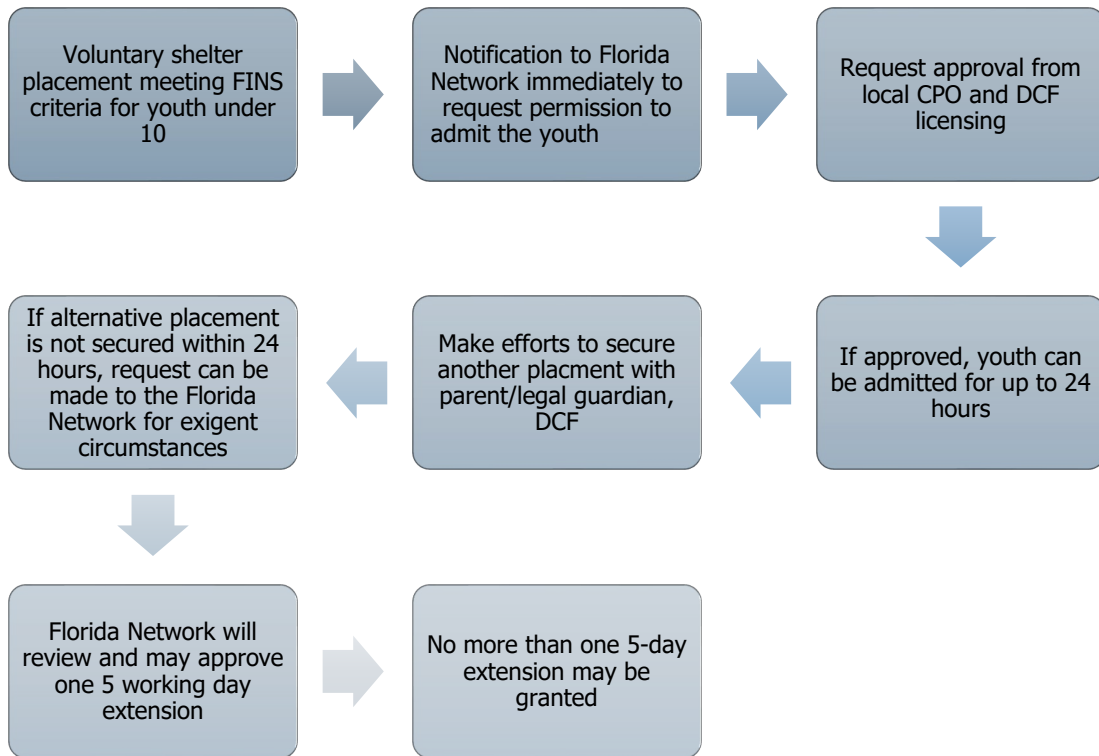
Families in Need of Services (FINS) Length of Stay (LOS) Flow Chart



Respite Length of Stay (LOS) Flow Chart



Under 10 Length of Stay (LOS) Flow Chart



Outcome Based Corrective Action Plan (OBCAP) Template

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|--------------------------|-------|
| Contract #: | _____ | Program/Facility: | _____ |
| Provider Name: | _____ | Type of Service: | _____ |
| Date of Monitoring: _____ | | | |
| <p>The Department’s acceptance of this corrective action plan is an acknowledgement the provider’s proposed Plan may resolve the identified deficiency. This approval shall not be construed as a waiver by the Department of any right, power, or remedy under the contract or Florida law.</p> | | | |

| |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> ● Finding # (Indicator # in Monitoring Report) |
| <p>Root Cause: <i>(Internal agency analysis/investigation into why the finding occurred and/or observed)</i></p> |
| |
| <p>Process Measure/Outcome: <i>(Process measure is the measure of how an activity has been/will be accomplished to achieve the outcome desired and the outcome will determine what you are trying to achieve i.e. desired goal; what do you expect to achieve as a result of meeting your objective?)</i></p> <p>Target Date: _____</p> |
| |
| <p>Specific Actions and Person(s) Responsible: <i>(Specific actions should include all steps needed to determine the desired outcome required to be achieved and who will be responsible for ensuring the action)</i></p> |

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Progress Update(s): *(If applicable, include specific actions taken by the agency since becoming aware of the finding)*

Completion Date: _____ *(Date outcome goal was achieved)*

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• **Finding #** (Indicator # in Monitoring Report) _____

