

2024 - 2025



# Quality Improvement Standards

## **Introduction**

The quality improvement process was developed pursuant to Florida Statute 985.632(5). The process is designed to support the Department of Juvenile Justice and the Florida Network's mission by ensuring that quality prevention, intervention, and treatment services are utilized to effectively "strengthen families and turn around the lives of troubled youth."

Florida Network subcontractors are subject to requirements included in Florida Statute, Florida Administrative Code, Department policy, and provider contracts. Quality Improvement Standards focus on policies and procedures that are identified as key to the Department and the Florida Network's mission. Due to the targeted scope of the quality improvement process, standards are not meant to be all-inclusive, and programs are encouraged to be cognizant of all requirements that apply to them.

Florida Network Quality Improvement Standards are applicable to all programs subcontracted through the Florida Network of Youth and Family Services to serve prevention youth in accordance with the contracted scope of services. In the event that a contract-based indicator differs from the provider's contract, the program shall be reviewed according to current contract language. It will be noted that the provider's contract incorporates the Florida Network's Policy and Procedure Manual for all Florida Network programs (CINS/FINS, Domestic Violence Respite, Probation Respite, Intensive Case Management, Family/Youth Respite After Care, & SNAP), which is referenced herein.

## **Best Care Provider Designation**

Agencies securing a score of Satisfactory in all indicators may be recognized by the Florida Network as a Best Care Provider. The programs with exceptions can be considered for a Best Care Provider recognition at the discretion of Network leadership. This recognition demonstrates the agency's ability to provide successful therapeutic interventions in a milieu that encourages the safety and well-being for youth and staff alike. A Best Care Provider practices under a management structure that incorporates self-evaluation and learning into their everyday practice and designs a service continuum that is both functional and durable when the program experiences staff turnover, crisis, and other challenges to the resilience of the program. Those agencies earning the Best Care Provider distinction serve as models for their peers in the Florida Network, and within the spectrum of youth service providers throughout the state of Florida.

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## Standard One: Management Accountability

### 1.01 – Background Screening of Employees/Volunteers

Background screening is conducted for all Department employees, contracted provider and grant recipient employees, volunteers, mentors, and interns with access to youth.

1. The background screening process is completed prior to hiring an employee or utilizing the services of a volunteer, mentor, or intern.
2. Employees and volunteers are re-screened every five (5) years of from the date of last screening.
3. The Annual Affidavit of Compliance with Good Moral Character Standards (**Form IG/BSU-006**) is completed by the program and sent to the DJJ Background Screening Unit by January 31st of each year.
4. The agency utilizes a suitability assessment tool with a scoring function for all positions providing direct services to youth. You cannot lower the passing rate of the assessment to justify the hire, but you can elect to have the applicant retake the assessment. It must be taken and passed within five (5) business days of the initial attempt, not to exceed three (3) attempts within thirty (30) days.
  - a. Applicants who do not pass the initial assessment may retake the assessment the same day as the initial.
  - b. Applicants who do not pass the second attempt may retake the assessment no earlier than five (5) business days of the second attempt.
  - c. Applicants who do not pass the assessment after three (3) attempts, must wait thirty (30) calendar days to schedule a retake with the same provider. The thirty (30) waiting period will apply to each subsequent attempt after the third attempt.
5. Employees who have had a break in service and who are in good standing and passed the assessment may be reemployed with the same agency without an additional suitability assessment ~~or background screening~~ if the break is less than eighteen (18) months. However, if the provider changed or updated the assessment tool used, they must retake the assessment.
6. Employees who have had a break in service and who are in good standing may be re-employed with the same agency without an additional background screening if the break of employment is less than 90 days.

7. Agencies will confirm each potential employee is eligible to work through the E-Verify process.

**Guidelines**

The program is expected to comply with requirements and procedures outlined in Department policy.

**References**

- FDJJ-1800PC, FDJJ – 2060, Background Screening Policy and Procedures for Contracted Providers.
- Florida Network Policy & Procedure Manual, Policy 5.03, 5.04

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

The program provides an environment in which youth, staff, and others feel safe, secure, and not threatened by any form of abuse or harassment.

1. Program staff adheres to a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation. Youth are not deprived of basic needs, such as food, clothing, shelter, medical care, and security.
2. Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian, caregiver, or other person responsible for the child's welfare, as defined by Florida Statute, or that a child is in need of supervision and care and has no parent, legal custodian, or responsible adult relative immediately known and available to provide supervision and care, reports such knowledge or suspicion to the Florida Abuse Hotline.
3. The program must have an accessible and responsive grievance process for youth to provide feedback and address complaints. The process will allow youth to grieve actions of staff and conditions, or circumstances related to the violation or denial of basic rights. Program director/supervisor will have access to and manage grievances unless it is towards themselves.
4. Management takes immediate action to address incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force.
5. Grievances will be resolved within 72 hours of being submitted and maintained by the agency for at least one year of submission. If this does not occur within the 72-hour period, there will be documentation explaining the cause for the delay in resolution. Grievance boxes are checked by management or designated supervisor at least daily (excluding weekends and holidays) and documented in program logbook.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in Florida Statute and Department policy.

### **References**

- F.S. 39.201, "Mandatory reports of child abuse, abandonment, or neglect; mandatory reports of death; central abuse hotline."
- FDJJ-1100, Rights of Youth in DJJ Care, Custody, or Supervision

### **1.03 – Incident Reporting**

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

#### **Guidelines**

The program is expected to comply with requirements and procedures outlined in Department policy and Florida Administrative Code.

Incidents discovered and reported by the review team during the review shall be considered "non-applicable," unless documentation exists that the program was aware of the incident but failed to report it.

#### **References**

- F.A.C. 63F-11, Central Communications Center
- Florida Network Policy & Procedure Manual, Policy 5.01 and 5.05



## 1.04 – Training Requirements

Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions. All direct care CINS/FINS staff for shelter and community counseling services, including independent contractors (full-time, part-time, and on-call) and interns shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year. Direct care staff in residential programs licensed by DCF is required to have 40 hours of training per year after the first year. If there is a break in employment for less than six (6) months, there must be documentation in the employee file that the supervisor has reviewed previous training that is applicable to the timeframe identified and signed off on verified completion.

All agencies are required to have a staff responsible for monitoring and managing employees' trainings files to ensure compliance through documented routine tracking and reviews for all staff, including new hires. Trainings that are required by the Network, as well as by other funders such as DCF, FYSB/RHYTTAC and COA, can be completed on their platform or delivery method, but must be documented in each individual training file or employee file on the FLN Training Log or similar document with the minimum requirements. The training log has the minimum fields to include the following on an agency training log (e.g. staff name, position, date of hire, fiscal year, training, hours (and cumulative total), training completion/facilitation date, training location/platform). Additional documentation to support the training completion may include training such as certificates, electronic record, sign-in sheets, and/or agenda may be included as well. If a required training course is not completed within the required timeframe, there must be documentation as to why and when the staff member is scheduled to complete the training.

Each agency will have a clear policy that demonstrates requirements for Direct Care staff before they work independently on a shift. They can count towards ratio if they have satisfied all the pre-service requirements.

Agencies are required to have a provider orientation with each new staff member hired on to the agency. It will focus, at minimum, the following:

- Agency policies and procedures
- Behavior Management (Shelter Only)
- Building/Facility layout
- File Documentation/development of paperwork requirements and confidentiality
- CCC & Incident Reporting
- Child Abuse Reporting
- Client Intake & Screening
- Client Orientation (direct care staff training on delivering new client orientation)

- ~~and overview of trainings~~
- Fire Equipment safety
- Medical and Mental Health Alert System (Shelter)
- Risk Management--Including but not limited to the following:
  - Disaster Preparedness and Emergency Response
  - First Aid/CPR
  - Universal Precautions
- Video Camera Surveillance & Equipment
- All other necessary information to orient a new hire to **perform** their job role **and duties**.

