



**POLICY
AND
PROCEDURE
MANUAL**

**For
Children In Need of Services/
Families In Need of Services
(CINS/FINS)**

July 1, 2011

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INTRODUCTION

PURPOSE: This CINS/FINS Policy and Procedure Manual is provided to CINS/FINS local providers as a minimum guideline for establishing and maintaining services to children and families in need. The intent of this manual is to provide a basic framework for various CINS/FINS services.

USE OF MANUAL: This CINS/FINS Policy and Procedure Manual is to be used as a supplement to each individual local provider's existing policy and procedure manual and take precedent to all CINS/FINS service provisions. This CINS/FINS Policy and Procedure Manual will provide each local provider with the minimum guidelines for CINS/FINS services, as established by Florida Statute and the Department of Juvenile Justice.

SOURCE OF MANUAL: This CINS/FINS Policy and Procedure Manual is the result of a collaborative effort between the Florida Network of Youth and Family Services, its member local providers and the Department of Juvenile Justice. Numerous sources were used, including: Florida Statutes, the Department of Juvenile Justice's Intervention Services Manual, the Department of Juvenile Justice's Quality Assurance Standards Manual, the Department of Juvenile Justice's Health Services Manual, the Department of Juvenile Justice's Mental Health and Substance Abuse Services Manual and the CINS Process: Judicial Intervention Handbook.

The philosophical intent of the CINS/FINS continuum of services is to divert children from the juvenile justice and child welfare systems and to maximize the strengths of youth and family systems. This intent is accomplished through the following goals:

- A) Reducing juvenile crime through the targeting of resources to distressed neighborhoods and communities;
- B) Family preservation services directed toward maintaining the child in his or her own home by strengthening the family;
- C) Family reunification services to return the child to his or her own home after out-of-home placement by strengthening the family to prevent or reduce additional out-of-home placements.
- D) Youth development services to provide opportunities and support for young people to be healthy and successful in their communities.

The services that stand as cornerstones for family preservation and reunification are a standardized screening; youth/family assessment; crisis intervention; individual, group and family counseling; service linkage; and case management. These services are provided through shelters and non-residential services.

HISTORY

In 1983, the Florida Legislature passed S.B. 626, the Runaway Youth and Family Act, now F.S. 409.441. The Act provides for a statewide plan for handling runaway youth, licensing criteria and rules for runaway centers, statewide and district planning task forces and appropriations. The purpose of the Act is to assist runaway youth and strengthen their families through a continuum of services offering prevention, early intervention, outreach, counseling, short-term residential care, and aftercare services and programs. The task force report, or the plan for the runaway program services designated in the Act, provides for the specific program design for the continuum of services. A statewide task force was also created by the Act. Local task forces were to research the needs of troubled teens and families in communities statewide and report findings to the statewide task force.

The subsequent *1984 Statewide Runaway Youth Task Force Report* called for 23 full service centers, which would serve every area of the state, both geographically and demographically. The centers could provide a full range of services, from prevention to aftercare, to troubled teens and families. The plan also provided for a statewide Network office with a professional staff. The Florida Network of Youth and Family Services, Inc. (Florida Network) was established as a not-for-profit statewide association representing local providers which serve homeless, runaway and troubled youth ages ten and older and their families. Services included: advocacy for youth, public policy development, public education, data collection and research, and training and technical assistance. The Florida Network state office is committed to promoting policies and practices that hold member local providers accountable for preventing delinquency and child abuse through the strengthening of youth and families the plan was to be funded 75% through state general revenue and 25% through private contributions and other sources. The statewide plan was adopted by the 1984 Legislature, and by 1985, the Florida Network office had opened in Tallahassee with a few professional staff.

Following the passage of the Act, the Florida Legislature appropriated over \$15 million to fund the phase-in of the service continuum for runaway and other troubled youth and their families. By the end of the 1980's, Florida had a network of 20 runaway shelters and programs offering most of the continuum services components. Runaways, truants, and ungovernable youth were removed from the definition of dependency and given new definitions as children from families in need of services (FINS) and children in need of services (CINS). Statutory revisions and additional funding in 1990 added the key, but unrealized component: centralized intake for runaways and other troubled youth and their families. As envisioned in the task force report, centralized intake would be staffed with professionals responsible for receiving referrals, screening referrals, conducting family assessments, making referrals to community services, and case management. Centralized intake and case management provide a

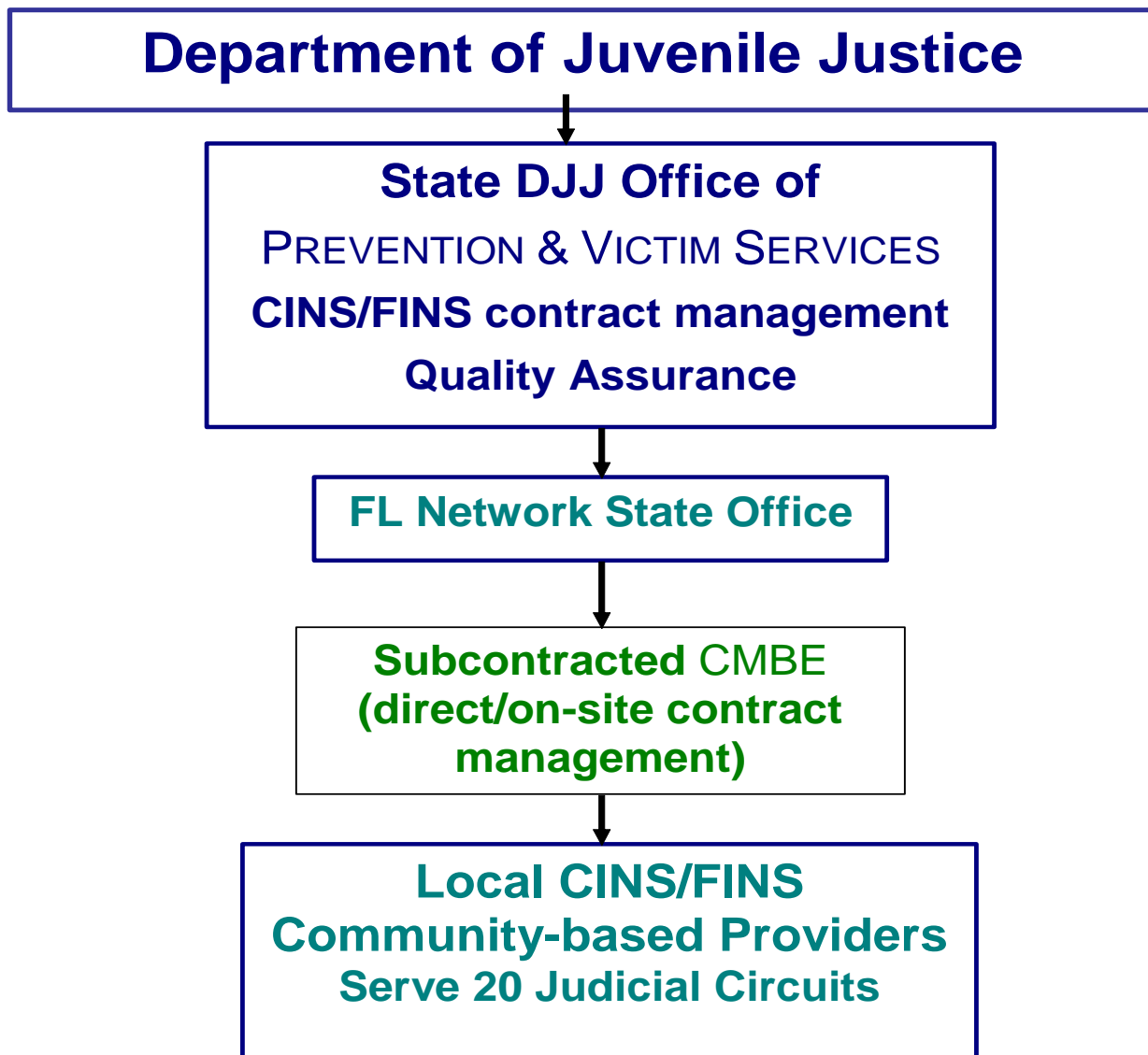
comprehensive approach to assessing the youth's and family's problems and needs and determining the most appropriate services.

In 1994 the new Department of Juvenile Justice was created by the Florida Legislature and the Florida Network and its clients, Children and Families in Need of Services (CINS/FINS), were moved from the Department of Health and Rehabilitative Services umbrella to the Department of Juvenile Justice. The Florida Network local agencies provide the "front end", prevention services for the whole arena of delinquency prevention. More than 85% of the children and families that are helped by Florida Network programs are kept out of the delinquency system.

In 1997, the Legislature added further components to the continuum known as staff secure shelters and a pilot secure shelter program. These components are designed to impact the chronic runaway who continues to exhibit runaway and/or ungovernable behavior and the youth locked out of their homes due to a history of conflict and/or ungovernable behavior despite interventions through the centralized intake system.

In 2001, the Department of Juvenile Justice entered into a single contract with the Florida Network for the provision of CINS/FINS services statewide. Led by Governor Jeb Bush, the Florida Network local providers went from 43 individual contracts to one single statewide contract. This changed the Florida Network state office from a role of advocacy and support to its member local providers to a role of advocacy, support and contract management.

Florida Network of Youth and Family Services Flow Chart



Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **CINS FINS OBJECTIVES FOR SERVICES**

Policy #1.00

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY:

1. Statewide local providers providing CINS/FINS services will have the following objectives for services:
 - CINS/FINS programs will address the problems of children and families by providing them with an array of services designed to preserve the unity and integrity of the family and to prevent delinquent behavior and dependency system involvement.
 - Provide a continuum of core services, as outlined in local provider contracts with the Florida Network, which has increasing levels of intensity and participation by youth and families. These core services include prevention and outreach, centralized intake, screening and assessment, counseling services, shelter services, and CINS adjudication services.
 - Form and enhance local partnerships to develop a community-wide service delivery system.
 - Enhance family support networks and other interpersonal assets of youth.
 - Service to Department of Juvenile Justice targeted neighborhoods and youth with identified critical risk factors.

PROCEDURES:

All local providers will meet the following contractual outcomes:

- Provide screening, assessment, non-residential and residential services, as outlined in the local provider contract with the Florida Network, to at least 90% of contracted number of youth and families;
- 85% of youth served shall complete the program;
- 90% of the youth served shall remain crime free while receiving services;
- 87% of youth served shall have no adjudications six months after discharge from services:
- Local providers will receive a DJJ QA rating of “Acceptable” or above;
- 60% of the youth served through non-residential services shall reside within targeted neighborhoods of identified zip codes.
- At least 70% of non-court ordered youth served in residential and non residential programs shall meet the criterion of risk factors present in three or four of the following four domains: Significant Family Troubles, Significant School Troubles, Drug/Alcohol Use, and Behavioral problems (runaway, gang involvement, etc.)

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **OUTREACH SERVICES**

Policy #1.01

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: The Florida Network will work with each local provider to encourage and offer prevention and outreach services to the members of the communities they serve. Outreach and prevention services include increasing community awareness and offering informational and educational CINS/FINS services to youth and families which may be related to:

- Alcohol and Other Drug Use/Abuse
- Adolescence/Adolescent Behavior
- Parenting classes/Family Functioning
- Youth Educational Issues
- Information About CINS/FINS and other Service Programs

PURPOSE: To increase public awareness of the needs of troubled youth at risk of running away, being habitually truant or being beyond the control of their parent/guardian.

PROCEDURES: Each local provider funded to provide outreach services will designate lead staff to coordinate and provide these services to community audiences, individuals, and groups with a particular customer focus, e.g., schools. Information and education activities will be conducted through group presentations, individual meetings, group discussions, short-term intervention groups, set up/display and distribution of materials at community events, conducting tours of facilities, and media events or interviews. Specific audiences will include, but will be limited to: youth and parents, extended family members, school personnel, law enforcement personnel, local DJJ or other government offices, judges and court personnel, churches, Human Service and Civic organizations, elected officials and the general public. The Florida Network has developed a Targeted Outreach curriculum, which is used to train local providers in working with schools, community collaboration, juvenile justice boards and councils, Project Safe Place, law enforcement and, developing an local provider action plan.

Other outreach activities may include: establishing/training Safe Place businesses that help children on the street and in crisis, brochures for parents, the Florida Network web site which has links for youth and family topics of interest and ways to get help, community fundraisers, and developing working relationships and interlocal provider agreements with local referral and service entities.

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Outreach activities are currently entered into the NetMIS database, with description of content, group attending and number in attendance. The current local providers have established activities and materials that continue to be productive, in that the number of requests for help have average over 30,000 per year.

It is important that CINS/FINS local providers develop and maintain informational materials on the available services and written interlocal provider agreements defining local relationships and protocol toward service linkage of CINS/FINS cases. CINS/FINS local providers will distribute information to the public as required in Section 984.071, Florida Statutes, regarding the needs of and available services for runaway, habitually truant, and ungovernable youth and their families through production and distribution of a parent brochure/handbook provided by the Florida Network state office.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: CENTRALIZED INTAKE AND SCREENING	Policy #2.00
	Revision Date: 03/05/10
Supersedes 1-10-2006 Operations Manual	

POLICY: Centralized intake will be available in each judicial circuit through local agencies providing shelter services and conducted in order to provide children and their families with the least restrictive services that are responsive and individualized to best meet family needs. Centralized intake services shall be accessible twenty-four hours, seven days a week to eligible youth and their families.

PURPOSE:

- To assess the child and family's eligibility for services and service needs.
- To provide crisis counseling as needed.
- To link and provide support to the child and family for on-going services.

PROCEDURES: A trained local provider staff member shall screen each child and family, by completing the Florida Network approved NETMIS screening form, to determine eligibility, presenting problems and referrals to other programs or services. A service shall be provided upon referral from a parent, guardian, legal custodian, school official, law enforcement officer, or other referral sources provided that:

- Referrals alleging habitual truancy from a school shall be governed by current Florida Statute 1003.26 in which schools must document that required steps have been taken prior to a referral for habitual truancy.
- Referrals alleging ungovernable and/or runaway behaviors are voluntarily accepted by the family, or individual members of the family who are seeking services.

The components of Centralized Intake are:

Screening for Eligibility: Twenty-four hour, seven day a week access to staff who will determine eligibility for CINS/FINS services, provide intervention for crisis situations and initiate the assessment process.

Crisis Counseling: Short-term intervention to alleviate the current crisis.

Information and referral: To provide access twenty-four hours, seven days a week to staff who provide referral to the appropriate service requested by the family.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **SCREENING FOR ELIGIBILITY**

Policy #2.01

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: All referrals shall be determined to be eligible for services by the criteria provided in this section. Those meeting the criteria, as a Family in Need of Services (FINS) will have access to a continuum of services described within this manual. Youth, under the age of 18, who meet the Child in Need of Services (CINS) criteria are eligible for judicial intervention following an attempt to engage and serve the youth and their family within the FINS continuum.