Root Cause:

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|---------------------------------|---------------------|
| Process Measure/Outcome: | Target Date: |
|---------------------------------|---------------------|

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Specific Actions and Person(s) Responsible:

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|-------------------------------------------------------------|-------------------------|
| Progress Update(s): | Completion Date: |
| | |
| • Finding # (Indicator # in Monitoring Report)_____ | |
| Root Cause: | |
| | |
| Process Measure/Outcome: | Target Date: |
| | |
| Specific Actions and Person(s) Responsible: | |
| | |
| Progress Update(s): | Completion Date: |
| | |
| 4. Finding # (Indicator # in Monitoring Report)_____ | |
| Root Cause: | |
| | |

| | |
|-------------------------------------------------------------|-------------------------|
| Process Measure/Outcome: | Target Date: |
| | |
| Specific Actions and Person(s) Responsible: | |
| | |
| Progress Update(s): | Completion Date: |
| | |
| 5. Finding # (Indicator # in Monitoring Report)_____ | |
| Root Cause: | |
| | |
| Process Measure/Outcome: | Target Date: |
| | |
| Specific Actions and Person(s) Responsible: | |
| | |
| Progress Update(s): | Completion Date: |
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| Submitted By: | Date: _____ |
| | |
| | |
| _____ / _____ _____ | _____ |
| Print and Sign | Title |
| | |
| Received By: | Date: _____ |
| | |
| | |
| _____ / _____ _____ | _____ |
| | |
| Print and Sign | Title |
| | |

Truancy Court Referral Template Order

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

IN THE INTEREST OF: _____ CASE NO. _____

NAME OF STUDENT

D.O.B. :

A child. /

ORDER OF REFERRAL TO THE DEPARTMENT OF JUVENILE JUSTICE'S AUTHORIZED AGENT

THIS CAUSE having come before the Court, and all interested parties having been present before the Court, and the Court having been otherwise duly advised in the premises, finds:

1. That the above-named student, has not substantially complied with compulsory school attendance and is a truant status offender.
2. That the student has not substantially complied with court-ordered services.
3. The student and family may benefit from additional services that can be provided by the Department's Family in Need of Services Provider.
4. The student is not currently under any court ordered supervision by the Department of Children and Families under chapter 39 or the Department of Juvenile Justice under chapter 985.
5. The student's parent(s), custodian or legal guardian(s) is/are:

MOTHER NAME
PHONE
ADDRESS
CITY, FL ZIP

FATHER NAME
PHONE
ADDRESS
CITY, FL ZIP

THEREFORE, based upon the foregoing findings of fact, it is hereby, **ORDERED AND ADJUDGED**:

1. The student and family are referred to Local Provider Name, the authorized agent for the Department of Juvenile Justice for the provision of voluntary family services. The above listed parent/custodian/legal guardian will contact Local Provider Name at Phone Number within 72 hours to schedule an in-person meeting.

2. The parent(s)/custodian/legal guardian(s) named herein will sign an agreement for the provision of voluntary family services by Local Provider Name and assure the family and child participate in recommended services.

3. The parent will sign a consent for release of school records, to include the child's attendance, disciplinary referrals, grades, and any existing IEP or 504 plan, to be released to the Local Provider Name, the Court, and the Department of Juvenile Justice.

_____ The child and family are referred to Local Provider Name for review by the Case Staffing Committee. The child does not have a pending petition alleging the child is delinquent. The student, the above listed parent/custodian/legal guardian, and a representative of the school district are ordered to attend the Case Staffing Committee meeting on the date and time it is scheduled. The court recommends that a Child in Need of Services petition be filed.

DONE AND ORDERED in _____ County, Florida, this day of _____, 2025.

CIRCUIT COURT JUDGE

CERTIFICATE OF SERVICE

I hereby certify that a copy of this order has been furnished this _____ day of _____, 2025 to:

School District, via e-service
NAME, DJJ Assistant General Counsel, via e-service
Local Provider Name and address/email
Parent(s)/Legal Guardian(s)/Custodian(s)

Clerk of Court/Judicial

Assistant

DJJ – FJJA Contraband Agreement



FLORIDA DEPARTMENT OF JUVENILE JUSTICE FLORIDA JUVENILE JUSTICE ASSOCIATION

Reduction of Contraband in Care and Custody Facilities Joint Agreement between DJJ and FJJA

The Department of Juvenile Justice (DJJ) in conjunction with the Florida Juvenile Justice Association have developed strategies to prevent, detect, and respond to the introduction of contraband in facilities.