Below is a list of the first year required training topics:

To be completed within 90 days of hire and annually or every two years thereafter:

SkillPro Required Trainings:

Training Requirement	Staff Required	Location	Frequency
JJIS (Juvenile Justice Information System)	All staff who will monitor the system for program eligibility	SkillPro/DJJ	<ul style="list-style-type: none"> <li>• Required prior to accessing the system</li> </ul>
Child Abuse: Recognition, Reporting and Prevention	ALL Staff	SkillPro (1 hour)  Couse #168	<ul style="list-style-type: none"> <li>• Required within 90 days of hire.</li> <li>• Required Annually</li> </ul>
Civil Rights & Federal Funds (United States Department of Justice)	All Staff	SkillPro (0.5 hours) Course # 1484	<ul style="list-style-type: none"> <li>• Required within 30 days of hire.</li> </ul>
Equal Employment Opportunity	All Staff	SkillPro (1 hour) Course # 112	<ul style="list-style-type: none"> <li>• Required within 90 days of hire.</li> </ul>
Human Trafficking 404 Intervention for Direct-Care Staff	ALL STAFF having direct youth contact	SkillPro (2 hours) Course #316	<ul style="list-style-type: none"> <li>• Required within 90 days of hire.</li> <li>• Required Annually</li> </ul>
Information Security Awareness	All Staff	SkillPro (1 hour)  Course #45	<ul style="list-style-type: none"> <li>• Required within 90 days of hire.</li> <li>• Required Annually</li> </ul>

Prison Rape Elimination Act (PREA) – Part 1 and Part 2	All Staff	SkillPro (1.5 hours) Course #1549 Course #1546	<ul style="list-style-type: none"> <li>Required within 90 days of hire.</li> <li>Required Every 2 years</li> </ul>
Sexual Harassment	All Staff	SkillPro (1 hour)  Course #111	<ul style="list-style-type: none"> <li>Required within 90 days of hire.</li> <li>Required Every 2 years</li> </ul>
Trauma Responsive Practices	All Staff having Direct Contact with Youth	SkillPro (2 hours) Course #125	<ul style="list-style-type: none"> <li>Required within 90 days of hire.</li> <li>Required Every 2 years</li> </ul>

FLN Required Trainings:

Training Requirement	Staff Required	Location	Frequency
Behavior Management	Shelter Staff Only	In-Person	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
CPR/First Aid	All staff having direct youth contact	In-Person by a CPR Certified Instructor <del>Third-party source / Certified External</del>	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> <li>Retrain every 2 years</li> </ul>
CINS/FINS CORE	All Staff	Instructor-Led or in Bridge	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
Florida Network Youth Suicide Prevention	ALL STAFF having direct youth contact	Bridge	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> <li>Required Annually</li> </ul>
FL Statute 984 CINS Petition Training	All Staff Participating in Case Staffing & CINS Petitions	Instructor-Led – Local DJJ Attorney	<ul style="list-style-type: none"> <li><del>Required within 1 year of the effective date of this policy for current staff</del></li> </ul>

			<ul style="list-style-type: none"> <li>Required within 1 year of employment for new hire</li> </ul>
Crisis Intervention training approved by the Network (ex: Managing Aggressive Behavior (MAB))	Shelter Staff Only	In-Person (2-day/16 hours)	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> <li>Retrain every 2 years</li> </ul>
Medication Distribution for Staff Without a Medical License	Shelter Staff Only	In-Person / Registered Nurse (RN) NOTE: Programs without an RN may contact the Florida Network or other Network Program RNs to coordinate a training session.	<ul style="list-style-type: none"> <li>Required prior to the administration of medication</li> </ul>
Motivational Interviewing (MI)	All Staff Administering the NIRVANA	In-Person/Virtual DJJ Curriculum	<ul style="list-style-type: none"> <li>Required prior to the administration of the NIRVANA Assessment</li> </ul>
<b>Naloxone Training</b>	<b>All Staff</b>	<b>Bridge</b>	<ul style="list-style-type: none"> <li><b>Required within 1 year of the effective date of this policy for current staff</b></li> <li><b>Required within 90 days of hire.</b></li> </ul>
NetMIS Training	Staff	Bridge or Virtual through Bridge	<ul style="list-style-type: none"> <li>Optional for Staff using NetMIS</li> </ul>
NIRVANA – Network Inventory of Risks, Victories And Needs Assessment	All Staff who will be administering the Assessment	Virtual through Bridge	<ul style="list-style-type: none"> <li>Required prior to the administration of the Assessment</li> </ul>
PYXIS	Shelter staff Authorized users	In-Person / Virtual	<ul style="list-style-type: none"> <li>Required prior to accessing the system</li> </ul>
<b>SNAP Support Overview</b>	<b>SNAP Staff</b>	<b>Virtual through Bridge</b>	<ul style="list-style-type: none"> <li><b>Not required, but offered for staff in between hire and full SNAP Facilitator training</b></li> </ul>

			<ul style="list-style-type: none"> <li>After completing training, this Supporter must only be paired with a fully trained SNAP Facilitator</li> <li><i>*This training does not certify staff to facilitate SNAP</i></li> <li>If the staff member is hired as a facilitator, they must complete the next available SNAP Facilitator Training (Offered at minimum quarterly). <i>*When an extension is required, agencies must submit in writing the extenuating circumstances and future attendance plan for review.</i></li> </ul>
SNAP Facilitator Training	All Staff Delivering the SNAP Model	In-Person	<ul style="list-style-type: none"> <li>Required prior to the delivery of groups</li> <li><i>*If the trained staff has not facilitated groups or participated in fidelity monitoring before the end of one year from the completion of either the SNAP Facilitator Training or Annual SNAP Refresher Training, they will be required to attend SNAP Facilitator Training prior to returning in a facilitation/fidelity monitoring role.</i></li> </ul>
SNAP Refresher Training	All Staff Delivering the SNAP Model	Virtual through Bridge	<ul style="list-style-type: none"> <li>Required annually for all staff who have completed SNAP Facilitator Training and are delivering SNAP group services or monitoring fidelity.</li> </ul>
Non-licensed Clinical Staff Suicide Assessment Training <i>*see policy 3.02</i>	All staff who are not licensed and administering a suicide assessment	In-person / Virtual	<ul style="list-style-type: none"> <li>Prior to independently completing an assessment</li> </ul>
The below trainings are required by the Network but are not limited to a specific location. Each training is for all staff who have direct contact with youth and is required prior to working independently with youth; no later than 90 days from hire. Please log all trainings on FLN Training Log. Contact the Florida Network team for training related needs.			
Adverse Childhood Experiences (ACE)	All Staff who have not completed the	Bridge or another platform	<ul style="list-style-type: none"> <li>Required within 90 days of hire</li> </ul>

	NIRVANA Training		
Cultural Humility / Cultural and Linguistic Diversity (RHYTTAC)	ALL STAFF with direct youth contact	In-Person / or a platform from another funder such as RHYTTAC	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
Confidentiality	ALL STAFF	In-Person / FYSB / DCF / SkillPro	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
Fire Safety Equipment	ALL Shelter STAFF	FLN / DCF by a Certified External Provider	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> <li>Retrain every 2 years</li> </ul>
Signs and Symptoms of Mental Health and Substance Abuse	ALL STAFF with direct youth contact	Bridge or related topic with another funder	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
Universal Precautions / Communicable Diseases / Infection Control Bloodborne Pathogens: Part One and Two	ALL STAFF with direct youth contact	Bridge / DCF/ SkillPro	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>
Adolescent Development / Positive Youth Development / Adolescent Development and Behavior	ALL STAFF with direct youth contact	In-Person/ RHYTTAC/ SkillPro	<ul style="list-style-type: none"> <li>Required prior to working independently with youth; no later than 90 days of hire.</li> </ul>

There must be documentation in the non-licensed clinical staff person's file regarding the suicide assessment training in accordance with section 4.02 (shelter only).