Some youth may be inappropriate for certain CINS/FINS services due to behaviors that may create a danger to themselves or others. These youth will be provided with screening and appropriate referrals.

Definitions:

- **Families In Need of Services (FINS):** A family that has a child for whom there is no pending investigation of abuse, neglect, or abandonment or no court ordered supervision by the Department of Juvenile Justice or the Department of Children and Family Services for an adjudication of dependency or delinquency. The child must also have been referred to a contracted local provider of the Department of Juvenile Justice for:
 - 1) Running away or threatening to run away from parents or legal guardian or custodian; and/or
 - 2) Disobeying the reasonable and lawful demands of parents or legal guardian or custodian and being beyond their control; and/or
 - 3) Truancy from school or other school related problems.
 - 4) Lockouts/Homeless youth

A family in need of services is defined in Florida Statute Chapter 984.03 (27) and is not an adjudicated status.

- **Child In Need of Services (CINS):** This is an adjudication status for a child for whom there is no pending investigation into an allegation or suspicion of abuse, neglect, or abandonment; no pending referral alleging the child is delinquent; or no current supervision by the Department of Juvenile Justice or the Department of Children and Family Services for an adjudication of dependency or delinquency. The court must also find the child:

- 1) To have persistently run away from the child's parents or legal custodians despite reasonable efforts of the child, the parents or legal custodians, and appropriate local providers to remedy the conditions contributing to the behavior; and/or,
- 2) To be habitually truant from school, while subject to compulsory school attendance, despite reasonable efforts to remedy the situation pursuant to and through voluntary participation by the child's parents or legal custodians and by the child in family counseling services, and treatment offered; and/or,
- 3) To have persistently disobeyed the reasonable and lawful demands of the child's parents or legal custodian, and to be beyond their control despite efforts by the child's parents or legal custodians, and appropriate local providers to remedy the conditions contributing to the behavior.
- 4) Lockouts/Homeless youth

PURPOSE: Screening is conducted to: (1) determine if the family or child meets the criteria specified for eligibility; (2) ascertain the child's legal status; (3) obtain basic demographic and background information on the child and family; (4) provide appropriate referrals based on immediate needs of client/family.

PROCEDURES: Designated staff will complete the standardized NETMIS screening form on each referral and ensure that the information is submitted to the Florida Network. The initial screening is begun within (7) working days of the referral (see *DJJ CINS/FINS QA standards*). Designated staff should gather all relevant information to determine immediate issues and eligibility. Appropriate referrals to internal or external resources should be made based on the immediate needs identified by the screening. Written documentation shall substantiate findings and action taken.

The child's legal status should be determined by attempting to consult with the local Department of Juvenile Justice and/or Department of Children and Family Services. It is important to examine the child's status within the child welfare and juvenile justice systems to:

- Determine eligibility for services
- Conduct a preliminary assessment of the child
- Determine the need for further screening
- Provide appropriate referral and/or services

Designated local provider personnel shall review all screenings for completeness and appropriate interventions. The NetMIS Screening Form shall be used to document this service (see NetMIS document).

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **ADMISSION PROCESS**

Policy #3.00

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: Information relevant to demographics of the child and family, household members, employment and school history, as well as other information, which may contribute to the screening process, and development of the service plan will be collected utilizing the CINS/FINS Intake Form.

PURPOSE: To provide local provider staff information relevant to presenting issues and problems and potential services to be provided. Intake information is critical for individual case development as well as compiling overall local provider client data and program outcomes.

PROCEDURES: A screening must have been done within seven (7) days of a youth being referred to the CINS/FINS provider for services (*See DJJ CINS/FINS QA standards*). A face-to-face appointment shall be set for the initiation of the intake process. Local provider staff shall be diligent in completing all required information in order to complete the intake process. Complete intake information shall be entered into the NETMIS system. It is required that CINS/FINS local providers provide to eligible families the following information in writing:

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

Additionally, CINS/FINS local providers shall make available to eligible youth and families the following information:

- Rights and responsibilities of youth
- Possible actions occurring through involvement with CINS/FINS services. (i.e. case staffing committee, CINS petition, CINS adjudication)
- Grievance procedures

Each CINS/FINS local provider is required to maintain a case record for each youth enrolled into services (*See DJJ CINS/FINS QA standards*). Each client case record shall include chronological sheet and youth demographic data, program information, correspondence, service plan(s), psychosocial information, case management information and other materials relevant to the case.

Through the intake, the following forms shall be completed:

- NETMIS Screening Form*
- Consent for Services
- CINS/FINS Intake Form*
- Risk Factor Form*

Suicide risk screening must be included.

****Required for a case to be considered a “completed assessment” and entered into NETMIS.***

At intake for residential services of CINS/FINS staff should collect Title IV-E required documentation and information as outlined in Policy #6.02 from the youth/parent.

**Florida Network of Youth and Family Services
Policy and Procedure**

Policy Title: SUICIDE PREVENTION

Policy #3.01

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: Local provider agencies will create a safe environment for youth through appropriate maintenance and supervision of physical plant, training of staff and encouragement of parental and family involvement.

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

PROCEDURES:

1. UNDERSTANDING CINS/FINS YOUTH AND FAMILIES

Youth and families seeking services through CINS/FINS local agencies are often in crisis due to the caretaker's inability to manage the youth's behavior. The stress of the constant conflict will often bring the family to a "breaking point" where they are then motivated to voluntarily seek services. Shelter services are designed to provide a "safe haven" for youth and respite for the family while they resolve the problems that motivated them to seek services. Although seeking help and finding a place to keep the youth safe is a positive step, the youth may continue to feel angry, frustrated and experience a sense of rejection. It is important that staff is aware that these are normal feelings under the circumstances but by the same token can be precursors to impulsive and dangerous behavior on the part of the youth. Because placement in the shelter is voluntary and the youth may leave at any time, shelter services should be as non-threatening and homelike as possible to encourage the youth to remain until services can be completed for the safe return of the youth to his or her home.

2. TRAINING OF STAFF

All staff who works with youth must be trained to recognize verbal and behavioral cues that indicate suicide risk. Each local provider must provide a minimum of four hours of training annually on the prevention of suicide. This training should address suicide risk factors including those that are most relevant for CINS/FINS youth; verbal and behavioral suicide warning signs so that staff can maintain a heightened awareness at all times when interacting with youth, the communication protocols (e.g. shift meetings, log book entries) required when staff suspect a youth is at risk and the importance of the administration of the Youth Safety Agreement. Staff should be able to identify specific prevention strategies and understand the impact of the youth's feelings of self worth, belonging and membership. Youth should be encouraged to report to staff any suspicion or observation of harmful behavior regarding any other youth in the shelter.

3. ENVIRONMENTAL SAFETY

Although it is important to maintain a homelike environment in each shelter facility, the safety of youth is the primary issue of importance for each local shelter provider. Satisfactory safety inspections through local health and fire departments must occur to ensure the physical safety of the shelter environment. Shelters should be equipped with video monitoring of the facility to ensure monitoring of all appropriate areas. Rooms/closets containing hazardous materials should be locked at all times and keys should be assigned to specific staff for accounting purposes. Objects containing sharp edges should be strictly controlled by staff and accounted for at all times. Prescription medications shall be contained in double locked environments and inventoried daily. Over the counter medications shall be contained in double locked environments and inventoried weekly. Local agency shelter providers should establish an agency Safety Committee whose responsibilities shall include regular inspection of facility safety issues, accountability and testing of procedures and protocols and review of safety related incident reports and trends.

4. LOCAL AGENCY SUICIDE PREVENTION AND RESPONSE PLAN

Each local agency will have a written plan that details the suicide prevention and response procedures used by the local provider. The plan must at a minimum comply with the procedures outlined in this manual. In developing this plan the local provider must clearly delineate staff positions, duties, supervisory roles, involvement of licensed professionals, documentation protocols, notification procedures and referral systems in connection with suicide prevention and response.

<p>Policy Title: IDENTIFICATION OF SUICIDE RISK IN SHELTER Policy #3.02 Revision Date: 7-1-2011 Supersedes 1-30-09 Policy and Procedure</p>
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POLICY: For youth considered appropriate for shelter admission, the local provider will determine at intake and throughout the service delivery process whether or not the youth is at risk for suicide.

PURPOSE: To prevent youth suicide in the shelter setting and provide an appropriate staff response for youth at risk of suicide, while preserving and respecting the rationales, expectations and needs of the youth and his/her family in seeking temporary shelter.

PROCEDURES:

The procedures outlined below provide the minimum guidelines for CINS/FINS shelters which are to be addressed in the local agencies' written plan that details their suicide prevention and response procedures.

I. SUICIDE RISK SCREENING AND REFERRAL FOR ASSESSMENT

Screening of each youth's risk will be conducted in one of the following ways:

- A. Six suicide risk questions on the CINS/FINS Intake Form
- B. TeenScreen
- C. Evaluation of Imminent Danger of Suicide (EIDS)
- D. Suicide Probability Scale (SPS)

Each local shelter provider is responsible for ensuring that the suicide screening is included as a part of the initial intake and screening process. The results of the screening must be reviewed and signed by the supervisor and placed in the youth's case file.

When the screening identifies a youth for being at risk of suicide, staff will ensure that an assessment of suicide risk is completed for that youth, within the timeframes outlined in this policy by (1) a licensed professional or (2) a non-licensed professional under the direct supervision of a licensed professional.

A. Screening Using the six suicide questions on the CINS/FINS Intake Form:

The CINS/FINS Intake Form--Risk Screening section contains the following six questions and will be asked of each youth:

1. Have you ever attempted to kill yourself?
2. Are you thinking about killing yourself now?
3. Do you have a plan (specific method) to kill yourself?
4. Do you feel that life is not worth living or wish you were dead?
5. Have you recently been in a situation where you did not care whether you lived or died?
6. Have you felt continuously sad or hopeless?

If the youth answers “yes” to any of the 6 questions:

An assessment must be completed by (1) a licensed professional or (2) an unlicensed professional under the supervision of a licensed professional. The assessment will occur no later than 24 hours after the screening, unless the following exception exists:

- **EXCEPTION:** If the screening occurs between 5 PM on Friday and 9AM 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 an assessment by a licensed professional or unlicensed professional under the direct supervision of the licensed professional will be placed on **Constant Sight and Sound Supervision**.

If at any time during the screening any staff observes or believes a youth presents as an immediate threat to themselves or others, the youth will be placed on **One-to-One Supervision** and staff will immediately call 911 and/or follow Baker Act procedures. If law enforcement brought the youth to the shelter, staff should request that they stay to transport the youth to the crisis stabilization unit.

Upon a youth’s return from a Baker Act facility, the youth will be placed on **Constant Sight and Sound Supervision** until an assessment of suicide risk can be completed a by licensed mental health professional or unlicensed professional working under the direct supervision of the licensed professional to determine further supervision needs.

For youth identified as not at risk of suicide after the suicide screening, no further assessment, referral or services are required. The youth may be placed in the general population for purposes of supervision and service delivery.

B. Screening Using TeenScreen: The TeenScreen tool includes two specific questions relating to suicide risk:

1. In the last three months....Has there been a time when you thought seriously about killing yourself? (Q23)
2. Have you tried to kill yourself in the last year? (Q24)

If the youth answers “yes” to either one of the above questions, the youth care worker must **immediately** contact the licensed mental health professional or an unlicensed professional working under the direct supervision of the licensed professional for a further assessment to determine the risk level for the youth. **The assessment must be completed no later than 24 hours after the screening.**

Youth awaiting an assessment by a licensed professional or unlicensed professional under the direct supervision of the licensed professional will be placed on **Constant Sight and Sound Supervision.**

If at any time during the screening any staff observes or believes a youth presents as an immediate threat to themselves or others, the youth will be placed on **One-to-One Supervision** and staff will immediately call 911 and/or follow Baker Act procedures. If law enforcement brought the youth to the shelter, staff should request that they stay to transport the youth to the crisis stabilization unit.

Upon a youth’s return from a Baker Act facility, the youth will be placed on **Constant Sight and Sound Supervision** until an assessment of suicide risk can be completed a by licensed mental health professional or unlicensed staff working under the direct supervision of the licensed professional to determine further supervision needs.

For youth identified as not at risk of suicide after the suicide screening, no further assessment, referral or services are required. The youth may be placed in the general population for purposes of supervision and service delivery.

C. Screening using the EIDS: To determine suicide risk, administer and score. Youth scoring any positive answer in Criteria 1 of Suicide Risk Summary Scoring and/or scoring 5 or more positive answers in Criteria 2 must have an assessment of suicide risk completed by (1) a licensed professional or (2) a non-licensed mental health professional under the direct supervision of a licensed professional. The assessment will occur no later than 24 hours after the screening, unless the following exception exists:

- **EXCEPTION:** If the screening occurs between 5 PM on Friday and 9AM 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 an assessment by a licensed professional or unlicensed professional working under the direct supervision of the licensed professional will be placed on **Constant Sight and Sound Supervision.**

If at any time during the screening any staff observes or believes a youth presents as an immediate threat to themselves or others, the youth will be placed on **One-to-One Supervision** and staff will immediately call 911 and/or

follow Baker Act procedures. If law enforcement brought the youth to the shelter, staff should request that they stay to transport the youth to the crisis stabilization unit.

Upon a youth's return from a Baker Act facility, the youth will be placed on **Constant Sight and Sound Supervision** until an assessment of suicide risk can be completed a by licensed mental health professional or an unlicensed professional working under the direct supervision of the licensed professional to determine further supervision needs.

For youth identified as not at risk of suicide after the suicide screening, no further assessment, referral or services are required. The youth may be placed in the general population for purposes of supervision and service delivery.

D. Screening using the SPS: To determine suicide risk, administer and score.

Youth scoring

- a total score of 70 and above and/or
- a score of 70 or above on Sub scores of the SPS and/or
- a score of 5 on any white highlighted questions on the SPS

must be kept on constant supervision and have an assessment of suicide risk completed by (1) a licensed professional or (2) an unlicensed professional working under the direct supervision of a licensed professional. The assessment will occur no later than 24 hours after the screening, unless the following exception exists:

- **EXCEPTION:** If the screening occurs between 5 PM on Friday and 9AM 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 an assessment by a licensed professional or unlicensed professional working under the direct supervision of the licensed professional will be placed on **Constant Sight and Sound Supervision**.

If at any time during the screening any staff observes or believes a youth presents as an immediate threat to themselves or others, the youth will be placed on **One-to-One Supervision** and staff will immediately call 911 and/or follow Baker Act procedures. If law enforcement brought the youth to the shelter, staff should request that they stay to transport the youth to the crisis stabilization unit.