Prevention

1. Education

Residential & Detention Programs

- Programs will add a video or document summarizing what contraband is and the consequences of having it in a residential program. The video or document shall inform the youth of contraband and what to do if approached by staff or youth with contraband. This should be incorporated into each youth's orientation and document the youth's review and acknowledgment.
- Each program will address contraband from a treatment perspective and the harm which could result from its use.
- Contraband and searches will be standing agenda items added to all shift briefing meetings. During each daily meeting, the shift supervisor will ensure/confirm staff members do not have anything which could be considered contraband on their person or in the program.
- A review of contraband, to include prohibited and illegal items and the consequences of introducing contraband, as well as search expectations will be a part of the new hire training packet. Employees will sign an employee acknowledgment form. Each program will review their contraband expectation practices annually at a minimum.

CINS/FINS Shelters

- Each program will add a video or document summarizing contraband and the consequences of having it in a residential program. The video or document shall inform the youth of contraband and what to do if approached by staff or youth with contraband. This should be incorporated into each youth's orientation and document the youth's review and acknowledgment.
- As part of the youth's intake process to a CINS/FINS shelter, staff shall ask youth if and what substances they typically use to self-medicate or cope with symptoms of depression and/or anxiety. Shelter staff will be engaged to work with youth to develop alternative coping mechanisms (e.g., using a stress ball, listening to music, deep breathing exercises, etc.).
- Shelter staff will be engaged to work with youth to develop alternative coping mechanisms (e.g., using a stress ball, listening to music, deep breathing exercises, etc.) and ensure that youth and parents/guardian understand and acknowledge that substances are contraband and will not be permitted in the shelter.
- Contraband and searches will be standing agenda items added to all shift briefing meetings. During each daily meeting, the shift supervisor will ensure/confirm that staff

2737 Centerview Drive • Tallahassee, Florida 32399-3100 • (850) 488-1850

Ron DeSantis, Governor

Eric S. Hall, Secretary

The mission of the Florida Department of Juvenile Justice is to enhance public safety through high-quality effective services for youth and families delivered by world-class professionals dedicated to building a stronger, safer Florida.

members do not have anything which could be considered contraband on their person or in the program.

- A review of contraband, to include prohibited and illegal items and the consequences of introducing contraband, as well as search expectations will be a part of the new hire training packet. Employees will sign an employee acknowledgment form. Each program will review their contraband expectation practices annually at a minimum.

2. Searches

Youth searches (intake, movements, return from home visit or job, community service/outing):

Residential & Detention Programs

- Place bags and loose items aside during the search.
- Search using a metal detection device (walk-through and hand-held device on high sensitivity and six inches from the body). If a facility has both hand-held and walk-through devices, the expectation is both shall be used.
- Address and resolve any alert on these devices (no assumptions should be made). If there is an alert, please notify the facility administrator or designee.
- Remove and search any hat or head covering.
- Remove and search any outerwear.
- Empty and inspect pockets.
- Remove shoes; tap shoes together to dislodge any concealed items.
- Check the bottom of feet and ankles (straighten socks scrunched down around the ankles).
- Thorough frisk search of their person.
- Full Body Visual Search (formerly known as a strip search) upon intake, return from unsupervised activity (home visit, job, off-site education, or training class).

CINS/FINS Shelters

- Place bags and loose items aside, and complete a thorough inspection after wandling youth.
- Ask youth to remove any hat or head covering for inspection.
- Ask youth to remove any outerwear for inspection.
- Ask youth to empty and turnout all pockets.
- Ask youth to remove shoes; tap shoes together to dislodge any concealed items
- Ask youth to remove socks to be inspected by staff, visually inspect feet and toes
- Use fully charged, hand-held metal detector wands from head to toe, back to front. If a client is suspected to be in possession of contraband that is not detectable by a wand, shelter staff shall contact law enforcement to conduct a pat-down search.

Staff and visitors upon entry to the secure area of the facility: Only Applicable for Residential and Detention Programs

- Program staff and DJJ employees will be required to utilize clear bags. This will be in facility policy.
- Place bags and/or loose items aside during search.
- Search using a metal detection device (walk-through and hand-held device on high sensitivity and six inches from the body). If a facility has both hand-held and walk-through devices, the expectation is both shall be used.
- Address and resolve any alert on these devices (no assumptions should be made). If there is an alert, please notify the facility administrator or designee.