Training is scheduled throughout the year, and may be provided by the Florida Network, local community resources, and various local provider personnel approved or certified to deliver training.

Florida Network Training Log:

Staff Name:			<u>Date of Hire/Calendar/Fiscal (Circle One):</u>
Position:			
<u>Training Name</u>	<u>Training Hours</u>	<u>Training Completion/Facilitation Date</u>	<u>Location/Platform</u>
	Cumulative Total:		

**Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

**References**

- F.A.C. 63C-1.003(1)(c), Prevention, Children/Families In Need of Services, Coordinating Children-In-Need-of-Services and Families-In-Need-of-Services Programs
- Florida Network Policy & Procedure Manual, Policy 6.04

## 1.05 – Analyzing and Reporting Information

The program collects and reviews several sources of information to identify patterns and trends including:

1. Quarterly case record review reports. These reviews may be completed by peers. 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.
2. Quarterly review of incidents, accidents and grievances.
3. Annual review of customer satisfaction data.
4. Annual review of outcome data.
5. Monthly review of the statewide End-of-Month ('EOM') report generated by the Florida Network Office. This includes monthly data, fiscal year to date data, benchmarks for residential and community counseling, screening data, report card measures, follow-up reporting measures.
6. Agency staff must be able to demonstrate a monthly reconciliation process that is designed to verify the accuracy of services provided throughout the month and billed for during the reporting period. Once data accuracy is ensured, the invoice has been previewed and signed within NetMIS, the designated agency staff will submit the invoice in NetMIS by the fourth (4th) business day of the following reporting month. ~~Once data accuracy is ensured, NetMIS must be locked, and the invoice should be created and submitted to the Florida Network (invoice@floridanetwork.org) by the fourth (4th) business day of the following reporting month.~~
7. All contracted providers must have a quality improvement process in place to review and improve accuracy of data entry & collection.
8. All final reports that include a Limited or Failed score will be submitted electronically or by mail to the providers Executive Committee on the Board of Directors. The program shall demonstrate program performance that is routinely reviewed with the Board of Directors.

Findings are regularly reviewed by management and communicated to staff and stakeholders. Strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.

### **Guidelines**

Program will have sample reports of aggregated data and committee/workgroup minutes analyzing information. There will be evidence of improvements/changes made from the analysis (revised procedures, training conducted, or corrective action implemented). Review of external regulatory reports will reflect compliance and/or corrective action implemented.



## **References**

Florida Network Policy & Procedure Manual, Policy 6.00, 6.02, and 6.03

## **1.06 – Client Transportation**

The program has a transportation policy that is implemented by agency approved drivers. The basis of the policy is to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth. The best practice to prevent such situations is to have a 3<sup>rd</sup> party present in the vehicle while transporting a client. The procedure of the policy addresses the following:

1. Approved drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle.
2. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy.
3. Third party is an approved volunteer, intern, agency staff, or other youth.
4. Documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.
5. In addition to items one (1) through four (4), if a 3<sup>rd</sup> party cannot be obtained for transport:
  - a The client's history, evaluation, and recent behavior is considered.
  - b The agency approved driver's work performance and history indicates no inappropriate behavior is likely to occur.
  - c If a driver is transporting a single client in vehicle, there is evidence that the program supervisor is aware (prior to the transport) and consent is documented accordingly prior to the client transport.
  - d The transporting employee shall check-in by phone at agreed upon intervals with the senior program leader, or designee upon arrival and departure. Employee check-ins must be documented by manager or designee receiving the call.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure manual.

### **References**

Florida Network Policy & Procedure Manual, Policy ~~5.07~~ **5.08**

## **1.07 – Outreach Services**

The purpose of this outreach is to offer services to a wide audience of potentially eligible youth and families in need of services established under FL Statute 984 and administered by the Department of Juvenile Justice.

The program participates in local DJJ board and council meetings to ensure CINS/FINS services are represented in a coordinated approach to increasing public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services

The agency contributes to the implementation of Departmental objectives through participation in local and circuit level meetings. The assigned representatives to these groups will advocate for the effective use of CINS/FINS services and update agency leadership on meeting activities.

There is a lead staff member designated to attend local and circuit level meetings convened by the Department of Juvenile Justice.

Outreach will be conducted to a broad spectrum of referral services including public entities, private organizations, and the general public at large. Outreach activities include education about services offered, and guidance on accessing those services.

### **Guidelines**

1. Agency must provide documentation of attendance to meetings, including but not limited to DJJ Board, Circuit and Council Meetings.
2. Agency provides support and accommodation for representative to participate in assigned meetings.
3. The agency ~~will maintain documentation of outreach activities and~~ **must** enter into NetMIS the title, date, duration (hours), zip code, location description, estimated number of people reached, modality, target audience and topic.
4. The agency will designate personnel to conduct outreach, defined in the job description.

### **References**

Florida Network Policy & Procedure Manual, Policy 1.01

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

### **2.01 – Screening and Intake**

Centralized intake services are available through programs providing shelter services, and are accessible twenty-four hours, seven days a week. Centralized intake services include screening for eligibility, crisis counseling and information, and referral for all community counseling services, the initial screening for eligibility must occur within 3 business days of referral by a trained staff member using at minimum the Florida Network screening form.

A screening must be completed immediately for all inquiries into shelter placement. All referrals for service shall be screened for eligibility by the criteria outlined in policy 2.01 and captured on the screening form and logged in NetMIS within 72 hours of screening completion. If the youth and family do not participate in services, the reason must be documented on the screening and logged in NetMIS.

The intake is a key element to a youth's success in services. This should take place in a setting that allows the client to feel safe and heard. At intake, the youth, as well as the parents/guardians receive the following in writing:

1. Available service options;
2. Rights and responsibilities of youth and parents/guardians; and

The following information is also available to youth and parents/guardians:

1. Possible actions occurring through involvement with CINS/FINS services (I.e. case staffing committee, CINS petition, CINS adjudication); and
2. Grievance procedures.

Upon intake, youth are screened for suicidality by the five (5) screening 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 that last two weeks?
  - a. If yes, do you have a plan (specific method) to kill yourself?

If the youth answers “yes” to any of the five questions:

An assessment must be completed by

- (1) a licensed mental health professional or
- (2) an unlicensed mental health professional under the supervision of a licensed mental health professional.

For Shelter: Youth is then placed on elevated supervision and can only be stepped down or removed by a licensed staff. All suicide assessments and follow-up assessments must be signed and dated by the licensed professional completing the suicide assessment. If a non-licensed staff completes the suicide assessment, a licensed staff must sign as a reviewer and date the assessment. Suicide assessment and follow-up results should also be clearly documented in the agency daily logbook.

For Community Counseling: ~~Staff~~ A licensed mental health professional or; an unlicensed professional under the direct supervision of a licensed mental health professional should complete a suicide assessment immediately and the parents and supervisor notified of the results. However, if ~~the appropriate staff~~ a licensed mental health professional or; an unlicensed professional under the direct supervision of a licensed mental health professional is not available, the parent or guardian must be notified that suicide risk findings were disclosed during screening and that an assessment of suicide risk should be completed as soon as possible by a licensed mental health professional or a non-licensed professional working under the direct supervision of a licensed mental health professional. This notification of the parent/guardian should be documented in the youth’s case file and signed by the parent/guardian if the parent/guardian is present during the screening. If the parent/guardian cannot be contacted, all efforts to contact them should be documented in the case file. ~~If the parent/guardian is notified by telephone, a written follow-up notification should be sent by certified mail.~~ Information on resources available in the community for further assessment shall be provided. If the screening was completed on school property during school hours, the appropriate school authorities should also be notified. If at any point during or after the screening staff believes or youth presents as an immediate threat to themselves or others, staff will immediately call 911 and/or follow Baker Act procedures. The results of the screening must be reviewed and signed by the supervisor and placed in the youth’s case file.