Upon a youth's return from a Baker Act facility, the youth will be placed on **Constant Sight and Sound Supervision** until an assessment of suicide risk can be completed a by licensed mental health professional or an unlicensed professional working under the direct supervision of the licensed professional to determine further supervision needs within 24 hours after the youth's return to the shelter, unless the following exception exists:

- **EXCEPTION:** If the youth returns between 5PM on Friday and 9AM on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be done within 72 hours.

For youth identified as not at risk of suicide after the suicide screening, no further assessment, referral or services are required. The youth may be placed in the general population for purposes of supervision and service delivery.

II. SUICIDE ASSESSMENT

An Assessment of Suicide Risk and Follow-Up Assessments of Suicide Risk to determine supervision needs should be documented clearly and consistently. The assessment of suicide risk and the follow-up assessment of suicide risk must provide details of the information obtained by the assessment (youth statements, behavioral observations, collateral information). Information gathered should include an evaluation of current mental status, determination of dangerousness to self, current/recent suicide risk indicators, the degree of risk that youth presents, supervision recommendations and recommendations for treatment or Follow-Up. When a youth has received an assessment of suicide risk, and has been determined by a licensed staff to be a potential suicide risk and is being maintained on increased supervision, follow-up assessment of suicide risk must be provided to determine the youth's continued risk before increased supervision is discontinued and youth is returned to general population.

Agencies must submit forms used to document the suicide assessment and follow-up assessment to the Florida Network for approval. All suicide assessments and follow-up assessments must be signed and dated by the licensed professional completing the suicide assessment. If the suicide assessment is completed by a non-licensed staff, the 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 log book.

III. LEVELS OF YOUTH SUPERVISION

One-to-One Supervision – This is the most intense level of supervision and will be used while waiting for the removal of the youth from the program by law enforcement or parent/legal guardian for the purpose of Baker Act assessment.

This level of supervision will be used;

- For those youth whose behavior has escalated to making suicidal or homicidal statements or gestures, and/or stating a specific plan to carry out a suicide/homicide
- At the direction of the licensed mental health professional or the unlicensed mental health professional under the direct supervision of the licensed professional completing or approving the assessment

One staff member, who should be of the same gender as the youth when possible and clinically appropriate, will remain within arm's length of the youth at all times. Documentation should exist in the case file and/or log book as to why a

same gender staff as the youth is not clinically appropriate. The staff must continually observe the youth's demeanor, actions, conversations and behavior. If this closeness to youth creates or heightens the youth's statements of self-harm or harm to others, staff may give more space, not to exceed 5 feet.

During all activities, including sleeping, bathing, using restroom, eating, dressing, etc. the youth will be monitored in a way that preserves youth privacy as much as possible without jeopardizing the youth's safety. Continuous sound supervision must be maintained at all times.

Constant Sight and Sound Supervision – This level of supervision is for youth who are identified as being at risk of suicide but are not expressing current suicidal thoughts or threats.

A staff member must have continuous, unobstructed and uninterrupted sight of the youth and be able to hear the youth at all times. This includes during all activities, including sleeping, bathing, using restroom, eating, dressing, etc. the youth will be monitored in a way that preserves youth privacy as much as possible without jeopardizing the youth's safety. Continuous sound supervision must be maintained.

Constant supervision cannot be accomplished through video/audio surveillance. If video/audio surveillance is utilized in a program, it can be used only to supplement physical observation by staff.

Documentation of One-to-One Supervision and Constant Sight and Sound Supervision- The staff person(s) assigned to monitor the youth must 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 should include 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.

Agencies must also ensure that there is communication between shifts regarding youth who are on One-to-One Supervision and Constant Sight and Sound Supervision through alert systems and shelter log books.

IV. ON-GOING STAFF EVALUATION OF SUICIDE RISK BEHAVIORS

Local provider agency personnel will monitor all youth throughout the period the youth are receiving services.

In addition to the utilization of screening tools to determine a youth's suicide risk, each local agency shall have procedures for immediate documentation, reporting and referral of youths for assessment of suicide risk when staff observe any indicators (behaviors, actions, youth demeanor, conversations, etc.) subsequent to the youth's admission into the facility or program that may reflect an increased

risk of suicide. Some of these indicators may include, but are not limited to, the following:

- Statements suggesting lack of hope or preoccupation with death or dying.
- Extreme withdrawal or lack of interest in surroundings.
- Significant loss of appetite or unexplained loss of weight.
- Major change in mood or demeanor, or extreme withdrawal.
- Giving away possessions.

A suicide risk screening may be performed at any time by local agency personnel in accordance with this policy. When indicated, an assessment of suicide risk must be completed by a licensed mental health professional or a non-licensed mental health professional within the time frames established by this policy.

V. NOTIFICATION OF AGENCY OFFICIAL(S), OUTSIDE AUTHORITIES AND PARENT/GUARDIANS

At any time a youth has made suicide gestures or attempted suicide, the Program Supervisor shall be notified. Parents or guardians of the youth shall be notified and informed what procedures have been put into place to ensure the youth's protection. Any time there is a suicide attempt, the Executive Director, the Florida Network and DJJ shall be notified in accordance with DJJ Incident Reporting Policy.

VI. LOCAL PROVIDER RESPONSIBILITY FOR STAFF TRAINING

Local provider agencies will ensure that staff are trained in the use of this policy, the tools it encompasses and the procedures contained herein. The Florida Network will assist with training and technical assistance and monitor staff training regarding this policy as part of its contract management role.

**Florida Network of Youth and Family Services
Policy and Procedure**

Policy Title: IDENTIFICATION OF SUICIDE RISK IN NONRESIDENTIAL PROGRAMS	Policy #3.021 Policy Date: 7-1-2011
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POLICY: For youth considered appropriate for nonresidential services, the local provider will determine at intake and throughout the service delivery process whether or not the youth is at risk for suicide.

PURPOSE: To prevent youth suicide and provide an appropriate staff response for youth at risk of suicide.

PROCEDURES:

The procedures outlined below provide the minimum guidelines for CINS/FINS nonresidential programs which are to be addressed in the local agencies' written plan that details their suicide prevention and response procedures.

I. SUICIDE RISK SCREENING AND REFERRAL FOR ASSESSMENT

Screening of each youth's risk will be conducted during initial intake to nonresidential services in one of the following ways:

- Six suicide risk questions on the CINS/FINS Intake Form
- Teen Screen
- Evaluation if Imminent Danger of Suicide (EIDS)
- Suicide Probability Scale (SPS)

A. Screening Using the six suicide questions on the CINS/FINS Intake Form:

The CINS/FINS Intake Form--Risk Screening section contains the following six questions and will be asked of each youth:

7. Have you ever attempted to kill yourself?
8. Are you thinking about killing yourself now?
9. Do you have a plan (specific method) to kill yourself?
10. Do you feel that life is not worth living or wish you were dead?
11. Have you recently been in a situation where you did not care whether you lived or died?
12. Have you felt continuously sad or hopeless?

If the youth answers "yes" to any of the 6 questions,

Youth should be kept under constant supervision and an assessment of suicide risk must be immediately completed by (1) a licensed professional

or (2) an unlicensed professional under the direct supervision of a licensed professional. Staff should complete a suicide assessment immediately and the parents and supervisor notified of the results. However, if the appropriate staff 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 professional or a non-licensed professional working under the direct supervision of a licensed 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.

B. Screening Using TeenScreen: The TeenScreen tool includes two specific questions relating to suicide risk:

3. In the last three months....Has there been a time when you thought seriously about killing yourself? (Q23)
4. Have you tried to kill yourself in the last year? (Q24)

If the youth answers "yes" to either one of these questions, youth should be kept under constant supervision and staff must **immediately** contact the licensed professional or unlicensed professional staff working under the direct supervision of the licensed professional for an assessment of suicide risk. 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. 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.

C. Screening using the EIDS:

Youth scoring any positive answer in Criteria 1 of Suicide Risk Summary Scoring and/or scoring 5 or more positive answers in Criteria 2 must be kept under constant supervision and have an assessment of suicide risk completed by (1) a licensed professional or (2) a non-licensed professional under the direct supervision of a licensed professional. Staff should complete an assessment of suicide risk immediately and the parents and supervisor notified of the results. However, if the appropriate staff 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 professional or a non-licensed professional working under the direct supervision of a licensed 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.

C. Screening using the SPS:

Youth scoring

- a total score of 70 and above and/or
- a score of 70 or above on Sub scores of the SPS and/or
- a score of 5 on any white highlighted questions on the SPS

must be kept under constant supervision and have an assessment of suicide risk completed by (1) a licensed professional or (2) an unlicensed professional working under the direct supervision of a licensed professional. Staff should complete a suicide assessment immediately and the parents and supervisor notified of the results. However, if the appropriate staff 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 professional or a non-licensed professional working under the direct supervision of a licensed 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.

II. SUICIDE ASSESSMENT

An Assessment of Suicide Risk should be documented clearly and consistently and include detail of the information gathered from youth statements, behavioral observations and collateral information. An Assessment of Suicide Risk includes the following elements: determining dangerousness to self, determining level of suicide risk, supervision recommendations (Suicide Precautions) and Recommendations for Treatment or Follow-Up. CINS/FINS agencies providing suicide assessments must submit forms used to document the suicide assessment to the Florida Network for approval. All suicide assessments must be signed and dated by the licensed professional completing the suicide assessment. If the suicide assessment is completed by a non-licensed staff, the licensed staff must sign as a reviewer and date the assessment. The completed suicide assessment should be placed in the youth's case file.

When a youth has received an assessment of suicide risk by licensed staff or unlicensed staff under the direct supervision of licensed staff, and has been determined to be a potential suicide risk, the parent or guardian and supervisor should be immediately notified and the youth referred for Baker Act procedures.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **PSYCHOSOCIAL ASSESSMENT**

Policy #3.03

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: The psychosocial assessment is a multi-method, multi-dimensional process in which professional expertise and skills are exercised to gather and analyze information. In certain cases, it will be necessary to collaborate with other local providers to obtain and share information relevant to the development of a service plan.

PURPOSE: The assessment is completed for the purpose of

- Developing a thorough picture of the problems faced by a youth and/or family, particularly immediate issues which may indicate that the youth is a threat to self and/or others;
- Determining the relative magnitude or severity of the problems faced by the child and/or family in order to prioritize problems for interventions and to provide pre-service data to evaluate the effectiveness of services provided; and
- Enabling counselors/case managers to make the most timely and appropriate service referrals possible for each unique child and/or family situation.

PROCEDURES: For youth admitted to shelter, attempts shall be made to initiate a psychosocial assessment within 72 hours of admission. For youth receiving non-residential services a psychosocial assessment should be completed within two to three face-to-face contacts following the initial intake, or updated if most recent psychosocial is over six months old (*See DJJ CINS/FINS QA Standards*). Exceptions to this practice shall be documented.

Written psychosocial assessments shall be completed on all youth who receive services. Psychosocial assessments shall be completed by Bachelor's or Master's level staff and include a supervisor review signature upon completion. When a youth is identified as having suicide risk factors during the psychosocial assessment, the youth shall be referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional.

Psychosocial assessments should include:

- Demographic information
- Dates of assessment
- Who was present for the assessment
- Reason for referral - presenting problem

- Youth and family assessment - what they want to change
- Psychiatric and counseling history
- Mental, physical and emotional status
- Educational history
- Family home constellation and assessment
- Family history and involvement
- Youth residential history
- Developmental history
- Medical history
- Legal history (DJJ, DCF)
- Financial history/employment history
- Drug and alcohol history
- Peer relationships
- Potential for violence/abuse
- History of violence/abuse
- Youth and family strengths, weaknesses, interests
- Staff impressions, comments, summary
- Staff signature and completion date
- Supervisor signature and completion date
- **If the psychosocial assessment includes a suicide risk screening, the licensed supervisor must sign and date the document.**

APPROVED NETWORK TOOLS

- FAM III and Brief FAM III

Suicide Risk Screening:

- Suicide Probability Scale
- Evaluation of Imminent Danger of Suicide
- TeenScreen

Psychosocial Assessment: During the psychosocial assessment process, a more intensive and comprehensive suicide risk evaluation of the youth's needs and issues may be performed by a Master's level mental health professional or licensed professional, depending on the outcome of the suicide risk screening done during the admission process. See Policy #2.02 for details.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **MANNER OF SERVICE**

Policy #4.00

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: The provision of residential and non-residential services statewide requires community-based with the capacity to deliver the services outlined in Chapter, 984, F.S. All local providers must have staff willing to travel to rural counties in its service area, and/or retain offices or other sites to conduct non-residential services. Staff secure beds will be available across the state with locations contiguous to every circuit. All CINS/FINS providers will be subject to DJJ quality assurance reviews and the contract requirements for delivery of all services contained in their contracts.

PROCEDURES: To ensure no disruption of the contract capacity to provide services described in Chapter 984.11, F.S., including but not limited to; outreach, intake, screening, assessment, non-residential counseling and the temporary shelter services, contracts of varying lengths will be entered into with existing temporary shelter and staff secure providers, that also provide the full continuum. These local providers operate 29 temporary shelters statewide, housing 10 available staff secure beds.

Contracts are with 21 existing full-service providers to provide the full continuum of services. These seasoned providers have experience and expertise in serving the CINS/FINS population, with traditionally good outcomes and quality assurance scores. Monitoring, training, technical assistance, and data collection will continue to support these providers and provide accountability.

Non-residential services are pooled with services/funds currently subcontracted for non-residential-only programs that are managed by the Florida Network state office. These dollars are competitively procured to grassroots and faith-based organizations in seven urban areas to include: Tampa, Miami, Jacksonville, Orlando, West Palm Beach, Ft. Lauderdale and St. Petersburg.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **SHELTER PROGRAM SERVICES**

Policy #4.01

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: All CINS/FINS shelters will have short-term, primarily voluntary services, providing crisis intervention, shelter, food, clothing, case management and counseling. CINS/FINS shelter services will be available 24 hours a day, and every day of the year.

PURPOSE: CINS/FINS shelter services should be seen as a last resort and not a first service choice. Shelter services are designed to enhance public safety, as well as to offer personal safety for all youth and families eligible for CINS/FINS services.

PROCEDURES:

1. Admission and discharge procedures in cases of voluntary placement are established by local providers. Short-term shelter should be considered when:
 - a. The legal guardian or responsible adult, is not available or is unwilling to take immediate custody of the child;
 - b. There is need for a “cooling off” period or respite care, with agreed upon conditions for the child’s return home;
 - c. A youth meets the intake and admission criteria for the shelter,
2. The involuntary placement of a child in shelter shall be in compliance with current Florida Statute, governing shelter petitions.
3. CINS/FINS shelter services should not be confused with emergency shelter services for children taken into protective custody by the Department of Children and Families based on allegations of abuse, abandonment, neglect or exploitation.
4. Youth are limited to a 35-day maximum shelter stay. Shelter stays may be extended with supervisor approval with justification documented in the youth’s case record.