- Remove and search any head covering (may make an exception for religious head covering and scan with a detection device).
- Empty and inspect pockets.
- Remove shoes; tap shoes together to dislodge any concealed items.
- Check the bottom of feet and ankles (straighten socks scrunched down around the ankles).
- Frisk search of their person; if after using a detection device and performing a frisk search, there is a suspicion of contraband, notify the supervisor and have the person shake out their clothing.
- Thoroughly search and wand all bags and items, including food/drink packages/containers (do not allow in any unauthorized/prohibited items or snack/drink item which is not in sealed original packaging).
- If the search has been completed and the person needs to leave the search/secure area to return to their car, restroom, locker, return from break, etc., the above search process must be conducted again.
- All searches shall be conducted in accordance with FDJJ 1919 and 63E-7 F.A.C.

Detection

Innovative Search Practices

Residential & Detention Programs

- Programs will partner with local law enforcement to have their K-9 unit conduct searches of each facility.
- **Increase** the frequency of random searches within each facility on all shifts.
- Staff will utilize search tools such as the hand-held wand to search youth periodically throughout the day, i.e., returning from the recreation field or class. (Note: all residential programs have two CEIA wands; one may remain at the point of entry and the other can be utilized randomly to search staff and youth, as well as youth rooms and commons areas as needed.)
- Occasionally search staff throughout a shift.
- Programs will incorporate a "Proud Acknowledgement" program to celebrate staff who have prevented or detected contraband in the facility through diligent efforts. For example, the Proud Acknowledgment program could also reward staff with incentives to recover items during searches which management staff strategically placed or signage celebrating the number of days contraband-free.
- Staff conducting searches will be properly trained on how to conduct searches of youth, staff, and visitors.
- Administration will review a sampling of video surveillance daily to address any discrepancies in search practices.

CINS/FINS Shelters

- **Increase** the frequency of random searches within each facility on all shifts.
- Staff will utilize search tools such as the hand-held wand to search youth periodically throughout the day, i.e., returning from the recreation field or class.
- Programs will incorporate a "Proud Acknowledgement" program to celebrate staff who have prevented or detected contraband in the facility through diligent efforts. For example, the Proud Acknowledgment program could also reward staff with incentives to recover items during searches which management staff strategically placed or signage celebrating the number of days contraband-free.
- Random review of video surveillance to address any discrepancies in search practices.

Response

Residential & Detention Programs

- Each program will notify law enforcement if staff find illegal contraband during a search. Program leadership will request law enforcement to arrest the responsible party. The Secretary of DJJ will assist the program by contacting the State Attorney in the respective area to ensure any staff found possessing contraband or staff identified as having introduced contraband into a facility is prosecuted to the fullest extent of the law.
- Each program will initiate an internal investigation to determine any incongruences as it relates to searches as according to rule and policy. If there is an active criminal investigation, interviews with the subject or witnesses will be postponed until the criminal investigation is resolved.

CINS/FINS Shelters

- Each program will notify law enforcement if staff find illegal contraband during a search.
- Each program will initiate an internal investigation to determine any incongruences as it relates to searches as according to rule and policy.

Data Collection

Residential, Detention and CINS/FINS programs

- Programs will share best practices and areas needing improvement amongst this taskforce (The Contraband Reduction Taskforce) if programs have identified any trends or peculiar security breach(es) through investigations.
- FDJJ will only assign a deficiency when FDJJ leadership has determined a systemic pattern of staff violating search practices as outlined in Rules and policy.
- The Contraband Reduction Taskforce will meet quarterly to discuss data and trends. The first meeting should occur at least six months after the partners agree upon and implement these initiatives to allow for data collection. It is to be expected during the first several months of this reduction effort, there may be a significant increase in the number of contraband items found during random facility searches.