See policy 3.02 and 3.03 for more information.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network’s Policy and Procedure Manual.

### **References**

- F.A.C. 63C-1.002(2)(a), Prevention, Children/Families In Need of Services, Non-judicial Procedures for Families Needing Services

- Florida Network Policy & Procedure Manual, Policies 2.00, 2.01, 3.00, 3.02 and 3.03
- Chapter 984.11 F.

## **2.02 – Network Inventory of Risks, Victories and Needs Assessment NIRVANA**

A NIRVANA is completed on all youth to gather and analyze information for all youth receiving services.

The NIRVANA is:

1. Initiated (or attempted) within 72 hours of admission for youth in shelter care, or
2. Initiated at intake and completed within two to three contacts following the initial intake date into services if the youth is receiving community counseling services.
3. Supervisor signatures is documented on the completed NIRVANA and/or the chronological note and/or interview guide that is located in the youths' file.
4. NIRVANA Self-Assessment (NSR) is completed within 24 hours of youth being admitted into shelter. If unable to complete, there must be documentation in NetMIS and the youth's file explaining the barriers to completion. (Shelter only)
5. A NIRVANA Post-Assessment is completed at discharge for youth who have a length of stay that is greater than 30 days.
6. A NIRVANA Re-Assessment is completed every 90 days except SNAP services.
7. All files must have the interview guide and/or printed NIRVANA.

### **Guidelines.**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

**References** Florida Network Policy & Procedure Manual, Policy 3.0, 3.03 & 6.0

## 2.03 – Case/Service Plan

A case/service plan is developed with the youth and family within seven (7) working days of shelter intake and within one contact following completion of the NIRVANA for community counseling. The service plan is developed on a local provider-approved form or through NetMIS. The plan is developed based on information gathered during initial screening, intake, and NIRVANA. The plan includes:

1. Identified need(s) and goal(s) that are, at a minimum, informed by the NIRVANA domains identified in the youth's assessment;
2. Type, frequency, and location of service(s);
3. Person(s) responsible;
4. Target date(s) for completion;
5. Actual completion date(s);
6. Signature of youth, parent/guardian, counselor, and supervisor; and
7. Date the plan was initiated.

The case/service plan is reviewed by the counselor, youth and parent/guardian (if available) every 30 days for the first three months, and every six months thereafter, for progress in achieving goals, and for making any necessary revisions to the case/service plan, if indicated. Reviews are based off dates of initiation.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

When the youth and/or parent/guardian are not available to sign the case/service plan, this shall be documented on the case/service plan and in the progress notes.

### **References**

Florida Network Policy & Procedure Manual, Policy 3.02, 3.02.01, & 4.03



## **2.04 – Case Management and Service Delivery**

Each youth is assigned a counselor/case manager who will follow the youth's case and ensure delivery of services through direct provision or referral. The process of case management includes:

1. Establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's problems and needs;
2. Coordinating service plan implementation;
3. Monitoring youth's/family's progress in services;
4. Providing support for families;
5. Monitoring progress of court ordered youth in shelter;
6. Referrals to the case staff committee, as needed to address the problems and needs of the youth/family;
7. Recommending and pursuing judicial intervention in selected cases;
8. Accompanying youth and parent/guardian to court hearings and related appointments, if applicable;
9. Referral to additional services, if needed;
10. The program also maintains written agreements with other community partners that include services provided and a comprehensive referral process;
11. Continued case monitoring and review of court orders; and
12. Case termination with follow-up to include 30 & 60 day follow-ups post discharge.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.04 & 6.05

## **2.05 – Counseling Services**

Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process. Shelter programs provide individual and family counseling, as well as group counseling sessions held a minimum of five days per week. Group counseling is not intended to be therapy.

A structured group has:

1. A clear leader or facilitator
2. Relevant topic- educational/informational or developmental
3. Opportunity for youth to participate
4. 30 minutes or longer

Groups may be conducted by staff, youth, or guests. Documentation of groups must include date and time, a list of participants, length of time, and topic.

Community Counseling programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family in the event of crisis, keep families intact, minimize out-of-home placement, provide aftercare services for youth returning home from shelter services, and prevent the involvement of youth and families in the delinquency and dependency systems. Services are provided in the youth's home, a community location, in the local provider's counseling office, or virtually if written documentation is provided in the youths file for reasons why it is in the best interest of the youth and family. If an intake is conducted through virtual means, consent is confirmed by the counselor, documented in the file, and reviewed with the supervisor during supervision/case review.

Programs that offer counseling services:

1. Review all case files for coordination between presenting problem(s), NIRVANA, case/service plan, case/service plan reviews, case management, and follow-up;
2. Maintain individual case files on all youth and adhere to all laws regarding confidentiality;
3. Maintain chronological case notes on the youth's progress; and
4. Maintain an on-going internal process that ensures clinical review of case records, youth management, and staff performance regarding CINS/FINS services.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.02

## **2.06 – Adjudication/Petition Process**

A case staffing committee meeting is scheduled to review the case of any youth or family that the program determines is in need of services or treatment if:

1. The youth/family is not in agreement with services or treatment;
2. The youth/family will not participate in the services selected; or
3. The program receives a written request from the parent/guardian or any other member of the committee.

A case staffing committee is convened within seven (7) working days from receipt of the written request from the parent/guardian. **Each case staffing must be recorded in NetMIS within the case, noting the date it occurred.**

As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services. Within (7) seven working days of the meeting, a written report is provided to the parent/guardian outlining the committee recommendations (e.g. the filing of a CINS petition, additional services, and/or referral to other local providers) and the reasons behind the recommendations.

The program works with the circuit court for judicial intervention for the youth or family, as recommended by the case staffing committee, in accordance with the procedures outlined in Florida Statute and the Florida Network's Policy and Procedure Manual. The case manager or designee completes a review summary prior to the reviewing hearing, informing the court of the youth's behavior and compliance with court orders and providing recommendations for further dispositions.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual & s.984, Florida Statutes.

### **References**

Florida Network Policy & Procedure Manual, Policies 4.05 & 4.06

## **2.07 – Youth Records**

The program maintains confidential records for each youth that contains pertinent information involving the youth and his/her treatment at the program.

1. All records are marked “confidential” and kept in a secure room or locked in a file cabinet that is marked confidential, which is accessible to program staff.
2. All records that are transported are locked in an opaque container that is marked confidential.

Youth records are maintained in a neat and orderly manner so that staff can quickly and easily access information.

### **Guidelines**

Youth records will be accessible only by program staff. Records will be organized for optimal information retrieval.

### **Shelter Youth Files**

1. Each youth's files is marked confidential and contain the following, at a minimum:
  - Table of Contents that outlines documents in each section
  - Screening
  - Informed Consent
  - Photograph of the youth
  - Shelter Intake Form
  - Suicide Assessment (if needed)
  - NIRVANA Self Report (NSR)
  - NIRVANA full Assessment
  - Plan of Service
  - Chronological Notes
  - Medication Inventory Form
  - Approved contact list
  - Copies of referrals made (if needed)
  - Discharge summary once case is closed.
2. Records may be kept electronically but must be maintained securely and must be made immediately available upon request for audit purposes. Records also must be retained for the duration of the time specified by the contract.

### **Community Counseling Youth Files**

1. Each file shall contain the following, at a minimum:

- Table of Contents that outlines documents in each section
  - Screening
  - Informed Consent
  - Community Counseling Intake Form
  - Suicide Assessment (if needed)
  - NIRVANA full Assessment
  - Plan of Service
  - Chronological case notes
  - Copies of referrals made (if needed)
  - Discharge summary once the case is closed
2. Records may be kept electronically but must be maintained securely and must be made immediately available upon request for audit purposes. Records also must be retained for the duration of the time specified by the contract.
  3. Referrals for outside services will be documented in the youth's file and follow-up is provided as needed.