SERVICES WITHIN SHELTERS SHOULD MINIMALLY INCLUDE:

- A safe environment
- Preliminary health screening at the time of admission (*see DJJ CINS/FINS QA standards*) which includes history of suicidal attempts, current/past substance abuse, current medications, physical health problems, and recent injuries and/or illness.
- Meet basic needs of youth (such as shelter, food, clothing, emergency medical access, etc.)
- Individual and family counseling
- Group counseling sessions, based upon established group process principles, are conducted a minimum of five (5) days per week.

- Case management
- Education services (either in community schools or through provider local provider)
- Recreational activities
- Transportation activities according to service plan
- Life skill development (such as community service, life skills workshops, groups focused on critical issues facing adolescents, opportunities to learn self responsibility and accountability (see *DJJ CINS/FINS QA standards*)
- Service linkage at time of termination where appropriate

To ensure the safety and security of all shelter youth, the following minimum practices should be in place (see *DJJ CINS/FINS QA standards*):

- 1.) Medical follow-up for youth who are admitted with certain health conditions, allergies and dietary restrictions.
- 2.) Medical and Mental Health alert system to inform staff of youth medical or mental health related needs, which may need special/emergency care and treatment.
- 3.) Youth receive a comprehensive program orientation within first 24 hours following admission
- 4.) Photo of youth is taken upon admission and placed with an admission card into case file.
- 5.) Client rights information is provided to youth through program handbook and/or shelter bulletin board
- 6.) Public posting of the daily shelter schedule.
- 7.) Formal and accessible grievance procedures for youth
- 8.) Regular bed check by staff at fifteen minute intervals during sleeping hours.
- 9.) Supervision shall be 1 staff to 6 youth during awake hours and community activities and 1 staff to 12 youth during the sleep period.
- 10.) At least one male and one female staff are on duty at all times in coed programs.
- 11.) Use of force is documented and communicated pursuant to the Use of Force Policy.

SUICIDE RISK SCREENING:

Local provider personnel who are providing services of any kind are monitoring the client's level of lethality risk throughout the service delivery process. See Policy #3.02 and 3.021 for details.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **SHELTER SERVICES STAFFING**

Policy #4.02

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Staffing ratios in temporary shelter environments must meet the requirements of standards set through Quality Assurance (QA) standards from the DJJ and licensing requirements through the DCF, Chapter 409, F.S. and related rules and procedures. Each shelter must maintain one staff to six youth during awake hours and one staff to 12 youth during sleeping hours. There must be always at least one staff on duty at all times of the same gender as the youth. The Florida Network will monitor compliance with these standards via the submission of the following reports from each local provider to the Florida Network: (1) an annual CINS/FINS staff roster, (2) an annual staff diversity survey and (3) monthly staff reports. In addition to on-site monitoring by the Florida Network, local providers are also monitored on-site by the DJJ QA staff and the DCF licensing staff.

PROCEDURES: At the execution of each local provider contract, the local provider will be required to submit a CINS/FINS staff roster that will include staff name, position title, location of position, education level, percent of time allocated to CINS/FINS, hire date and termination date. Each month with the submission of the local provider invoice to the Florida Network, the local provider will indicate vacancies over 60 days. If the local provider indicates a staff vacancy of over 60 days, they must also attach an updated staff roster that includes all information contained on the annual staff roster, as well as salary for the vacant position and actual days vacant. Once a local provider has indicated a vacancy over 30 days they will receive notice from the Florida Network that this vacancy must be filled within 60 days and this notice will be copied to the Department's contract manager. When a local provider indicates that a vacancy has occurred for more than 90 days, the local provider will be sent a document that will ask them to compute unpaid salary and benefit expense for the vacancy(s). Additionally, any expenses incurred to provide coverage to maintain required staff ratios or continuation of service (i.e. overtime expensed, reassignment of staff from programs outside of CINS/FINS, use of on-call contract staff, etc.) will be requested. This information will also be copied to the Department's contract manager. If there is unspent revenue after deduction of staff expenses to cover the vacant position is shown, this amount will be deducted from the local provider's subsequent monthly contract payment from the Florida Network. All dollars that are withheld from local providers for staff vacancies will be returned to the Department monthly via a check.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: NON-RESIDENTIAL COUNSELING SERVICES Policy #4.03 Revision Date: 01/30/2009 Supersedes 1-10-2006 Operations Manual

POLICY: Non-residential services will be provided by local service providers through contracts with the Florida Network. Non-residential services are 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 families in the delinquency and dependency systems. The services include but are not limited to crisis intervention, assessment and screening, individual, group and/or family counseling as listed in Florida Statutes Chapter 984.11. These services can be provided in the client's home, a community location or in the local provider's counseling office.

PROCEDURES:

How Youth Access Services: Non-residential service providers will accept referrals from school guidance counselors, school resource officers, local law enforcement and the DJJ, as well as directly from any concerned adult (including parents), and the youths themselves. Most referrals come from the judicial circuit/county in which the provider is located but there may be opportunities to serve youth outside the judicial circuit as well as from outside the state of Florida. If the child is a runaway, has perpetrated violence in the home or engaged in any other form of domestic violence they are often best served in a CINS/FINS shelter or residential program first and after successfully completing his/her service plan a transfer is made into non-residential services just prior to returning home.

Also, if it is determined that a child and family need a brief "cooling off/respite" during non-residential services, a referral will be made to the nearest shelter for residential program to ensure the safety and protection of the child and/or family. All non-residential-only service providers will have formal, written interlocal provider agreements with the shelter(s) in their service area in order to allow for ready access to residential services and enhance the flow of services for the children and families in crisis.

Targeting At-Risk Youth: Non-residential service providers will maintain a presence in, and target, low-performing schools, as well as the high crime zip codes identified annually by the DJJ. Non-residential service providers will target youth with multiple risk factors within three or more of the following four domains: Family, School, Peers, and Individual Antisocial Behavior as identified on the DJJ Risk Factors Questionnaire. All local CINS/FINS providers, including non-residential services providers, will prioritize youth who have engaged in domestic violence in an attempt to keep them from being placed in a detention

facility and from entering the juvenile justice system. Local providers will submit a plan to the Florida Network outlining how they intend to achieve geographic targeting and perform at standard.

Who Provides the Services: All full-time non-residential staff will carry an annual caseload of 69 cases. Non-residential providers across all families must have an annual average of twelve (12) sessions. Some families need only a few weeks of intensive assistance while others need services extended beyond twelve sessions and do so with supervisor approval and documented reasons for the extension; the current average length of services statewide is 18 weeks.

Non-residential staff will be subject to background screening by the DJJ (Live Scan), have a minimum of a bachelor's degree in a human service field or with long-time employees equivalent experience with youth and have the proper credentials, experience and skill set for their positions. The education level of the staff will be monitored through the Staff Report Form to the Florida Network.

All non-residential service providers will be subject to quality assurance reviews completed annually by the DJJ Quality Assurance staff, during which all of the DJJ QA Standards for CINS/FINS will apply and a minimum of one review per year by an independent contractor with the Florida Network. All non-residential service providers will be required to adhere to the DJJ policies, procedures and requirements as outlined in the local service provider's contract with the Florida Network and follow the guidelines for Quality Improvement Plans when indicated through on-site monitoring or observations by either the DJJ, the Florida Network, DCF or any concerned citizen regarding the state of clinical records, supervision, customer satisfaction scores, etc. The current database also tracks the timely closing of cases and the completeness of electronic records are encouraged through not being able to move through screens until required data is entered.

How Services Are Provided: All referrals are screened for eligibility and eligible youth begin the service delivery process by participating in the CINS/FINS Intake Assessment process in order to identify suicide risk and referral issues.

Suicide Risk Screening:

Service provider personnel who are providing services of any kind are monitoring the client's level of lethality risk throughout the service delivery process.

These services may be provided directly by the service provider or via direct service linkage. The service provider's response is determined by the internal resources it possesses and the availability of community resources such as mobile crisis services, mental health receiving facilities, local law enforcement, etc.

It is required that service providers form written interlocal provider cooperative agreements with community resources to facilitate or enhance this process for CINS/FINS clients.

Psychosocial Assessment:

Service providers initiate a psychosocial assessment and complete it within the first two to three face-to-face sessions with the family and/or youth.

At a minimum, each non-residential service provider offering counseling services shall:

- Reflect all case files for coordination between presenting problem(s), psychosocial assessment, service plan, service plan reviews, case management services and follow-up
- Maintain individual case files on all clients and adhere to all laws regarding confidentiality
- Maintain chronological case notes on the client's progress
- Maintain an on-going internal process that ensures clinical review of case records, client management and staff performance regarding CINS/FINS services.

Through the process of screening and assessment, it may be determined that additional services are needed to appropriately serve the youth and family. The non-residential service provider will assess youth/families to determine needs and provide referrals to outside resources when necessary (e.g., drug treatment, psychiatric care, utility assistance, etc.). They will maintain written interlocal provider agreements in order to assist with referrals for services. They will also document that mental health services are provided by licensed mental health service providers or by mental health professionals who meet the license/certification criteria specified by their respective professional disciplines.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **CASE/SERVICE PLAN**

Policy #4.04

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: A case or service plan will be developed for every youth admitted to a program for CINS/FINS services. A case or service plan will consist of a written document developed with youth and parent(s) that identifies needs, measurable goals and outcomes, proposed actions and time frames for completion of actions.

PURPOSE:

- Identify and prioritize needs
- Establish goals
- Determine appropriate plan of action
- Define responsible parties
- Set proposed dates of initiation and completion
- Track and record outcomes
- Obtain signatures signifying youth and parent(s) agreement to the service plan.

PROCEDURES: The service plan is developed on a local provider-approved form. This plan is developed and agreed upon by the designated local provider personnel, the youth, and available family member(s)/legal guardian. It is based upon information gathered from the initial screening, intake and assessment. The needs of the youth and the family are prioritized and the objectives are established and appropriate services and providers are identified. Local providers should develop interlocal provider agreements with local service providers to ensure the smooth linkage to agreed upon services. Reasonable time frames and responsible persons will also be determined for the initiation and completion of services. A service plan shall be developed with the youth and family within 7 working days following completion of the assessment. (See *DJJ CINS/FINS QA standards*)

The service plan will be signed by the youth, parent/legal guardian, local provider staff and local provider supervisor. When the youth, parent/guardian are not available for signatures, this shall be documented on the service plan. The counselor and family, if available, shall review the service plan at a minimum during 30, 60 and 90-day reviews for progress toward stated goals. (See *DJJ CINS/FINS QA standards*)

Service plans should include:

1. Identified need(s)
2. Goal(s)
3. Type of service(s)

4. Frequency of service(s)
5. Location of service(s)
6. Person(s) responsible
7. Target date(s) for completion
8. Actual completion date(s)
9. Signature of client, parent/guardian, counselor and supervisor
10. Date the plan was initiated

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **CASE MANAGEMENT SERVICES**

Policy #4.05

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Service coordination on behalf of clients which includes: information gathering; supportive linking; advocating, coordination and monitoring of services; case review and termination, with appropriate referral when the local provider's direct service is no longer needed.

PURPOSE: Case management shall provide clients with a coordination of services that utilizes appropriate resources for children and families in need.

PROCEDURES: At minimum, each client shall be assigned a counselor/case manager who will follow that client's case and ensure delivery of services through direct provision or referral. *(See DJJ CINS/FINS QA Standards)*

The process of case management shall include:

1. Establishing referral needs and coordinating referrals to services based upon the on-going assessment of the child's/family's problems and needs;
2. Coordinating service plan implementation;
3. Monitoring child's/family's progress in services;
4. Providing support for families;
5. Monitoring out of home placement, if necessary;
6. Referrals to the case staffing committee, as needed to address the problems and needs of the child/family.
7. Recommending and pursuing judicial intervention in selected cases;
8. Accompanying child and parent(s) to court hearings and related appointments, if applicable;
9. Referral to additional services, if needed;
10. Continued case monitoring and review including court orders;
11. Case termination with follow-up.

POLICY: A case staffing committee meeting will be scheduled and utilized in order to assist with the progress of families and youth needing additional guidance of their case. The case staffing committee is a legislatively mandated committee coordinated by the contracted CINS/FINS local provider that addresses habitual truancy, lockout youth from his or her home, ungovernable and runaway youth when all other services have been exhausted or upon written request from the parent(s)/guardian(s). The committee must include a representative from the Department of Juvenile Justice or its designee (the CINS/FINS provider), and the local school district. Other members may include: representatives from the State Attorney's office, mental health, law enforcement, substance abuse, Department of Children and Families, and other appropriate persons requested by the child or family. Diverse community representation is encouraged for any case staffing committee meeting. *(See DJJ CINS/FINS QA Standards)*

PURPOSE: A case staffing committee meeting shall be scheduled to review the case of any family or child who the local CINS/FINS provider determines is in need of services or treatment if:

- The family or youth will not participate in the services selected; or
- The family or youth is not in agreement with the services or treatment offered,
- The Department of Juvenile Justice or CINS/FINS provider receives a written request from a parent/guardian or any other member of the committee. A case staffing committee should be convened within seven (7) working days from receipt of the written request from parent/guardian. *(See DJJ CINS/FINS QA Standards)*

The case staffing committee shall reach a timely decision to provide the child or family with needed services and treatment through a revised service plan.

PROCEDURES:

1. The CINS/FINS provider shall work with the family to establish the time and location of the case staffing committee meeting. This committee meeting shall be convenient for the child and family to participate.
2. The youth, family and case staffing committee are contacted within five working days to confirm the scheduled time of the meeting. *(See DJJ CINS/FINS QA Standards)*
3. The committee will assess the needs and progress of the youth and family.
4. The committee will make a series of recommendations that may include the filing of a CINS petition, additional services and/or referral to other local providers. A review hearing may be set at this time to review progress toward identified goals.

5. The committee shall provide the child and family with a new or revised plan for services that shall contain the following (see *DJJ CINS/FINS QA standards*)
 - a. Statement of the problem
 - b. Needs of the child
 - c. Needs of the parent(s), guardian(s) or legal custodian(s)
 - d. Measurable objectives that address the identified problems and needs
 - e. Services and treatment to be provided to include:
 - 1) Types of services or treatment
 - 2) Frequency of services or treatment
 - 3) Location
 - 4) Accountable service providers or staff
 - f. Time frames for achieving objectives
6. Within seven (7) days of the case staffing committee meeting, a written report must be provided to the parent(s)/guardian(s) outlining the committee recommendations and the reasons behind them. (See *DJJ CINS/FINS QA Standards*)

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **CINS PETITION PROCESS**

Policy #4.07

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: The case manager or other designee of the CINS/FINS provider will work with the circuit court for judicial intervention for the family or youth as recommended by the case staffing committee. The circuit court has exclusive jurisdiction of judicial proceedings in which a child is alleged to be a Child in Need of Services. Unless relinquished by its order, or unless the Department of Juvenile Justice withdraws its petition or closes the case because the child no longer meets the definition of a Child in Need of Services as defined in s. 984.01 (9), F.S., the court retains jurisdiction of the adjudicated child until the child reaches 18 years of age. (Section 984.04, F.S.) All judicial procedures including petitions, pleadings, subpoenas, summonses, and hearings in CINS cases must be in accordance with Florida law and the Rules of Juvenile Procedure.

