Introduction

The quality improvement process was developed pursuant to Florida Statute 985.632(5). The process is designed to support the Department’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.” The Office of Program Accountability, Bureau of Quality Improvement oversees the Department’s quality improvement process.

Department programs, including state-operated and contract provider operations, 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’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.

Children/Families In Need of Services (CINS/FINS) Standards are applicable to all programs contracted by the Prevention and Victim Services branch (or subcontracted through the Florida Network of Youth and Family Services) to serve prevention youth in accordance with the standard CINS/FINS 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 should be noted that the provider’s contract incorporates the Florida Network’s Policy and Procedure Manual for CINS/FINS, which is referenced herein.
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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 employment.

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.

Guidelines

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

References

- FDJJ-1800, Background Screening Policy and Procedures
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. Management takes immediate action to address incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force.

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.

Guidelines

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

This indicator shall be rated “non-applicable” if the program has not had any reportable incidents during the scope of the review. 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
1.04 – Training Requirements

Staff receive training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions. During their first year of employment, direct care staff receive 80 hours of training, which includes:

- A program orientation component;
- Crisis intervention/safety;
- Suicide prevention;
- CINS/FINS core training;
- Title IV-E procedures; and
- An in-service component.

Following the first year of employment, direct care staff receive at least 24 hours of job-related training annually, which includes refresher training on the use of available fire safety equipment and training necessary to maintain current CPR and first aid certification.

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.

The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.

Guidelines

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

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
1.05 – Interagency Agreements and Outreach

The program builds strong community partnerships and collaborations to ensure youth and families receive medical, educational, therapeutic, and other supports that are identified in the service plan. The program maintains written agreements with community partners that include services provided and the referral process.

The program works to increase community awareness, and offers informational and educational services to youth and families, which may be related to:

1. Alcohol and other drug use/abuse;
2. Adolescence/adolescent behavior;
3. Parenting classes/family functioning;
4. Youth educational issues; and
5. Information about CINS/FINS and other service programs.

There is a lead staff member designated to coordinate and provide outreach services to community audiences, individuals, and groups with a particular customer focus (e.g. schools). The program participates in activities such as group presentations and discussions, individual meetings, the display and distribution of materials at community events, media events and interviews, etc. Outreach activities are documented in the NetMIS database.

Guidelines

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

References

1.06 – Disaster Planning

The program has a written disaster preparedness plan, which is updated and/or reviewed annually, and includes, at minimum:

1. Emergency evacuation in case of disasters (hurricane, tornado, fire, flooding, youth riots, taking of hostages, shooting, chemical spills, bomb threats, terrorist acts, etc.);

2. Procedures to follow in a severe weather warning;

3. Necessary and secure transportation in case of evacuation (shelter only);

4. Conditions under which the evacuation would occur;

5. Identification of a specific evacuation facility;

6. Procedure to address bringing food, medications, log books, cell phones, radios, and other necessities (e.g. mattresses, etc.) during an evacuation (shelter only); and

7. Process to notify the Florida Network.

Programs that provide shelter services participate in the Universal Agreement Emergency Disaster Shelter.

Guidelines

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

References

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. All referrals received through shelter or nonresidential programs are screened for eligibility within seven (7) calendar days of referral by a trained staff member using the NetMIS screening form.

Youth and parents/guardians receive the following in writing during intake:

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

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.

Guidelines

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

References

- F.A.C. 63C-1.002(2)(a), Prevention, Children/Families In Need of Services, Nonjudicial Procedures for Families Needing Services
- Policy and Procedure Manual for CINS/FINS, Florida Network of Youth and Family Services, Policies 2.00 (2010), 2.01 (2009), and 3.00 (2010)
2.02 – Psychosocial Assessment

A psychosocial assessment is completed to gather and analyze information for all youth receiving services. The assessment contains the elements required by the Florida Network’s Policy and Procedure Manual for CINS/FINS, and is:

1. Initiated (or attempted) within 72 hours of admission, if the youth is in shelter care; or

2. Completed within two to three face-to-face contacts following the initial intake, or updated if most recent psychosocial is over six months old, if the youth is receiving non-residential services.

Psychosocial assessments are completed by Bachelor's or Master's level staff and signed by a supervisor. If the suicide risk component of the assessment is required (as a result of suicide risk screening), it must be reviewed (signed and dated) by a licensed clinical supervisor or written by licensed clinical staff.