### **Reference**

Florida Network Policy & Procedure Manual, Policies 4.00, 4.02 & 6.0 & s. 984.06, Florida Statutes

## **2.08 –Specialized Additional Program Services**

Below are additional standards specific to the programs in addition to the comprehensive Florida Network Policy and Procedures Manual.

### **Staff Secure**

Local providers can be funded, with approval from the Florida Network Director of Contract Operations, to provide staff secure supervision and assign one staff to one youth as assigned by the court at any given time. The staff secure program will:

1. Have a staff secure policy and procedure that outlines the following:
  - In-depth orientation on admission
  - Assessment and service planning
  - Enhanced supervision and security with emphasis on control and appropriate level of physical intervention
  - Parental involvement
  - Collaborative aftercare
2. Accept only youth for staff secure placement that have met the legal requirements outlined in Chapter 984 F.S for being formally court ordered into staff secure services.
3. Assign specific staff during each shift to monitor the location and movement of the staff secure youth at all times.
4. Document the assignment of specific staff to the staff secure youth for each shift through daily log book, a posted staff calendar or any other means that clearly denotes by name the staff person assigned to the staff secure youth.
5. Verify additional staff were assigned to the supervision and safety of the youth.

### **Domestic Minor Sex Trafficking**

Domestic Minor Sex Trafficking (DMST) services are designed to serve domestic minor sex trafficking youth approved by the Florida Network, Director of Contract Operations; who may exhibit behaviors which require additional supervision for the safety of the youth or the program. All requests may be approved for a maximum of seven (7) days. Approval for support beyond seven (7) days may be obtained on a case-by-case basis. Youth must be entered into NetMIS as a Special

Populations youth at admission and a Human Trafficking Screening Tool (HTST) must be completed.

Staff assigned to youth under this provision are to enhance the regular services available through direct engagement with the youth in positive activities designed to encourage the youth to remain in shelter.

Verify additional staff were assigned to the supervision and safety of the youth.

## **Domestic Violence Respite**

Agencies that serve domestic violence respite youth must meet the following criteria:

- Youth must have a pending Domestic Violence (DV) charge
- Youth length of stay in DV Respite placement does not exceed 21 days.
- Data entry into NetMIS within three (3) business days of intake and discharge.
- Case Plan reflects goals for aggression management, family coping skills, or other interventions designed to reduce propensity for violence in the home.
- Services provided to these youths will be consistent with all other CINSFINS program requirements.
- Youth with DCF involvement are eligible.

## **Probation Respite**

Agencies that serve Probation Respite youth must meet the following criteria:

- All referrals will come from DJJ Probation.
- Youth with DCF involvement are eligible.
- Youth must be on Probation regardless of adjudication status.
- All Probation respite referrals will be submitted to the Florida Network.
- Data entry into NetMIS within three (3) business days of intake and discharge.
- It is anticipated that the length of stay will be fourteen (14) to thirty (30) days. The JPO shall be contacted in writing of any youth who is in need of an extension for receiving respite services, no later than 5 working days before the 30th day a youth is in the program.

- There is evidence that all case management and counseling needs have been considered and addressed.
- Services provided to these youths will be consistent with all other CINSFINS program requirements.

### **Intensive Case Management**

Youth served under the Intensive Case Management contract must meet the following criteria:

- ICM services are designed for youth who are chronically truant and/or runaway and require more intensive and lengthy services. Youth who may have gone through petition and/or case staffing and in need of case management services may be eligible.
- Each youth and family must have two direct contacts per month as defined in policy 4.07.07.
- Each youth and family must have a minimum of two collateral contacts per week and two direct contacts per month as defined in policy 4.07.07.
- All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.
- NIRVANA (at intake; reassessment every 90 days; post at discharge)
- Case plan demonstrates a strength-based, trauma-informed focus.

### **Family/Youth Respite Aftercare Services (FYRAC) *Community Counseling Services Only***

Youth served under the FYRAC contract must meet the following criteria:

- Youth is referred by DJJ for the following reasons: a Domestic Violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating. All FYRAC referrals must have documented approval from the Florida Network office.
- All intake and case files must adhere to Florida Network policy requirements.
- Deliverables can be verified by one or a combination of the following and adhere to these services as defined in policy 4.121:
- Intake and initial assessment session



- Life Management Sessions:
  - Individual
  - Group

**Guidelines**

The program is expected to comply with requirements and procedures outlined in the CINS FINS Policy and Procedure Manual.

**References**

Florida Network Policy & Procedure Manual, Policy 4.07, 4.07.01, 4.07.02, 4.07.04, 4.07.05, 4.07.06, 4.07.07

## **2.09 – STOP NOW AND PLAN**

### **SNAP CLINICAL GROUPS**

SNAP® (Stop Now and Plan) Under 12 model is an evidence-based, cognitive behavioral, family-focused program that provides a framework for teaching children ages 6-11 and their families. SNAP® for Youth is designed to support Youth between the ages of 12-17 in structured technology-based groups. SNAP® Boys and SNAP® Girls Groups consist of 13 weeks of group curriculum, each session is 90 minutes in length and videotaped for fidelity adherence monitoring.

\*NOTE: There is no caregiver structured group component in the SNAP® for Youth program.

#### **Verify the following in the SNAP® Under 12 file:**

- SNAP® Client File Checklist\*
- Youth screened to determine eligibility of services (Florida Network Youth Screening Form and SNAP Child Screening Interview Report)
- SNAP® Brief Intake Screening Checklist (BISC)
- Florida Network Community Counseling Intake Form
- NIRVANA completed at initial intake, or within two sessions.
- Reinforcement Trap/Coercive Cycle Diagram
- SNAP® Parent Goal Sheet
- Child Way To Go Goal Sheet
- Consent to Treatment and Participation in Research Form
- Child Behavior Checklist (CBCL) completed by the caregiver (pre & post)
- ~~Teacher Report Form (TRF) completed by the teacher (pre & post).~~
- Tool of Parenting Self Efficacy TOPSE completed by the caregiver (pre & post)
- SNAP® Discharge Report
- SNAP® Boys/SNAP® Girls Child Group Evaluation Form
- SNAP® Boys/SNAP® Girls Parent Group Evaluation Form

#### **Verify the following in the SNAP For Youth file:**

- Youth screened to determine eligibility of services
- Florida Network Community Counseling Intake Form
- Consent to Treatment and Participation in Research Form
- NIRVANA completed at initial intake, or within two sessions.
- How I Think Questionnaire (HIT)\*
- Social Skills Improvement System (SSIS) Student\*
- Social Skills Improvement System (SSIS) Teacher/Adult Forms\*

\*There must be at least three (3) documented attempts in the youths' file to obtain pre assessment information.

*If the CBCL, ~~TRF~~, TOPSE and/or NIRVANA are unable to be completed at discharge, look for documentation in youths file for reason.*

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

### **References**

Florida Network Policy & Procedure Manual, Policy 2.01, 3.03, 4.11, 4.12, 4.13, 4.14.

### **SNAP® for Schools & Communities**

SNAP® for Schools and Communities is an educational curriculum conducted at the local schools or community settings with elementary-aged youth. All cycles conducted outside of the school setting, must be reviewed by the Florida Network prior to the facilitation of services. There must be one trained SNAP facilitator, as well as a teacher or community facilitator in each session. Each group session is a minimum of 45 minutes in length. A classroom or community setting will consist of children ages 6-11 years of age with a minimum of five (5) children present.

### **Request the following information for one SNAP in Schools Cycle:**

- Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s)
  - *For a total of 13 attendance sheets*
- "Class Goal" **Way to Go Goal Sheet** Document
- Measure of Classroom Environment (MoCE) Pre and Post
- Pre and Post Evaluations
- **SNAP® for Schools & Communities Feedback Form completed by the supervisory adult responsible for the support of the youth receiving services and entered into NetMIS.**

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.15

## **Standard Three: Shelter Care**

### **3.01 - Shelter Environment**

The shelter's environment is safe, clean, neat, and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual, and physical development.