PURPOSE: Adjudication services are designed to provide judicial intervention for the family as recommended by the case staffing committee, to prevent involvement in the delinquency and dependency systems and achieve reunification of the family.

PROCEDURES:

1. All coordination and court work with Department of Juvenile Justice Attorneys, including case management and completion of required court paperwork, is the responsibility of the case manager or other designee of the CINS/FINS service provider.
2. Upon receipt of the completed petition and pre-disposition report, it is the responsibility of the DJJ attorney to file the petition with the Clerk of Court in accordance with recommendations from the case staffing committee.
3. The Clerk of Court will issue a summons with the date, time and place of the court hearing/arraignment, with a copy of the petition. (S. 984.16, F.S.) The summons is essentially a Court Order requiring that the person on whom it is served, appear for the specified court hearing. The summons shall be directed to, and served upon the following persons:
 - a) Parents
 - b) Legal custodian and actual custodian
 - c) Child
 - d) Guardian ad Litem (if one has been court appointed to the case)

4. An arraignment is a formal court hearing where the child and the parent, guardian or custodian is present in court to answer or plea to the allegations contained in the CINS petition. At the arraignment, the child and the parent, guardian or custodian is given the opportunity to admit, deny or consent to the allegations that a child is a Child in Need of Services as alleged in the petition.
5. If the parent and child admit or consent to the petition, the case is set for a disposition hearing. If either party denies the petition, the case is set for an adjudicatory hearing. Many courts will proceed directly with the disposition at the arraignment hearing if the child and parent(s), guardian(s) or custodian(s) admit or consent to the petition.
6. The court shall hold a review hearing 45 days after the disposition hearing. Additional review hearings may be held as necessary, but not less than 45 days after the date of the last review hearing. (Section 984.20 (4)(a), F.S.) At the review hearings, the court shall close the case if the child has substantially complied with the case plans and court orders and no longer requires continued court supervision. If the child has significantly failed to comply with the case plan or court orders, the child shall continue to be a Child in Need of Services and reviewed by the court as needed, but no less than 45 days after the date of the last review hearing. (S. 984.20(4)(b), F.S.)
7. A review summary shall be completed by the case manager or other designee of the CINS/FINS provider prior to the review hearing and should inform the court of the child's behavior and compliance with court orders and include recommendations for further dispositions.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **STAFF SECURE SERVICES**

Policy #4.08

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Staff secure shelter services are designed to serve court ordered youth who have been held in contempt for continued running away or are locked out of their home due to a history of conflict and/or ungovernable behavior. Staff secure services provide more intensive staffing and individualized services than the short-term shelter services but provided in the same unlocked, living environment and facility as temporary and voluntary shelter services. Staff secure funding is spread geographically as the need and resources suggest and as the department approves. The proposed plan to the DJJ will be to locate 10 staff secure beds, one bed in each of 10 shelters, contiguous to every county. (See map for placement of these 10 beds.) Each designated staff secure local provider shall incorporate this policy and procedure into their local provider staff secure policy and procedure.

PURPOSE: Staff secure shelter services should be seen as an intervention service focused on youth and families who may be experiencing severe conflict, or have a history of family issues which have not been resolved. The goal of staff secure services is to provide more intensive individualized services for a longer period for the youth and family.

PROCEDURES: Youth eligible for staff secure placement must be adjudicated as a CINS/FINS youth. Youth may be placed in staff secure shelter services for up to 90 days with a possible 30-day extension. Youth referred must meet eligibility requirements (see Florida Statute 984.225) defined for CINS/FINS services and have:

1. Failed to successfully complete an alternative treatment program or to comply with a court ordered sanction; and,
2. Been placed in a residential program on at least one prior occasion pursuant to a court order.

Access to staff secure shelter services shall occur after other alternative, less restrictive remedies have been exhausted by the provider in cooperation with the case staffing committee as per Florida Statute 984.12. All youth receiving staff secure services will receive the same living arrangements as specified in temporary shelter placements; bed and personal space, meals, etc.

Referrals: Youth referred to staff secure facilities must meet the following criteria:

1. Have met the legal requirements outlined in Chapter 984 F.S. for being formally court ordered into staff secure services.
2. Do not have any medical or mental health issues that would make their placement in the staff secure facility unsafe or inappropriate.
3. Are not currently homicidal or suicidal.

Referral information should be received by the staff secure local provider within three business days prior to the scheduled court hearing and potential transfer of the youth to the facility. The referring local provider assigned case manager shall contact the staff secure local provider directly to discuss the case and referral, transfer and placement process.

Transfers: Transportation to the staff secure local provider is the responsibility of the referring local provider. Youth should arrive during an agreed upon time and date to ensure that the necessary supervisory, clinical and youth care staff are present at the time of admission. The following information should be provided at the time of the transfer:

- Copy of court order placing the youth in staff secure
- NetMIS Screening form, CINS/FINS Intake Assessment Form, Risk Factor Form, Psychosocial Assessment and Service Plan
- A signed consent for services and Medical release form for the staff secure local provider, Immunization records and information regarding the youth's most recent school placement
- Youth's personal property (clothing, hygiene supplies, etc.) and any prescription medications the youth is currently taking (in original prescription containers)
- Parent/guardian contact information
- Contact information for case manager and case manager's supervisor

Placement: Referring local providers should make every effort to place a youth in a staff secure facility that is closest to the youth's place of residence to assist in the facilitation of parent/guardian participation. If a placement can only be made (all staff secure beds within closest proximity are full) in a geographic location that will provide a transportation hardship for the youth's family, the youth shall be placed on a waiting list and the Florida Network state office shall be immediately notified. Waiting list youth will be staffed by the Florida Network office and the referring local provider on a case-by-case basis to determine if overlapping placements may be made at an local provider where one youth is close to discharge, or if other alternatives may be found for placement. After a youth is transferred and placed in a staff secure local provider, case management, transportation and court hearings will remain the responsibility of the referring local provider. Both the staff secure local provider and the referring local provider are expected to maintain regular communication regarding the youth's placement progress. For court proceedings regarding the youth's

progress, a written report will be required from the staff secure local provider detailing the youth's current status in placement. Referring local providers will provide at least a notice of three business days when possible to staff secure local providers prior to removing the youth from the staff secure placement to arrange for a smooth transfer and transition.

Data Entry: The referring local provider should have the youth as an open case in non residential Services only throughout the youth's stay in staff secure. The referring local provider shall close the youth record in shelter, if one is currently open. The staff secure local provider will open the youth in staff secure on the youth's arrival into the program and close the youth in staff secure at discharge.

Staff secure shelter services include the following:

- 1) *In-Depth Orientation on Admission:* Youth admitted to staff secure will typically have a planned admission time and date which will allow for a more intensive orientation process with the presence of key staff (clinical and administrative) to establish positive relationships, help the youth understand their current legal status and to set clear behavioral expectations for the youth during their placement in staff secure status. Staff secure youth should be clearly distinguished from other shelter youth through methods described in each staff secure local provider's policy and procedure.
- 2) *Assessment and Service Planning:* A psychosocial assessment is initiated/updated within 72 hours after admission, if necessary. Staff secure providers obtain recent assessment information collected by prior service providers working with the referred youth. If the psychosocial assessment form is more than six (6) months old, a new assessment is performed. Service plans will be developed within seven (7) days of the admission and contain measurable goals and time frames for completion based on the youth's expected length of stay. The service plan shall be signed by the assigned counselor/case manager, the youth and parent/guardian. If the parent/guardian is not available for signature, the service plan shall be reviewed with the parent/guardian by phone and the counselor/case manager will document this review. The referring local provider should be included in the development of the service plan and should receive a copy of the completed service plan.
- 3) *Enhanced Supervision and Security:* Each staff secure local provider is funded to provide one staff secure bed and assigned staff supervision to one Staff Secure youth at any given time. The staff secure local provider will assign specific staff during each shift to monitor the location and movement of the staff secure youth at all times. The assignment of designated staff to the staff secure youth should be clearly documented for each shift through the daily shelter log, a posted staff calendar or any other means that clearly denotes by name the staff person assigned to the staff secure youth. Each staff secure local provider will include a security plan, with emphasis on

control and an appropriate level of physical intervention, in their local provider staff secure policy and procedure.

- 4) *Parental Involvement:* Staff secure local providers should provide parents with opportunities to be involved in the staff secure youth's service planning and progress. Non-staff secure referring local providers should continue to maintain contacts with the youth's parents locally and offer services that will assist in the youth's smooth transition at discharge from staff secure. This may include, but is not limited to: parent support groups, mentoring, individual, family and group counseling, as well as any other services which will facilitate parent and family involvement in the process.
- 5) *Collaborative Aftercare:* The referring local provider should ensure that youth and families continue to receive the necessary support to remain intact once the youth transitions back to their community. It is important for the referring local provider to develop and maintain service linkages that will meet on-going needs of youth and their families. Particular attention is paid to critical service linkages within the first 30 days in the areas of school, employment, counseling and support but follow-up will occur for a total of six (6) months.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **PHYSICALLY SECURE SERVICES**

Policy #4.09

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: Physically secure services are provided in locked settings exclusively for the placement of Children in Need of Services who meet the following criteria:

- Failed to appear for placement in a staff-secure shelter under a s. 984.225, or failed to comply with any other provision of a valid court order relating to such placement and, as a result of such failure has been found to be in direct or indirect contempt of court; or
- Run away from a staff-secure shelter following placement under s. 984.225 or s. 984.09.

Physically secure placements will not be provided by the Florida Network local providers because locked placements are not permissible in shelters receiving federal Runaway and Homeless Youth Act grants. Additional rate agreements are in place with locked adolescent mental health treatment centers. However, to ensure a smooth admission and release of youth placed in these settings, case management services will be provided directly by the Florida Network local providers.

The average length of stay for a youth in physically secure placement has been identified as 90 days. The funds available for physically secure services are subject to annual appropriation by the legislature and can be negatively impacted during times of state budget reductions.

PURPOSE: Physically secure services should be seen as an intervention service focused on keeping youth safe from harm, either by self or others.

- **PROCEDURES:** Physically secure services are *administered* through the Florida Network state office on a by-child basis. Placements are made in the nearest facility to the child's residence in order to maximize family participation and reintegration into the community once the child is discharged.

While in the physically secure setting, the child receives appropriate assessment, treatment, and educational services that are designed to eliminate or reduce the child's truant, ungovernable, or runaway behavior. The child and family are provided with family counseling and other support services necessary for reunification.

CINS/FINS local case managers provide a written request to the Florida Network state office that justifies a physically secure placement and includes a brief history of the services already provided. The request will be approved or denied in writing. If approved, a court order must be obtained and the court order and funding approval letter are forwarded to the receiving physically secure facility. The local provider requesting the physically secure placement is responsible for safe transportation to and from the physically secure setting and continued case management until the youth is discharged and transitioned back into the community with appropriate on-going services.

The court reviews the child's placement once every 45 days. If a child has not been reunited with his or her parent, or legal custodian at the expiration of the placement in a physically secure setting, the court may order that the child remain in the physically secure setting for an additional 30 days if the court finds that reunification could be achieved within that time. If the court finds an inadequate level of support or participation by the parent, guardian, or custodian before the end of the placement, the court can direct that the child be handled as a dependent child, jurisdiction shall be transferred to the Department of Children and Family Services, and the child's care shall be governed by Chapter 39, F.S. Referral are made by contacting the local DCF or Community-Based Care office.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **CASE TERMINATION**

Policy #4.10

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Cases will be terminated upon completion of CINS/FINS services to a youth/family. A youth that will be considered a “completer” of services will meet one of the following completion statuses in NETMIS:

- Services Completed, After Care Planned
- Services Completed, No Referral Made
- Services Completed, Referral Made
- Family Voluntarily Withdrew
- Services Completed, Youth Removed by Protective Local provider

PURPOSE: Provide an effective means for communicating and facilitating the closure of services.

PROCEDURES: A case may be closed following contact, or attempted contact, as follows:

1. The family has successfully completed the agreed upon Service Plan.
2. The youth and/or family no longer meet the definition of FINS.
3. The youth and family refuse to continue to participate in services or withdraw their request for services.
4. The youth engages in behavior endangering self or other participating youth and families (in such a case, an appropriate referral to more intensive services must be strongly considered).
5. The youth and family have been successfully transferred to services more appropriate to their specific needs.
6. The family cannot be located, or have not demonstrated a diligent or good faith effort in accessing or complying with services. This information must be documented.
7. A case may be closed after three documented contacts with the family have not succeeded in bringing the family in for ongoing services. Three contacts consist of:

- a. The first scheduled appointment (shall be documented),
 - b. An attempted telephone call to ascertain why the family failed to keep their appointment (shall be documented);
 - c. A letter stating that the case will be closed if the family has not responded within 7 days of the date of the letter. A copy of the letter must be kept on file and a copy must be provided to the referring local provider.
8. Habitual truancy cases may be terminated by the court, with the consent of the school administrator making the complaint and/or with the consent of the case staffing committee as determined in the local interlocal provider agreements.
9. Adjudicated CINS must be terminated in compliance with Florida Statute and the Florida Network Judicial Interventions Handbook.
10. At the time of case termination, the counselor/case manager shall complete a discharge summary.
 - a. The discharge summary shall be completed on the local provider approved Discharge Summary form and filed in the case record.
 - b. The discharge summary must contain the following information:
 - The reason for termination;
 - A brief recapitulation of events in the case, including findings and recommendations for future treatment or services;
 - A summary of services provided;
 - Progress of the child and family during services;
 - Location or living arrangements of child at termination. If the child is not with the family or returned to the family at termination, the discharge summary must contain the reasons for the alternative placement, plans for the child's living arrangement, and interim objectives set that will accomplish an eventual return, if possible and appropriate;
 - Recommendations for aftercare services, if needed, to ensure family preservation. Aftercare planning should include an assessment of the needs which remain to be met and the designation of an appropriate local provider to provide aftercare services, as well as the measures taken by the provider to ensure necessary aftercare services will take place;
 - Arrangements for case follow-up by the case manager or by a provider.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **RISK MANAGEMENT**

Policy #5.00

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Risk management policies, procedures and practices are established to prevent or minimize risk of accidents and injuries to employees and consumers. In addition, risk management practices reduce or limit personal, professional and organizational liability resulting from local provider operations. The federal government's Occupational Safety and Health Administration (OSHA) has established specific workplace safety requirements to protect employees and employers in the workplace. Employers must meet these requirements and employees must follow established policies to satisfy these federal guidelines.