Guidelines

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

References

2.03 – Case/Service Plan

A case/service plan is developed with the youth and family within seven (7) working days following completion of the assessment. The plan is developed based on information gathered during initial screening, intake, and assessment. The plan includes:

1. Identified need(s) and goal(s);
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 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.

Guidelines

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

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.

References

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 out-of-home placement, if necessary;

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. Continued case monitoring and review of court orders; and

11. Case termination with follow-up.

Guidelines

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

References

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 based on established group process procedures. Group counseling sessions are conducted a minimum of five days per week.

Non-residential 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, or the local provider’s counseling office.

Programs that offer counseling services:

1. Reflect all case files for coordination between presenting problem(s), psychosocial assessment, 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 for CINS/FINS.

References

### 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.

As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services. Within seven 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 for CINS/FINS. 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 for CINS/FINS.

**References**

STANDARD THREE
Shelter Care/Health Services

3.01 – Shelter Care Requirements

The following minimum practices are in place at all shelter programs:

1. Youth receive a comprehensive orientation within 24 hours of admission;
2. Youth rights information is provided via a handbook and/or bulletin board;
3. A formal grievance procedure is accessible to all youth;
4. Staff conduct bed checks every 15 minutes during sleeping hours; and
5. Use of force is used and documented pursuant to the program’s policy.

If staff secure services are provided, staff secure youth receive more intensive staffing and individualized services than short-term youth, but are housed in the same unlocked living environment and facility. The program assigns a specific staff member during each shift to monitor staff secure youth at all times. The program has a security plan that addresses youth supervision and the appropriate level of physical intervention for staff secure youth. The program ensures that youth and families continue to receive support necessary to remain intact once the youth returns to the community.

Guidelines

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

References

3.02 – Healthcare Admission Screening

The program performs a preliminary physical health screening for each youth at the time of admission to the shelter. Non-health care staff may perform this screening. 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.

The program has written procedures to ensure medical care for youth admitted with chronic medical conditions (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.). Procedures include a thorough referral process and a 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 the DJJ Health Services Manual.

References

- DJJ Health Services Manual, Chapter 19, Sections II and III
3.03 – 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 for CINS/FINS. 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 for CINS/FINS. 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 indicated as a result of suicide risk screening, a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional assesses the youth within 24 hours. 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 done within 72 hours.

Youth awaiting assessment by a licensed 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 place on one-to-one supervision and referred to law enforcement and/or Baker Act procedures are followed. After the assessment, the youth is placed on one-to-one, constant sight-and-sound, or elevated supervision according to assessment results. Supervision level is not changed or reduced until a licensed professional, or a non-licensed mental health professional under the supervision of a licensed professional, completes a further assessment.

Guidelines

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

References

3.04 – Medications

The program follows written procedures that address the safe and secure storage, access, inventory, disposal, and administration of medications in accordance with the DJJ Health Services Manual. The program’s procedures include the following mandatory components:

1. All medications are stored in a separate, secure (locked) area that is inaccessible to youth (when unaccompanied by authorized staff);

2. Oral medications are not stored with injectable or topical medications;

3. 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);

4. Narcotics and controlled medications are stored behind two locks (a locked door to a medical clinic or office does not constitute two locks);

5. Only designated staff delineated in writing have access to secured medications, with limited access to controlled substances (narcotics);

6. For controlled substances, a perpetual inventory with running balances is maintained, and shift-to-shift inventory counts are conducted and documented;

7. Over the counter medications that are accessed regularly from the clinic are inventoried weekly by maintaining a daily perpetual inventory; and

8. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly.

Guidelines

The program is expected to comply with requirements and procedures outlined in the DJJ Health Services Manual.

References

- DJJ Health Services Manual, Chapter 19, Section IV
3.05 – Medical/Mental Health Alert Process

The program follows written procedures that ensure information concerning a youth’s medical condition, 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 are provided with sufficient 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.

Guidelines

The program is expected to comply with requirements and procedures outlined in the DJJ Health Services Manual.

References

- DJJ Health Services Manual, Chapter 19, Section V
3.06 – 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; and
- Development and implementation of a daily log.

Guidelines

The program is expected to comply with requirements and procedures outlined in the DJJ Health Services Manual.

References

- DJJ Health Services Manual, Chapter 19, Section VI