#### **Facility and Site Inspection**

1. Furnishings are in good repair.
2. The program is free of insect infestation.
3. Bathrooms and shower areas are clean and functional, free of foul odors, leaks, dust, and mildew and in good working order.
4. There is no graffiti on walls, doors, or windows.
5. Lighting is adequate for tasks performed there.
6. Exterior areas are free of debris; grounds are free of hazards.
7. Dumpster and garbage can(s) are covered.
8. All doors are secure, in and out access is limited to staff members and key control is in compliance.
9. 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.
10. All agency and staff vehicles are locked. Agency vehicles are equipped with major safety equipment including first aid kit, (all items in the first aid kit are current and do not have expired items; all expired items should be replaced regularly), fire extinguisher, flashlight, glass breaker and, seat belt cutter.
11. Interior areas (bedrooms, bathrooms, common areas) do not contain contraband and are free from hazardous unauthorized metal/foreign objects.
12. All chemicals are listed, approved for use, inventoried weekly and perpetually, stored securely and Material Safety Data Sheets (MSDS) are maintained on each item (minimum 1 time per week or per agency policy). A perpetual inventory will be the primary means of maintaining a current and real-time inventory. The weekly inventory will be 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. Agencies may request modifications from the Network if their physical plant warrants a different approach.

13. Washer/dryer are operational & general area/lint collectors are ~~clean~~ cleaned after every load.
14. Agency has a current DCF Child Care License which is displayed in the facility.
15. Each youth has own individual bed with clean covered mattress, pillow, sufficient linens and blanket.
16. Youth have a safe, lockable place to keep personal belongings, if requested.

#### Fire Safety and Health Hazards

1. Annual facility fire inspection was conducted, and the facility is in compliance with local fire marshal and fire safety code within jurisdiction.
2. Agency completes a minimum of 1 fire drill on each shift monthly.
3. Completes 1 mock emergency drill per shift per quarter.
4. 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).
5. Agency has a current Satisfactory Residential Group Care inspection report from the Department of Health.
6. Agency has a current Satisfactory Food Service inspection report from the Department of Health and food menus are posted, current and signed by Licensed Dietician annually.
7. All cold food is properly stored, marked and labeled and dry storage/pantry area is clean and food is properly stored.  
Refrigerators/Freezers are clean and maintained at required temperatures and all small and medium sized appliances are operable and clean for use as needed.

#### Youth Engagement

1. 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.
2. At minimum one hour of physical activity is provided daily.
3. Youth are provided the opportunity to participate in faith-based activities aligned with their preference or spiritual beliefs. Non-punitive

structured activities are offered to youth who do not choose to participate in faith-based activities.

4. 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.
5. Daily programming schedule is publicly posted and accessible to both staff and youth.

### **Guidelines**

Clean, well-maintained programs are an indication that management, staff and youth are invested in and take pride in the program. It is essential that youth be offered a variety of activities during their stay that keep them active and involved. These activities will be designed to provide each youth with opportunities to mature physically, mentally, and socially through exposure to positive role models, competition, peer influence and leadership. While youth do need some time to relax and be themselves, large amounts of idle time will lead to problems. The use of the TV to “baby-sit” youth will not be allowed.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.00

### **3.02 - Program Orientation**

Youth are given an opportunity to learn about the program and its expectations through a positive orientation process. Within at least 24 hours and preferably immediately upon completion of each youth's intake, staff will begin the orientation process by discussing the program's philosophy, goals, services, and expectations. The agency will develop a Youth orientation process that will be reviewed to include, but not limited to expectations, program rules, behavior management strategies, and grievance procedures with each Youth at intake.

Documentation of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record.

#### **Guidelines**

Staff will be trained in how to orient a youth to the program so that they are welcoming and respectful. How staff interacts with a youth during the orientation process can help the youth feel more emotionally and physically safe, thus reducing safety and security risks and increasing responsiveness to treatment. Orientation may be presented in a variety of ways. Programs may conduct orientation in a classroom setting or review information one-on-one with the youth.

#### **References**

Florida Network Policy & Procedure Manual, Policy 4.00.

### **3.03 – Youth Room Assignment**

The program demonstrates the goal to protect youth through a classification system that ensures the most appropriate sleeping room assignment.

1. A process is in place that includes an initial classification of the youth for purposes of room or living area assignment with consideration given to potential safety and security concerns. This includes but is not limited to:
  - 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
2. 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.

#### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

#### **References**

Florida Network Policy & Procedure Manual, Policy 4.00



### 3.04 – Log Books

#### Log Books (Paper or Electronic)

Log books document routine daily activities, events and incidents in the program and are reviewed by direct care and supervisory staff at the beginning of each shift.

1. Log book entries that could impact the security and safety of the youth and/or program are highlighted.
2. All entries are brief and legibly written in ink and include:
  - a. Date and time of the incident, event, or activity
  - b. Names of youth and staff involved
  - c. A brief statement providing pertinent information
  - d. The name and signature of the person making the entry.
3. All recording errors are struck through with a single line. The staff person must initial and date ~~with date and time for~~ the correction. The use of whiteout is prohibited.
4. The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations, and follow-up are required and sign/date the entry.
5. At the beginning of their shift, oncoming supervisor and shelter counselor reviews the logbook of all shifts since their last log entry to become aware of any unusual occurrences, problems, etc. and makes an entry signed and dated into the log book indicating the dates reviewed to document the review.
6. Direct care staff in the unit reviews the logbook for the previous two shifts (at a minimum) in order to be aware of any unusual occurrences, problems, etc. They make an entry in the logbook and sign/date that they have reviewed it and the dates reviewed.
7. The electronic log book shall demonstrate it:
  - a. Cannot delete any entries entered.
  - b. Can be accessed through a desktop, laptop, tablet, smartphone, and/or watch.
  - c. Ensures appropriate security via user verification (two-step authentication in order to make entries into the log book) through the above devices.
  - d. Ensures a minimum of 10 GB of text data capacity.
  - e. Maintains back-up capabilities through proper data backup and data backup recovery.
  - f. Can display entries in chronological order.
  - g. Can display date and time of entry; official employee number, initials and/or signature of person making entry.

- h. Has ability to maintain agency highlight and text colors in correspondence to type of entry.
- i. Has ability to search for keywords.
- j. Has ability to produce multiple category of reports (e.g. drills, incidents, group sessions, population on suicide risk).
- k. Can print out selected entries.
- l. The function of strike-through (for errors) is available.
- m. Tablets utilized as primary input device shall not be used for any other purpose and must be locked accordingly.
- n. Agency must approve any personal devices that will have the Note Active application installed.

### **Guidelines**

The logbook is the permanent record of the life of the program. Very often, entries in it have been useful as documentation in legal proceedings. The permanent logs will be bound, with sequential pages. Entries must be made in ink with no erasures or whiteout areas.

The log book shall contain observations on general atmosphere of the milieu and notable behaviors of clients and staff. At a minimum, the following are documented in the log book:

1. Emergency situations;
2. Incidents;
3. Scheduled Events;
4. Drills;
5. Medication administration;
6. When a youth is placed on and off a specified form of supervision;
7. Special instructions for supervision and monitoring of youth;
8. Youth group movement (e.g. group, homework, meals, recreation);
9. Head counts at the beginning and end of each shift and any other head counts conducted during a shift;
10. Transports away from the facility, including the names of staff and youth involved and the destination plus expected time of return;
11. Searches, security checks and overnight bed checks conducted by direct care staff;
12. Supervisory reviews of video surveillance;
13. Requests by any person to access any youth and their relation to the youth;
14. Admissions and discharges, including the name, date and time of anticipated arrival or departure, and mode of transportation; and
15. Information relating to absconds or attempted absconds incidents.
16. Weather warnings (e.g. heat advisories, storm warning)

17. Grievance boxes are checked by management or designated supervisor at least daily and document in program logbook.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.10

## **Electronic Log Books**

Electronic log books document routine daily activities, events and incidents in the program and are reviewed by direct care and supervisory staff at the beginning of each shift.