PURPOSE: To enhance consumer, employee and local provider safety and minimize exposure to accidents, injuries or hazardous materials in the workplace. To improve program operations by establishing a safe work environment; to increase personal safety levels; to support continuous quality improvement initiatives.

PROCEDURES: Each local provider will develop and make available Risk Management policies to all staff. These policies will include, but not be limited to, OSHA training requirements, disaster preparedness and emergency response, CPR and first aid training, universal precautions, video camera surveillance, personal safety and self defense, suicide prevention and medical/mental health alert systems (in residential settings). These policies should be reviewed on an annual basis and revised and redistributed as needed. Employees should be trained in these policies during the local provider's orientation training process. Technical assistance from the Florida Network will be made available to all member local providers. Below is a partial list of some of the general risk management issues:

1. OSHA requirements include training for staff in workplace safety, chemical and material hazards including Material Safety Data Sheets (MSDS), and blood borne pathogens.
2. Disaster Preparedness and emergency response plans (see *DJJ CINS/FINS QA Standards*) are developed locally and written policies and procedures are contained within the local provider's policy and procedure manual. Disasters and emergencies include, but are not limited to, hurricanes, tornadoes, fires, floods, chemical spills, riots, shootings and hostage situations, bomb threats, nuclear accidents and terrorist attacks.

3. First aid/CPR training is required for all direct service employees. Employees are also trained in Universal Precautions and are required to follow established practices and utilize available safety equipment provided by the local provider.
4. Video camera surveillance equipment may be utilized in residential settings to monitor client's activities, record major incidents and to protect employees against any allegations of misconduct made by consumers.
5. Employees working in direct contact with consumers in a residential setting will receive training in Personal Safety and Self Defense techniques. Local providers have established specific written policies related to the "use of force" and set clear expectations for employees to follow in crisis situations.
6. All direct care employees will receive suicide prevention training. The Florida Network has developed statewide protocols related to suicide prevention and individual local providers have developed their own policies to address suicide risk screening, response and prevention.
7. All CINS/FINS residential programs are required to develop a medical and mental health alert system (*see DJJ CINS/FINS QA Standards*). This system allows employees to easily, quickly and consistently identify consumers who have medical, mental health, and/or substance abuse issues or who have other risk oriented behaviors such as being at risk for suicide/homicide, a history of physical or sexual aggression or a flight risk.
8. Each CINS/FINS local provider is required to maintain an incident report file to document and record all serious or severe incidents (*see DJJ CINS/FINS QA Standards*). Notification of local provider administrators and the filing of an incident report to DJJ Central Communication Center should be initiated immediately and must occur within 2 hours of the incident.
9. Child abuse allegations made by consumers against parents/guardians, local provider employees or other caretakers must be reported immediately to the State of Florida Department of Children and Families by contacting the Child Abuse Reporting Hotline at 1-800-96 ABUSE. Consumers must also be given unimpeded access to self-report abuse whenever they request to do so.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **INCIDENT REPORTING**

Policy #5.01

Revision Date: 01/27/11

Supersedes 3-5-2010 Policy Manual

POLICY: The reporting of incidents must be consistent with the Department of Juvenile Justice's requirements. Incidents will be reported to the Central Communications Center (CCC) as soon as possible, but no later than two (2) hours after any reportable incident occurs, or within two (2) hours of the program learning of the incident. The purpose of the CCC is to provide a service to the DJJ, the provider local providers and programs in maintaining a safe environment for the treatment, care and provision of services to youth. The CCC activities are conducted 24 hours a day, 7 days a week. The telephone number for the CCC is 1-800-355-2280.

Local providers will have a written policy, procedure and practice document that complies with DJJ's policy on incident reporting (refer to F.A.C. 63F-11). There is no required DJJ form for incident reports; however, it is recommended that the program utilize the OIG incident reporting form. Incidents should be documented in program logs as well as on incident reporting forms. All incident reports should be reviewed and signed by program supervisors/directors.

PROCEDURES: The following are reportable incidents as per F.A.C 63F-11 AND incidents reportable for CINS/FINS services. There are reportable incidents in F.A.C. 63F-11 that are NOT applicable to CINS/FINS services.

Reportable Incident Types

Program Disruption Incidents

1. Accident
2. Building Emergency
3. Discovery of Illegal or Controlled Drugs or Alcohol
4. Disturbance
5. Hostage Situation:
6. Incidents Involving Visitors
7. Natural or Environmental Disaster
8. Recovery or Possession of a Weapon or Firearm
9. Serious Incidents/Media Attention/Liability
10. Theft of Department Vehicles, Equipment, or Youth Property
11. Use, Threatened to be Used, or Discovery of an Explosive Device
12. Contraband

Medical Incidents

1. Contagious Diseases
2. Employee Death
3. Injury and/or Medical Illness
4. Major Health

5. Youth Death

Mental Health and Substance Abuse Incidents

1. Self-Inflicted Injury
2. Suicide Attempt and/or Suicide Gestures

Complaints Against Staff Incidents

1. Abuse or Neglect
2. Assessing and/or Downloading Computer Pornography
3. Alleged Romantic/Sexual Relationship
4. Background Screening Prior to Employment
5. Employee Arrest
6. Falsification of Records/Documents
7. Gambling
8. Negligent Release
9. Physical Abuse, Medical Neglect, or Sexual Abuse
10. Romantic/Sexual Relationship (Family)
11. Sexual Contact
12. Use of Intoxicating Substances

Youth Behavior Incidents

1. Battery
2. Food Boycott
3. Sexual Battery/Youth on Youth
4. Felony Activity/Incident Involving Youths
5. Computer Pornography

List Effective 1/25/10

Definitions of these incidents can be found in the F.A.C. 63F-11. This list of Reportable Incidents is also available on the Florida Network website in the Document Library Section.

Incidents should be reported first to the CCC and if accepted, then to the Florida Network State Office via Fax copies of the written incident reports.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **ABUSE REPORTING**

Policy #5.02

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Child abuse that occurs at the home is only reported to the Florida Abuse Hotline. Abuse that occurs at the facility is first immediately (occurring near the time of the incident or when the information is first received) reported to the Florida Abuse Hotline (1-800-962-2873) and then secondly to the DJJ Central Communications Center hotline.

Youth and staff shall have unimpeded access to place a call to the Florida Abuse Hotline. Youth and staff shall be allowed to make the decision to report allegations of abuse without obtaining permission. If the youth must go through staff to obtain the use of the telephone, this is not considered impeding access unless staff refuses to allow the call to be made within a reasonable time frame.

Florida Statutes require that all citizens report all suspected or alleged cases of child abuse or neglect. For program staff, failure to report these situations constitutes a second-degree misdemeanor.

Local provider programs shall have written policy and procedure on reporting child abuse.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **BACKGROUND SCREENING**

Policy #5.03

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: In accordance with Chapters 20, 39, 435, 984 and 985, Florida Statutes, and the DJJ Statewide Procedure (#1800) on Background Screening for Employees, Providers and Volunteers, only those employees, volunteers and interns meeting good moral character standards may be hired. Providers who are in direct contact/caretaker positions or who are owners, operators or directors are required to undergo the department's background screening process. In addition, provider volunteers and interns will undergo background screening procedures regardless of the number of hours they work. Guest speakers, guest performers, ministers, or other occasionally visiting personnel who interact with DJJ or provider youth on an occasional basis will not be background screened if they are under the constant and direct supervision of background screened personnel. **No applicant may be hired, nor may the services of any volunteer or intern be utilized, until the background screening has been completed and the applicant determined eligible.** Any person already employed who becomes disqualified shall be dismissed. Additionally, all provider personnel will be re-screened every five years.

Contract/grant providers who are on contract with both DJJ and another department, such as the Department of Children and Families, may provide proof of Level 2 screening from the other local provider. A Civil Applicant Response or Live Scan Response must be provided as proof of screening.

The Office of the Inspector General has the responsibility of operating and managing the Background Screening Unit that conducts background screenings, five year re-screenings, and maintains the Annual Affidavits of Compliance with Good Moral Character submitted by facilities.

PROCEDURES: All hiring authorities at each local provider will be responsible for requiring their applicants to thoroughly read and properly indicate on the **Form IG/BSU-003 – Criminal History Acknowledgement Form** whether they have been found guilty (regardless of adjudication) or entered a plea of nolo contendere, no contest, or guilty to any offense prohibited under Level 2 Screening Standards. This form must be completed by the hiring authority and kept in the local file. It is not to be sent to the BSU unless requested. (Form can be found at <http://www.djj.state.fl.us/djjservices/inspectorgeneral/bsuforms.html>.) If there are convictions on disqualifying offenses indicated on Form IG/BSU-003 that are less than 7 years old, do not forward the application to the BSU for background screening. The applicant is ineligible for hire.

If the applicant has convictions over 7 years old or dropped charges on **Form IG/BSU-003**, and the requestor wants to continue with the employment process, the requestor should have the applicant provide certified copies of relevant arrest reports and certified copies of the judicial disposition for each charge of concern and submit them with the background screening package.

If the applicant is still acceptable to the hiring authority after completing the acknowledgement form, the hiring authority is then responsible for properly filling out the Live Scan background screening request form and for providing a copy of the applicant's driver's license and social security card. The background screening must and shall be completed prior to making an offer of employment to an applicant.

The background screening check is valid for 180 calendar days. Applicants who are not hired within 180 days of completion of the background screening must submit a new background screening request with payment before being hired.

Provider requests for background screening must include the required documents, fingerprint card, and payment check or money order made out to DJJ and must be mailed to the following address:

Department of Juvenile Justice
Office of the Inspector General
Background Screening Unit
2737 Centerview Drive, Suite 305
Tallahassee, FL 32399-3100

Items required are:

- 1) The **Form IG/BSU-002** – Request for Livescan Background Screening for Contracted Providers Only (found on the DJJ website <http://www.djj.state.fl.us/djjservices/inspectorgeneral/bsuforms.html>.)
- 2) A legible copy of the applicant's driver's license or Florida identification card.
- 3) A legible copy of the applicant's social security card. If the applicant does not have a social security card, they can use a W-2 from a previous employer or a letter from the Social Security Administration with the applicant's name and social security number typed on it.
- 4) Completed fingerprint card. Fingerprint cards submitted by providers must have ORI FL921940Z in the ORI box and have FS.984.01/Caretaker entered
- 5) in the Reason Fingerprinted box. The fingerprint card submitted must be of the type with blue lines. Providers may obtain fingerprint cards from the office of the
- 6) DJJ Regional Manager. DJJ Regional Managers can obtain the Fingerprint cards from the BSU. **Do not use a highlighter on the fingerprint card.** The FBI will not accept cards that have any highlighted sections on it.

The requestor will submit the applicant's background screening package by mail. Providers are required to mail the packages and to include a check for the cost of the livescan screening.

Inquiries relating to background screenings can be made by email to:

GeneralBSU@djj.state.fl.us.

a. The business conducted by the BSU is confidential and sensitive in nature. Therefore, the only person from a facility that should contact the screener with questions about the background screening should be the requestor.

b. The requestor **should never provide the name of the screener or the BSU email address to the applicant** unless the screener calls and asks the requestor to have the applicant/employee contact them.

c. Communication about applicant's criminal charges:

(1) Applicant will receive notification in writing of the charges that caused the applicant to be rated ineligible.

(2) Provider requestors will receive a copy of the Florida criminal history record that is considered to be public record. Provider requestors will not receive confidential information, which may include information such as sealed records, expunged records, some youth criminal records, and out-of-state charges.

(3) DJJ requestors will receive the complete criminal history.

(4) Applicants with an ineligible rating may request an exemption. This process is spelled out in detail on the DJJ website: http://www.djj.state.fl.us/policies_procedures/departementwide/background_screening/BSU-LS_policy.pdf

For additional information regarding Background Screening, refer to the DJJ Policy and Procedure Background Screening Unit Effective 3-14-2006.

**Florida Network of Youth and Family Services
Policy and Procedure**

Policy Title: **ANNUAL AFFIDAVIT OF COMPLIANCE WITH GOOD MORAL CHARACTER STANDARDS**

Policy #5.04

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: An Annual Affidavit of Compliance with Good Moral Character Standards will be completed by each local provider/provider and sent to the Background Screening Unit before January 31 each year.

PROCEDURES: The **Form IG/BSU-006**, Annual Affidavit of Compliance With Good Moral Character Standards is required to be completed annually by each Contracted Provider facility receiving grants and/or funding from DJJ. The form can be found on the DJJ website: <http://www.djj.state.fl.us/djjservices/inspectorgeneral/bsuforms.html>.)

The completed Form **IG/BSU-006** is due to the BSU by January 31 of each year. The information required for Form **IG/BSU-006**:

- a. The person in charge (owner, director, principal, etc.) of the local provider/facility shall enter his/her name and sign the form.
- b. The facility/local provider name shall be entered.
- c. The document must be signed in front of a Notary Public and notarized.
- d. The form should then be sent to the BSU.

For additional information regarding Background Screening, refer to the DJJ Policy and Procedure Background Screening Unit Effective 3-14-2006.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **DISASTER PLANNING**

Policy #5.05

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: Local providers will have a written, annually reviewed and/or updated, disaster preparedness plan that is submitted in to the Florida Network each year.

Local providers providing shelter services will agree to participate in the Universal Agreement Emergency Disaster Shelter, as evidenced by signature of the CEO or designee on the Universal Agreement Emergency Disaster Shelter document.

PROCEDURES: Disaster preparedness plans will include but not be limited to the following:

- Emergency evacuation in case of disasters (hurricane, tornado, fire, flooding, youth riots, taking of hostages, shooting, chemical spills, bomb threats, terrorist acts, etc.)
- Procedures to follow in a severe weather warning
- Necessary and secure transportation in case of evacuation (applicable to shelters only)
- Conditions under which the evacuation would occur
- Identification of a specific evacuation facility
- Procedure to address bringing food, medications, log books, cell phones, radios and other necessities (mattresses, etc.) during an evacuation (applicable to shelters only)
- Process to notify the Florida Network

The Universal Agreement Emergency Disaster Shelter document will periodically be updated as needed by the Florida Network state office and routed to all shelter local providers for updated signatures.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **DATA COLLECTION**

Policy #6.00

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: Providers shall collect and deliver timely and accurate data regarding local service provision to the Florida Network, as prescribed by the Florida Legislature and the DJJ. When federal dollars are being earned through provision of services, federal and state data reporting requirements will be met by all local providers. This data shall document clients and services provided and shall be entered electronically by the Provider into the Florida Network Management Information System (NETMIS) within 5 days of services commencing. The provider is required to enter data for all children served under CINS/FINS statute, regardless of funding source. Assessment of contract compliance regarding outputs, outcomes and target populations shall be determined from data entered into NETMIS by the provider.