Additional considerations:

- Facility staff shall wand any recovered vape pen, cell phone or other item to determine if it is detectable by the metal detector before it is turned over to law enforcement. The results shall be documented in the incident report and internal investigation.
- Facility staff shall search each youth individually following visitation before returning the youth to the dorm or other program area.
- Facility staff shall search outdoor recreation areas before youth are permitted to use the area.
- If paper currency in an amount not easily detectable or one to two over the counter (OTC) pills which would not easily detectable with an appropriate search are found, an improper Search classification WILL NOT be added; however, if the OTC pills are deemed illegal, an Introduction of Contraband will be applied, and law enforcement must be notified.
- Contraband Discovered/Recovered during a search of a youth entering or returning to the program and during random facility searches *may* be classified as "Information Only," depending on the circumstances. It should be noted illegal contraband found in these instances is reportable and will be closed as Information Only upon verification law enforcement was notified.

- The program area or the provider can determine corrective action when Improper Search classifications are added for an Unknown staff. Training for all staff is not always necessary. An example may include the facility administrator observing searches on all shifts randomly for one week.
- The Office of Residential Services will consider removing all incidents with Substantiated findings for Improper Search on unknown staff for contract renewal documents.
- All CEIA wands shall remain on high sensitivity and be utilized for searches moving slowly six inches away from the body. Program administration should be responsible for ensuring the wands remains at high sensitivity at all times.
- For Residential and Detention Programs:
 - Confirm all staff and visitors are searched upon entering the facility. No staff or visitors should bypass the search practices on any shift for any reason.
 - For new youth intakes, facility clothing shall not be given to them until their existing clothing has been given to staff and the full body visual search has been completed.

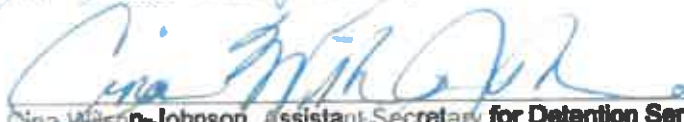
Updated policies and practices will be in effect no later than March 31, 2025.



Timothy Niemann, Deputy Secretary



Lori C. Jernigan, Assistant Secretary for Residential Services



Gina Wilson-Johnson, Assistant Secretary for Detention Services



Alice Sims, Assistant Secretary for Prevention Services



Christian Minor, Executive Director of the Florida Juvenile Justice Association



Joseph Nixon, Florida Juvenile Justice Association Residential Chairman

ADDITIONAL RESOURCES

Florida Statute 984 Children and Families in Need of Services

<https://www.flsenate.gov/Laws/Statutes/2018/Chapter984>

Rule 63n-1 Licensed Mental Health Rule

<https://flrules.org/gateway/ruleNo.asp?id=63N-1.0031>

65c-22 Child Care Standards

<https://flrules.org/gateway/ChapterHome.asp?Chapter=65C-22>

Chapter 63F-11 DJJ Central Communications Center

<https://www.djj.state.fl.us/content/download/24029/file/63F-11%20Central%20Communications%20Center%20Amended%2011.29.22.pdf?version=3>

Florida Statute 491 Clinical, Counseling, and Psychotherapy Services

<https://www.flsenate.gov/Laws/Statutes/2023/Chapter491/All>

DJJ Background Screening

<https://www.flsenate.gov/Laws/Statutes/2018/110.1127>

DJJ CCC Rule

<https://www.djj.state.fl.us/services/department-support-services/office-of-inspector-general/incident-operations-center-ioc-central-communications-center-ccc>

Contractor Hiring – DJJ

https://www.djj.state.fl.us/content/download/833879/secondary_file/FDJJ2060P-Hiring%20Practice%20FINAL%20Procedures%205.31.23.pdf?version=2

215 – FL Single Audit Act

<https://apps.fldfs.com/fsaa/>

Statutory Nursing Standards – 464 Nurse Practice Act

https://www.flsenate.gov/Laws/Statutes/2019/Chapter464/PART_I

Department Policy Format

<https://www.djj.state.fl.us/content/download/23975/file/requirements-for-driving-youth-fdjj-1920.pdf?version=2>

Licensed Mental Health Professional Clinical Supervision Log

https://www.djj.state.fl.us/content/download/50830/primary_file/mhsa-019-.pdf

Transportation of Youth Under Care of the Department

<https://www.djj.state.fl.us/content/download/23975/file/requirements-for-driving-youth-fdjj-1920.pdf?version=2>

Interception and disclosure of wire, oral, or electronic communications prohibited.

https://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0900-0999/0934/Sections/0934.03.html

Digital voyeurism

https://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0800-0899/0810/Sections/0810.145.html