1. Electronic log book entries that could impact the security and safety of the youth and/or program are highlighted.
2. All entries include:
  - Date and time of the incident, event or activity
  - Names of youth and staff involved
  - A statement providing pertinent information
  - The name and signature of the person making the entry.
3. All recording errors are struck through with a single line. The staff person must initial or sign for the deleted entry.
4. The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations, and follow-up are required and sign/date the entry.
5. The oncoming supervisor reviews the logbook of the previous two shifts (at a minimum) to become aware of any unusual occurrences, problems, etc. and makes an entry signed and dated into the logbook indicating the dates reviewed to document the review.
6. Direct care staff in the unit reviews the logbook for the previous two shifts (at a minimum) in order to be aware of any unusual occurrences, problems, etc. They make an entry in the logbook and sign that they have reviewed it and the dates reviewed.

### **Guidelines**

The paper and electronic logbooks are the permanent record of the life of the program. Very often, entries in it have been useful as documentation in legal proceedings.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.10

### 3.05 – Behavior Management Strategies

The program has a behavior management strategy that is designed to not only gain compliance with program rules, but to influence the youth to make positive choices and increase personal accountability and social responsibility.

1. The program has a detailed written description of the behavioral management strategies that includes;
  - A wide variety of positive incentives used by the program
  - Appropriate interventions are used by the program in order 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.
2. Consequences for violation of program rules are applied logically and consistently.
3. The program uses a variety of rewards/incentives to encourage participation and completion of the program.
4. All staff is trained and can provide a verbal understanding in the theory and practice of facilitating successful interventions. There is a protocol for providing feedback and evaluation of staff regarding their use of positive and negative consequences.
5. Supervisors are trained to monitor the use of behavioral interventions by their staff. It will also include the use of point-based and level-based interventions, if applicable to the program intervention strategies.

Behavioral interventions utilize the least amount of force necessary to address the situation and basic rights of youth are not violated.

1. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention.
2. When staff are required to physically engage youth, only nationally recognized techniques approved by the Florida Network (MAB, MANDT, and CPI) and the DJJ are used.
3. Only staff discipline youth.
4. Group discipline is not imposed.
5. Room restriction is used only as part of a system that ensures the least restrictive means possible is utilized to maintain the safety and security of the youth and others in the program.
6. Room restriction is not used for youth who are physically and/or emotionally out of control.
7. Disciplinary measures do not deny youth any of the following:
  - Regular meals and snacks
  - Clothing
  - Sleep
  - Physical health services or mental health services

- Educational services
- Exercise
- Correspondence privileges
- Contact with parents or guardians, attorney of record, juvenile probation officer or clergy

### **Guidelines**

Physical intervention will be used as a last resort and only by trained staff. Basic rights will never be denied as part of behavior management practices. Program behavior management strategies will be responsive to the unique needs of the target population and input will be solicited and considered from both youth and staff. It will be designed to:

- Maintain order and security
- Promote safety, respect and fairness and protection of rights
- Provide constructive discipline and a system of positive and negative consequences to encourage youth to meet expectations for behavior
- Provide opportunities for positive reinforcement and recognition
- Promote constructive dialogue and peaceful conflict resolution
- Minimize the separation of youth from the general population
- Behavioral intervention strategies utilize the least amount of force necessary to address the situation and basic rights of youth are not violated.

### **References**

Florida Network Policy & Procedure Manual, Policy 4.00

### 3.06 – Staffing and Youth Supervision

Adequate staffing is provided to ensure the safety and security of youth and staff.

1. The program maintains minimum staffing ratios as required by Florida Administrative Code and contract.
  - 1 staff to 6 youth during awake hours and community activities
  - 1 staff to 12 youth during the sleep period
2. All shifts must always provide a minimum of two staff present.
3. The staff schedule is provided to staff or posted in a place visible to staff.
4. There is a holdover or overtime rotation roster which includes the home telephone numbers of staff who may be accessed when additional coverage is needed.
5. 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 or room restriction. *(This does not supersede requirements for constant supervision of youth at risk of suicide or short room-check times when authorized by treatment staff or management. Times are documented in real time.)* If they must enter the room to do so because they cannot see the youth, the second staff on duty must stand in the hall to observe staff going in the youth's room for the safety of both the youth and staff

#### **Guidelines**

Program staff included in the staff-to-youth ratio includes staff that are background screened and properly trained youth care workers, supervision staff and treatment staff. All shifts must always be covered with a minimum of two staff.

#### **References**

Florida Network Policy & Procedure Manual, Policy 4.0 & 4.01

### **3.07 – Video Surveillance System**

The program has a video surveillance system that is instituted and in operation 24 hours a day, 7 days a week. The purpose for the operation of the system is to guarantee personnel accountability while capturing the agency happenings to ensure the safety of all youth, staff, and visitors. (This applies to cameras affixed in residential shelters, and group care facilities.) The video surveillance system shall be a means to deter any misconduct and provide video evidence to any situation that involves allegations.

#### **Guidelines**

The agency, at a minimum, shall demonstrate:

1. System can capture and retain video photographic images which must be stored for a minimum of 30 days.
2. System can record date, time, and location; maintain resolution that enables facial recognition.
3. Back-up capabilities consist of cameras' ability to operate during a power outage.
4. The locations of the cameras placed in 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; to include locations where youth searches are conducted. Cameras are never placed in bathrooms or sleeping quarters.
5. Video surveillance system is only accessible to designated personnel (a list is maintained which also includes off-site capability per personnel).
6. Supervisory review of video is conducted a minimum of once every 14 days. Time frames of review will be noted in the logbook. The reviews assess the activities of the facility and include a review of a random sample of overnight shifts. All cameras are visible to persons in the area (no covert cameras) and a written notice is conspicuously posted on the premises for the purpose of security.
7. The process of third-party review of video recordings after a request from program quality improvement visits and when an investigation is pursued after an allegation of an incident.
  - Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident.
  - Camera service order/requests will be made within 24 hours of discovery of camera malfunctioning or being inoperable. All efforts made to obtain repairs will be documented and maintained.

#### **References**

Florida Network Policy & Procedure Manual, Policy 4.09



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

### **4.01 – Healthcare Admission Screening**

The program performs a preliminary physical health screening for each youth at the time of admission to the shelter. If present during the scheduled working hours, the agency nurse will conduct the health screening. If no nurse is present, non-health care staff may perform this screening. In the event the nurse does not conduct the screening they will review all intakes within 3 business days.

The preliminary health screening shall include, but not be limited to:

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

Written policy, procedures and practice ensure medical care for youth admitted with chronic medical conditions (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.) and include a thorough referral process and mechanism for necessary follow-up medical care as required and/or needed. The parent/guardian may be actively involved in the coordination and scheduling of follow-up medical appointments. The program documents all medical referrals on a daily log.

#### **Guidelines**

The program is expected to comply with requirements and procedures outlined in Administrative Rule 63M-2.

**References:** Administrative Rule 63M-2 & Florida Network Policy & Procedure Manual, Policy 4.0 and 5.06.

## **4.02 – Suicide Prevention**

There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual. The plan clearly delineates staff positions, duties, supervisory roles, involvement of licensed professionals, documentation protocols, notification procedures, and referral systems in connection with suicide prevention and response.

Each youth is screened for suicide risk in accordance with the Florida Network's Policy and Procedure Manual. Suicide risk screening is included as part of the initial intake and screening process, and the results are reviewed and signed by the supervisor and documented in the youth's case file. If suicide risk is indicated as a result of suicide risk screening, the following professionals shall assess the youth within 24 hours: a licensed mental health professional, a non-licensed mental health professional under the supervision of a licensed mental health professional, a licensed clinical social worker, a non-licensed clinical social worker under the supervision of a licensed clinical social worker. If the screening occurs between 5:00 p.m. on Friday and 9:00 a.m. on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be completed the morning of the first business day.