PURPOSE: As part of governmental funding requirements and sound policy, the Florida Network and its member local providers collect information on the programs and services they offer to the community and the individuals who benefit from using these programs and services. Florida Network local providers provide a continuum of services including but not limited to:

- Initial Screening and Referral
- Assessment
- Non-Residential Services
- Temporary Shelter
- Staff Secure (for CINS/FINS temporary shelter providers)
- Physically Secure

PROCEDURES: There are two primary areas that local providers address in collecting information – those that are client related and those that are local provider related. Client information is entered through the NETMIS Youth Module. Providers should refer to the NETMIS Users Manual for data entry requirements.

Federal confidentiality regulations require that each client receiving service be made aware of the data collection process. It must be documented for each client that he or she has been told:

- 1) That client-specific data is being collected;
- 2) The purposes for which the data is being gathered; and
- 3) The method for protecting the client's identity.

The standard way to document client awareness is by asking each client, as part of the intake process, to sign an "informed consent" form.

Information is gathered through various methods with both paper and electronic data collection capabilities existing. After collection of the information, the data must be submitted to the Florida Network where it is aggregated and analyzed. Data must be entered into NETMIS as required by contractual standards or as required for reporting to the Florida Network, DJJ or other entities. Below is a table indicating the primary data collection tools, their reporting format and reporting timetable.

Data Tools	Collection	Reporting Format	Time Table
NETMIS		Youth Profile Contact Information	Initiated at intake and completed at exit
		Youth Program Status (Log)	
		Youth Screening	
		Youth Program Intake/Discharge	
		Demographics	
		Risk Factors	
		AFCARS	
		Issues	
		ATOD	
		Services Provided	
Client Satisfaction		Satisfaction Form	Upon exit
Client Follow-up		180 day follow-up	180 days after exit
AD Hoc Surveys		As needed	As needed

It is important to note that the NETMIS is not an intake form and is not intended to replace a sound, professional clinical intake process. The NETMIS is a data entry, collection and reporting system, not a clinical tool.

Reviews and updates are recommended as part of the information recording process to help compensate for the different program lengths and to ensure that insight and information gained throughout the course of working with the youth are reflected in the data recorded. At updates the information contained in each section of the NETMIS should be reviewed. If changes are appropriate, the user should add new information, delete incorrect information, or change responses. Changes can be made to a youth's record at any time that new information is obtained. The NETMIS automatically will update the information to reflect and report the most current entry.

To satisfy funding reporting requirements, information on the core services will be gathered accordingly. NETMIS has been designated as the method of data collection on client related information and for consistency purposes, procedures

outlined in the NETMIS Users Manual should be followed when collecting client and program information. For additional information on data collection procedures, providers should contact their local provider data administrator or the Florida Network.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **QUALITY ASSURANCE**

Policy #6.01

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: A statutorily mandated process for the objective assessment of a program's operation, management, governance and service delivery based on established standards. Established in F.S. 985.412 in 1994. To determine the effectiveness of services funded by the Department, programs are evaluated in three major areas: processes, outcomes and cost.

The purpose of this policy is to continuously improve the quality of services being provided to clients; to ensure program compliance with specific quality standards and programmatic requirements established by the Department; to minimize Department and local provider liability in providing services to youth and families.

PROCEDURES: The Department, with input from the Florida Network, first developed and published Quality Assurance Standards for CINS/FINS programs in 1995. Each year, these standards are reviewed and revised as necessary and then distributed to local providers prior to annual reviews. These reviews are conducted randomly between January and November.

Introduction: The Department of Juvenile Justice conducts on-site Quality Assurance (QA) reviews of all CINS/FINS programs on an annual basis for all residential programs. These reviews are based on specific QA Standards developed and distributed by the Department with input from the Florida Network. One method DJJ uses to determine program ratings is assessing the effectiveness of local providers' *Policies, Procedures and Practices*.

Annual Quality Assurance Plan: Each local provider develops internal strategies to address these standards and may modify their service delivery process so it is consistent with the standards identified by the Department. Local providers are encouraged to develop an *Annual Quality Assurance Plan* to create a time line of activities, assign personnel to specific standards and address various QA issues and changes each year. One common attribute of local providers that are successful in the QA process is that *employees at all levels are directly and continuously involved in the QA activities year round*.

Notification: Local providers are notified in writing by the Department 7 days prior to their annual review date. The on-site reviews, which begin with an entrance interview and end with the exit interview, typically last 3-4 days.

Review Team: The on-site review team consists of a lead reviewer from the Department of Juvenile Justice; other DJJ QA staff reviewers; and one or more "peer reviewers" from other CINS/FINS local providers. If no CINS/FINS Peer

Reviewers are available, the Department may select reviewers from outside the CINS/FINS program area.

Multiple Data Sources: The review team relies on multiple data sources to determine scores for individual indicators. These sources include: (1) program documentation such as policy and procedure manuals and client case files; (2) youth, parent and program staff interviews; and (3) observation of actual services being delivered to clients by program staff.

Florida Network Quality Assurance Sub-Committee: The Florida Network has established a Quality Assurance (QA) sub-committee to support local providers' efforts in meeting these standards. As part of the Florida Network's Quality Improvement Committee (QIC), the QA sub-committee meets on a quarterly basis to review and discuss issues related to the Quality Assurance process. The QA sub-committee compiles a list of "best practices" and superior ratings each year to facilitate continuous quality improvement and promote resource sharing between Network members. The QA committee recommends that local providers *Plan, Prepare and Present* information to the QA review team in a positive, organized and proactive manner. For example, one "best practice" in terms of planning is to meet with your regional DJJ QA administrators to discuss the standards well in advance of your review.

Quality Assurance Standards: CINS/FINS programs are evaluated in the following areas or standards:

- Management Accountability
- Screening, Intake and Assessment
- Temporary Shelter Care
- Health, Mental Health, and Substance Abuse Services

Quality Assurance Scoring System: Within each standard there are several specific indicators that are individually evaluated and scored. Each indicator is scored based on the following scale: 0 = Non-performance, 5 = Partial, 7 = Satisfactory and 10 Superior. The grading for the overall program performance is based on the following scale: 0-59% - Failed; 60-69% - Minimal; 70-79% - Acceptable; 80-89% - Commendable; and 90-100% - Exceptional.

All local providers are encouraged to visit this site at www.djj.state.fl.us, click on the Quality Assurance link and find valuable information related to the QA process, Peer Review training, training hours awarded to staff (20 hours of management training) for participating as a Peer Reviewer on a QA review and other valuable information.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **TITLE IV-E**

Policy #6.02

Revision Date: 01/30/2009

Supersedes 1-10-2006 Operations Manual

POLICY: All CINS/FINS shelter programs, with the exception of those run by county government, are eligible to earn federal Title IV-E funds. Legal Authority:

- ◆ Social Security Act, Section 472
- ◆ Public Law 96-272
- ◆ 45 CFR, Parts 1355 - 1357
- ◆ Section 409.166, Florida Statutes

On October 1, 2006 the IV-E Waiver was authorized by the HHS-ACF for a five-year period, under Title IV-E of the Social Security Act.

PROCEDURES: Simplified eligibility is intended to remove unnecessary eligibility related activities eliminated under the IV-E Waiver. It also preserves a packet of information in each youth's case management file. And it ensures that information needed for future Title IV-E eligibility is available.

Eligibility Simplification Process:

Collect and/or complete the following information and send to the Florida Network office:

- Citizenship documentation (birth certificates, INS or Declaration of Citizenship)
- Income Documentation: W-2, paystubs, self-report, etc.
- Voluntary Placement Agreement for current admission
- IV-E Waiver Application
- IV-E Foster Care Initial Checklist – signed and dated (if this is not fully completed the FN will determine the child ineligible.)

Send these documents to the Florida Network office for eligibility determination.

Once the Florida Network has determined eligibility, written notification will be provided to the local providers. The local providers will then enter the required data into NetMIS and submit the IV-E invoice to the Florida Network office. The Florida Network will compile the NetMIS IV-E data, complete a roll-up invoice to the DJJ which is then forwarded to the DCF. Once payment has been made to the Florida Network, individual local provider payments are distributed as appropriate.

Adoption and Foster Care Analysis and Reporting System (AFCARS) – Data elements are required to be entered into NetMIS in order for the Florida Network to submit accurate data to the DCF twice yearly.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: CONTRACT MANAGEMENT & MONITORING	Policy #6.03
	Revision Date: 01/30/2009
Supersedes 1-10-2006 Operations Manual	

POLICY:

Contract Management of the local service providers will include, but not be limited to:

- Utilizing tools approved by the DJJ for program, administrative and fiscal monitoring
- Monitoring compliance with and enforcement of contract provisions including the DJJ Statewide Incident Reporting Procedure, Arrest Reporting requirements and the DJJ Background Screening
- Ensuring that quality improvement/corrective action plans are in place and followed through to completion (See Quality Improvement Plan & Conflict Resolution schematic)
- Implementing graduated consequences up to and including bidding out local service provider contracts for non-performance – as deemed appropriate by the DJJ and the Florida Network
- Implementing (when necessary) plans for payback – when services are paid for but not delivered during the contract period, or alternatively and in consultation with the DJJ, terminating the contract of the nonperforming local service provider(s) under proposed provisions
- Allocating units of service and funding (as approved by the DJJ) by DJJ circuit data and managing by local provider data
- Reviewing compliance with federal laws and rules such as OMB Circular A-133, Florida Statutes, Florida Administrative Code, DJJ policies and other applicable laws (i.e., the Florida Single Audit Act)
- Reviewing and determining eligibility of the Social Security Act Title IV-E local provider reimbursement claims
- Monitoring quantity, quality, accuracy and timeliness of data collection and entry by each local provider
- Obtaining annual financial audits from each local provider that comply with the Single Audit Act

Contract Monitoring is active oversight of provider performance and includes the acquisition, review, reporting and follow-up on information to ensure:

- Providers' compliance with terms and conditions of contracts and any applicable laws, rules, policies and procedures;
- Providers' fiscal responsibility; and
- Corrective actions are implemented.

The following list includes additional operational and programmatic items that are typically identified during contract monitoring:

- Failure to ensure client health or safety;
- Significant monitoring findings;
- Inferior quality or services;
- Failure to perform all or part of the agreement;
- Late performance;
- Late submission of reports and documents on an ongoing basis; and
- Inadequate, unclear or excessive purchases or use of funds.

In addition, contract compliance monitoring is the method and means to determine whether or not the provider is performing contractual services as required by the Florida Network.

Tools to facilitate active oversight for Contract Management and Monitoring are detailed in the Procedure section.

Conflict of Interest Management: The Florida Network adopted new by-laws and is building a new 15-member non-provider Board of Directors, effective October 5, 2007. On February 8, 2008 the first seven Board of Directors were seated and these seven will then select the remaining eight. The new by-laws are available on our web-site. No local service providers or anyone receiving any contracts or financial compensation from the Florida Network will be on the Board of Directors. No Board member will have decision-making authority to amend, renew or cancel a CINS/FINS contract. No Board member will have contract monitoring or contract management authority.

PROCEDURES:

Contract Management:

The Florida Network state office will be responsible for managing the provider local provider contracts.

Tools to facilitate active Contract Management and Monitoring include:

1. MONTHLY DATA: Statewide and local data will be collected monthly on all local providers, and disseminated to the DJJ and the providers. Data reports currently provided are:

Contract Benchmarks: number and percentage met for services delivered

Contract Monitoring: number and percentage met on several indicators

Title IV-E: AFCARS eligible, ineligible, waiting and percent approved, pending application.

High Crime Zip Codes: Non-residential served

Residential Risk factors: Risk Domain data for residential youth served

Non-Residential Risk factors: Risk Domain data for non-residential youth served

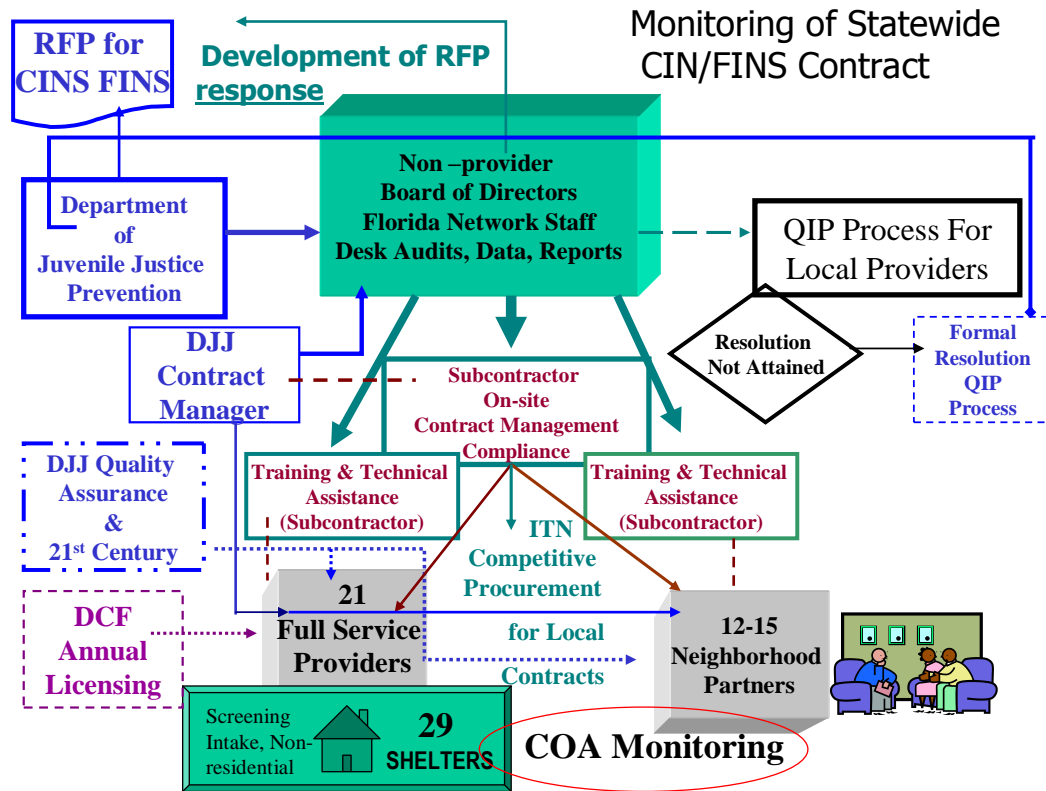
2. **CONTRACT MONITORING TOOL:** The revised Contract Monitoring tool will be utilized by an independent contracted company(ies) during announced and unannounced visits to all local providers and follow up on quality improvement plans/corrective action plans. All aspects of the contracts are reflected in this tool, including fiscal management, new DJJ QA standards, the DJJ Background Screening compliance and reporting to the DJJ Central Communications Center (CCC).
3. **FISCAL TRAINING AND TECHNICAL ASSISTANCE:** A contracted independent Certified Public Accountant (CPA) will coordinate with the DFS, the DJJ and the Florida Network to provide training and technical assistance to all local providers.
4. **MONTHLY TRACKING:** Tracking and follow up as needed will occur of all monthly reports as referenced above and all performance measures.
5. **QUARTERLY DESK AUDIT:** A desk audit will be conducted quarterly by the Florida Network for each local provider. The audit measures the service deliverables, risk factors and other data points and results will be provided to the DJJ and the local service provider simultaneously within 20 days following the end of each quarter. Outreach plans and Staffing will also be examined.
6. **ANNUAL EVALUATION:** An annual evaluation process, coordinated with the DJJ, will be in place. Local providers scoring below criteria during this process will fall under competitive procurement.
7. **INCIDENT REPORTING:** Incidents will be reported into the database and incident reports completed and faxed to the Florida Network office, even when the DJJ CCC does not take the report. These incident reports will be reviewed each day and followed up on as needed. If the CCC determines the report is of a substantial nature, the Florida Network will follow up and ensure that all proper procedures were followed, reporting this back to the DJJ Contract Manager. Also, training occurs at the QIC (see below) a minimum of once per year on the CCC reporting guidelines. This is done in conjunction with the DJJ CCC personnel.
8. **SATISFACTION SURVEY:** An anonymous questionnaire will be presented for completion to all youth and parents receiving services through local providers. Data from completed surveys will be provided to the local providers twice a year for management purposes.
9. **CURRENT LICENSE(S):** All local shelter providers must have a current child-caring or child-placing license with the Department of Children and Families.
10. **QUALITY IMPROVEMENT COMMITTEE (QIC):** The QIC has been a valuable tool, allowing the Florida Network to provide and receive information from local providers regarding ways to improve contract performance and CINS/FINS services. All local providers are mandated to attend two of the three annual meetings - which consist of information dissemination (e.g., new DJJ QA standards or CCC procedures), training on topics such as MRSA, and other programmatic discussions. Currently