Youth awaiting assessment by an aforementioned professional are placed on constant sight-and-sound supervision. If the youth engages in suicidal/homicidal gestures, repeatedly states he/she wishes to harm self or other, and/or states a specific plan for suicide, the youth is placed on one-to-one supervision and referred to law enforcement and/or Baker Act procedures are followed. After the assessment of suicide risk, the youth is placed on one-to-one or constant sight and-sound supervision according to assessment results. Supervision level is not changed or reduced until an aforementioned professional completes a further assessment.

The staff person(s) assigned to monitor youth maintained on one-to-one supervision or constant supervision will document his/her observations of the youth's behavior at 30 minute or less intervals using either an Observation Log or in the shelter daily log. Documentation will include the time of day, behavioral observations, any warning signs observed and the observers' initials. Documentation must be reviewed by supervisory staff each shift. If using an Observation Log, once it is completed, it must be placed in the youth's file.

Non-licensed clinical staff working in shelters under the supervision of a licensed clinical staff person completing Assessments of Suicide Risk must have documented 20 hours of training and supervised experience in assessing suicide risk, mental health crisis intervention and emergency mental health services. The non-licensed clinical staff person's training hours must include administration of, at a minimum, five (5) one-to-one assessments of suicide risk or crisis assessments individually conducted on-site in the physical presence of a licensed professional. This training must be documented and maintained in the

non-licensed clinical staff person's personnel file using the *Documentation of Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk form*.

~~This training may be waived for non-licensed clinical staff who were employed in a CINS/FINS program and conducting Assessments of Suicide Risk for one year prior to July 1, 2014.~~ There must be written confirmation by the licensed professional supervising the non-licensed professional that this individual has received training and is competent to conduct Assessment of Suicide Risk under the direct supervision of the licensed professional. The written confirmation must be placed in the personnel file of the non-licensed clinical staff person, and must contain the date, signature, and license number of the licensed professional supervisor.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual.

### **References**

Florida Network Policy & Procedure Manual, Policy 3.00, 3.01, 3.02 and 3.02.01

#### **4.03 – Medications**

The program follows written procedures that address the safe and secure storage, access, inventory, disposal, and administration/distribution of medications in accordance with the Administrative Rule 63M-2. The program's procedures and practice include the following mandatory components:

1. Non-nursing shelter staff designated to assist with the self-administration of medication must receive in-person medication administration training provided by a Registered Nurse, demonstrate competency and maintain re-certification annually.
2. At least quarterly staff meetings shall be conducted by RN and/or Shelter Manager to review and assess strategies implemented to reduce medication errors shelter wide, analyze factors that contributed to medication errors and allow staff the opportunity to practice and role-play solutions.
3. The non-nursing staff member responsible for assisting with the self-administration of medications on each shift must be clearly identified and designated on the staff schedule and shift change report/shift responsibility form.
4. Strategies to ensure medications are provided within the 2-hour time frame shall be implemented. Examples include but are not limited to the use of alarm clocks set to remind staff of medication times and structured supervisor follow-up with the 2-hour time frame.
5. Clear methods of communicating which youth are on medications with the times and dosage easily discernable by all staff on each shift shall be implemented. Examples include but are not limited to the use of alert boards and unified medication logs.
6. If a staff member is deemed responsible for a medication error, the staff member shall receive refresher training from an RN and demonstrate 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. If a staff member is deemed

responsible for 3 errors with a 1-year time frame, their certification is suspended. They may be recertified after completing the **full in-person** medication administration training, demonstrating competency and receiving certification from the RN.

7. All medications are stored in a Pyxis ES Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff).
8. Pyxis machine stored in accordance with guidelines in Florida Statute 499.0121 and policy section Medication Management.
9. Agencies will maintain a minimum of 2 site-specific System Managers for the Pyxis ES Station.
10. Oral medications are not stored with injectable or topical medications.
11. Medications that require refrigeration are stored in a secured refrigerator that is used for medication only (if the refrigerator is not secure, the room is secure and inaccessible to youth.) Temperature requirements are (2 degrees- 8 degrees C or 36-46 degrees F) for storage of medications.
12. Narcotics and controlled medications are in the Pyxis ES Station.
13. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics);
14. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented.
15. Non-controlled medication and over the counter medications that are accessed regularly are inventoried weekly. This is completed when there is reason to believe the log counts vs. the Pyxis counts do not match, when loading a medication into the Pyxis Medication Station and unloading a medication from the Pyxis Medication Station.
16. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly.
17. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff.

18. Monthly review of Pyxis Reports to monitor medication management practice.
19. Agency verifies medication using one of three methods listed in the FNYFS Policies and Procedures Manual.
20. When nurse is on duty, medication processes are always conducted by the nurse. If the licensed healthcare staff is not onsite, then the designated staff who has been trained/certified to assist in the self-administration of medication distribution by a licensed Registered Nurse is responsible to provide the medication.
21. Upon admission to shelter services, the youth and parent or guardian (if available) shall be interviewed about the youth's current medications. This shall be part of the Medical and Mental Health Assessment screening process. This process will be conducted by a Registered Nurse if one is on premises. Otherwise, this interview will be 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.
22. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy. Florida Network agencies shall have an internal quality improvement process to ensure appropriate medication management and distribution methods, to track medication errors, identify systemic issues and implement mitigation strategies, as appropriate.
23. All discrepancies must be cleared each shift.
24. Pyxis keys with the following labels must be 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

25. In the event the Pyxis machine will not open to access a medication, follow the protocol for mechanical access by keys, and break the individual Cubie open with a screwdriver per training provided by the Florida Network. Accessing youth medication is the priority. “The Pyxis machine will not allow access to the medication” is not an acceptable reason for failure to assist in the administration of the medication.
  26. The staff member will document the time of administration on the Medication Distribution log. Both the youth and staff member shall initial that the dosage was given.
  27. The staff member shall assist youth with medications within one hour of the scheduled time of delivery as ordered by the medication.
- Note: Medications are available to be given one hour before and one hour after time due. i.e.. 0730 medication can be given between 0630–0830.

### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Florida Network’s Policy and Procedure Manual, Policy 5.06 and requirements and procedures outlined in the Administrative Rule 63M-2

### **References**

- Administrative Rule 63M-2
- Florida Network Policy & Procedure Manual, Policy 5.06

#### **4.04 – Medical/Mental Health Alert Process**

The program follows written procedures that ensure information concerning a youth's medical condition, physical activity restrictions, allergies, common side effects of prescribed medications, food and medication contraindication, and other pertinent treatment information is effectively communicated to all staff through an alert system.

The system includes precautions concerning prescribed medication and medical and mental health conditions. Staff is provided with sufficient training, information and instructions that allow them to recognize and respond to the need for emergency care and treatment as a result of identified medical or mental health problems.

To ensure safety and security of all shelter youth, Suicide Risk Alerts and Mental Health Alerts will be utilized to inform staff of youth suicide risk or mental health related needs, which may require emergency care, assessment, and treatment.

#### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Administrative Rule 63M-2.

#### **References**

Administrative Rule 63M-2 and Administrative Rule 63N-1



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

The program follows written procedures that ensure the provision of emergency medical and dental care. The program's procedures include the following mandatory components:

- Obtaining off-site emergency services;
- Parental notification requirements
- Incident Reporting to the CCC and Florida Network
- Documentation of referral or of onsite first aid shall be maintained in the youth's confidential case file.
- Upon youth return to shelter, verification of receipt of medical clearance, discharge instructions and follow-up care.
- Shelters are equipped with a Knife for Life as a lifesaving tool and all staff are aware of where it can be found in the event it is needed.

#### **Guidelines**

The program is expected to comply with requirements and procedures outlined in the Administrative Rule 63M-2.

#### **References**

- Administrative Rule 63M-2 & Florida Network Policy & Procedure Manual, Policy 3.01