the four subcommittees to QIC are Quality Improvement, Program Development, Public Information & Outreach, and Data. These subcommittees work to address specific issues related to their specific areas. Examples of past areas of improvement resulting from QIC include: Hurricane preparedness and placement of children during any catastrophe, forms to capture essential data, Title IV-E implementation, targeting zip codes as well as D and F schools, the Policy and Procedure Manual, suicide protocol and the use of TeenScreen, domestic violence policy paper and recommendations to the DJJ for rules and standards, annual training by the DJJ CCC and Background Screening Unit staff.

11. TITLE IV-E APPLICATION APPROVAL CHECKLIST: A checklist exists to improve the accuracy in processing IV-E applications. (See Policy 1.24)
12. PROGRAMMATIC & ADMINISTRATIVE TECHNICAL ASSISTANCE AND DATA ANALYSIS: Assistance will be provided through independently contracted services of a program trainer, Certified Public Accountant, human resources attorney, the Florida Network staff and others as needed.
13. CONDUIT FOR COMMUNICATION: Communication will be facilitated between the DJJ, local providers, independent contractors and the Florida Network. Past examples: local providers gathered staff turnover and salary data, number of youth on medication, and hurricane reports. The Florida Network and the DJJ were able to jointly advocate for additional funding for nurses in the shelters and Youth Care Worker salaries were increased.

Contract Monitoring:

Fiscal, Programmatic and Administrative On-Site Monitoring: As is shown in the schematic below, Florida Network local providers undergo extensive and numerous monitoring events throughout the year. The *Florida Network* monitors the local providers by utilizing the various tools listed above for monitoring as well as managing. In order to add an additional layer to the Florida Network's contract monitoring an *independent contractor* will be retained to provide contract monitoring and reporting. This service will be competitively procured in the event that the Florida Network is awarded this contract. Payment for services will be made after the deliverables have been provided. *The DJJ CINS/FINS Contract Manager* monitors all programs throughout the year, utilizing an independent monitoring tool. *The DJJ Quality Assurance* conducts annual, unannounced site monitoring. An independent contractor retained by the DJJ, *21st Century*, monitors the local providers through quarterly site visits regarding performance on zip codes. *The Department of Children and Family Services* conducts annual licensing. Council on Accreditation (COA) has accredited 23 of the local providers and their monitoring is on a three year cycle. All local providers must complete an annual fiscal audit conducted by a *CPA firm* of their choosing.



The *Independent Contractor* (Subcontractor On-site Contract Management Compliance on the schematic) retained by the Florida Network will conduct contract and programmatic-monitoring and reporting which will include visits to all local providers. If issues of child, staff or public safety are surfaced during a contract monitoring visit, the Florida Network and the DJJ Contract Manager will receive immediate notification. An attempt will be made to coordinate the announced visits with DCF licensing visits, COA reviews, QA reviews, financial audits, etc. Subsequent to site visits, the independent contractor will complete reports within 15 business days. These reports will be in PDF format and e-mailed to the DJJ contract manager, the Florida Network, and the visited local provider simultaneously. An annual statewide schedule detailing the frequency of visits will be completed based upon each local provider's DJJ QA score as soon as that score is available. For local providers with an Exceptional or Commendable, one on-site unannounced visit will be conducted. For local providers with an Acceptable score, one announced and one unannounced visit will occur. For the local providers with a minimal score and/or those on Conditional status with the DJJ, a minimum of two announced and one unannounced visit will occur during the year.

Reporting

The Independent Contractor shall prepare a written report no later than (30) thirty days after conducting the on site visit. The written report will be submitted electronically to the Executive Director or designee at the Florida Network State Office the CEO, President or Executive Director of the Provider that was visited and DJJ simultaneously. Independent Contractors utilize methods and practices that identify and detect administrative and programmatic problems and report these findings in an accurate and expeditious manner. If the Independent Contractors determines that the provider is not in compliance, then the Independent Contractors shall include the corrective action item(s) in the report and request that the corrective action item(s) be corrected within 14 business days.

Corrective Action Process

All major problems identified by the Independent Contractors shall be conferred with the Florida Network before taking steps to resolve. When a significant non-compliance, which threatens the health or well being of youth, has occurred the Independent Contractors shall immediately verbally notify the Executive Director or designee at the Florida Network State Office. Subsequent to the verbal notification a written report to the Florida Network State Office shall be prepared within 48 hours highlighting the areas of concern and describing the corrective action plan required from the provider.

The provider must submit a corrective action plan to address any and all items cited in the corresponding sections of this report. The provider's Corrective Action Plan should address the issues, corrective action items cited, time frames and staff responsible. Responses to items cited for corrective action are due to the Florida Network and the Independent Contractors within 14 working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Independent Contractors will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within 3 days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form. Recommendations are suggestions regarding general program and operations issues observed during the review. Although these areas have been cited as needing attention, these items do not necessarily require a written response.

Quality Improvement Process: As depicted in the schematic below, there are 12 triggers that initiate the Quality Improvement process. Timelines are also embedded in this schematic. In the event that the Quality Improvement process does not adequately resolve the issues identified, sanctions will be imposed upon the local provider and the Florida Network will work with the DJJ for final decision and further action.

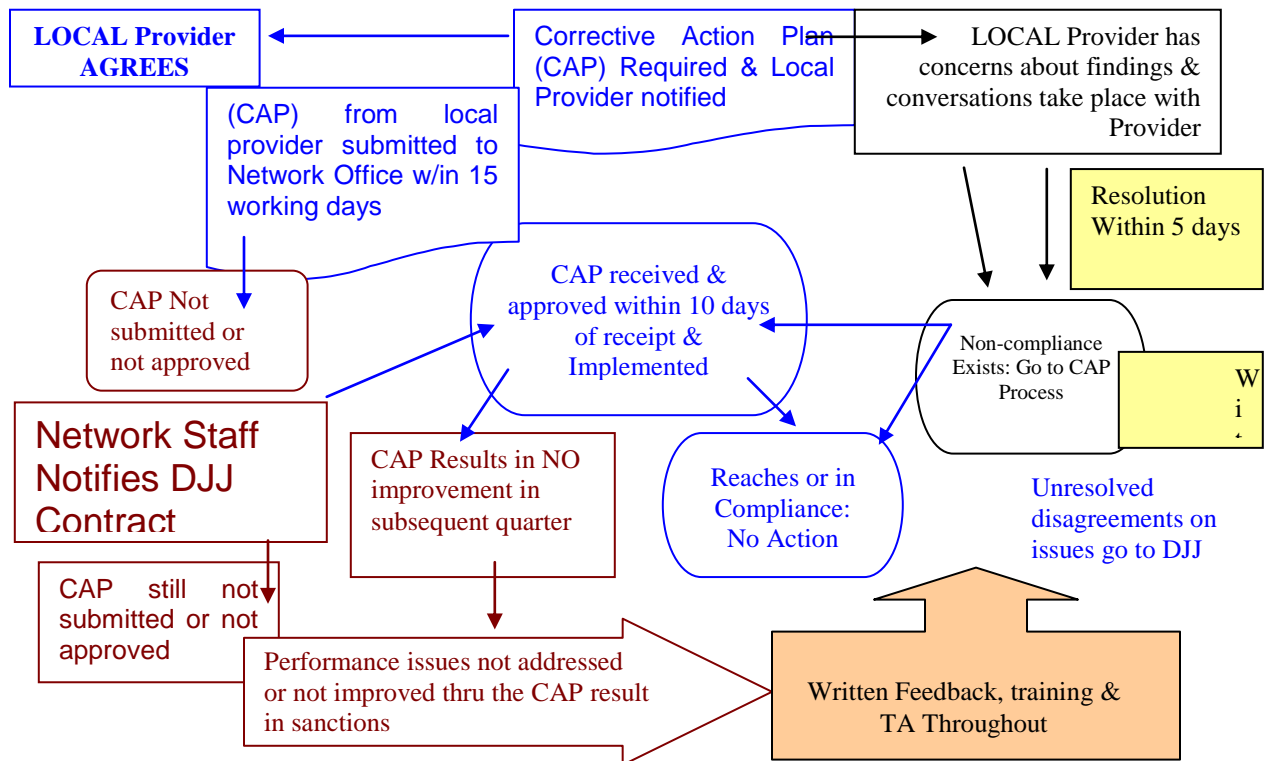
PROCESS FOR QUALITY IMPROVEMENT AND CONFLICT RESOLUTION

TRIGGERS FOR IMMEDIATE ACTION Quality Improvement Response or Plan

1. Safety and Security issues reported from any source
2. CCC report of a serious nature
3. Call from a customer (parent, youth, law enforcement, school, etc.)
4. Call from any government official—all branches
5. Call from DJJ contract manager position or higher
6. Monthly report data looking out of the norm

TRIGGERS FOR A CORRECTIVE ACTION PLAN (CAP) MEASURED QUARTERLY

1. Quarterly Desk Audits
 - Below 90% for contracted outputs/units of service
 - Average time of data entry longer than 10 days
 - % of population w/ risk factors & zip codes below standard by more than 5%
2. DJJ QA Score on any standard below Acceptable
3. On-site contract compliance report with Corrective Action Plan recommended
4. Annual Financial Audit not submitted by 180 days after end of contract period
5. Employee background screening not in personnel file within time frame
6. More than 6 Critical Incident Reports per quarter: CCC and/or those received through NetMIS



Florida Network of Youth and Family Services Policy and Procedure

Policy Title: **TRAINING**

Policy #6.04

Revision Date: 03/05/10

Supersedes 1-10-2006 Operations Manual

POLICY: Training and professional development are key components of continuous quality improvement. In addition, training is a requirement of all major funding sources, the federal government (OSHA) and national accreditation organizations (COA). These requirements set specific goals for staff training in terms of the number of hours and specific topics required for each employee. Employees must meet these requirements to satisfy funding source, contractual or other local, state and federal guidelines. All direct care CINS/FINS staff shall have a minimum of 40 hours of training for each full year of employment.

PURPOSE: To enhance local provider services and improve program operations by teaching employees the necessary and essential skills required to provide CINS/FINS services and perform specific job functions; to increase individual staff performance levels; to support continuous quality improvement initiatives.

PROCEDURES: Training services are 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 services. Below is a partial list of some of the required training topics:

- Local provider Orientation Training
- CINS/FINS Core Training
- Crisis Intervention Skills (verbal)
- Personal Safety and Self Defense
- Suicide Prevention
- Sign and Symptoms of Mental Health and Substance Abuse
- CPR and First Aid
- Emergency Response
- Universal Precautions
- Cultural Competency

Each CINS/FINS local provider is required to maintain an individual employee-training file (*See DJJ CINS/FINS QA standards*) for each employee. Each employee training file should include an annual employee training hours tracking form and related training documentation such as training certificates, sign-in sheets and agendas for each training attended.

In some cases, local providers may require their employees to maintain their employee-training file and to ensure that they are meeting local provider training requirements outlined in the local provider's personnel policies and procedures manual. Quarterly reviews may be conducted to ensure compliance. In addition, many local providers tie annual performance evaluations and salary increases to

employee training performance, emphasizing the importance of meeting the training requirements.

Florida Network of Youth and Family Services Policy and Procedure

Policy Title: LINKAGES TO LOCAL COMMUNITY SERVICES Policy #6.05 Revision Date: 01/30/2009 Supersedes 1-10-2006 Operations Manual
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POLICY: Each local CINS/FINS provider will build strong community partnerships and collaborations to ensure youth and their families being served receive medical, educational, therapeutic and other supports that are identified in the service plan. For voluntary placements of more than three days, continuing needs, and the community resources to meet them, will be identified with the youth and family at the time of discharge.

PROCEDURES: Each local provider will submit to the Florida Network a list of community partners as evidenced by written agreements/Memoranda of Understanding that address the services to be provided and the referral process. Some examples are: emergency medical care with local hospitals, county health services, pro bono physicians and dentists, Kid Care, mental health and substance abuse provider local providers, and school-based services. Local service providers must maintain copies of the community-based agreements at their facility. A letter from the CINS/FINS local provider can also be submitted to describe the less formalized supports to youth and families, such as, birthday celebrations for youth, educational tutoring, staff or youth training on topics of interest, clothing, signing children up for, etc. These can be with civic organizations, other social service providers, government offices, faith-based groups, and other volunteer groups. All linkages must be well-defined, mutually beneficial, with a means for sharing resources, and accountable for success in achieving positive outcomes for children and families in need of services.

APPENDIX

CINS/FINS Suicide Risk Response Protocol (2009) - Attached

Florida Network – CINS/FINS Intake Form (1/29/09) - Attached

REFERENCE DOCUMENTS

Below is a summary of several key reference items. Additional information and reference material can be found on the Florida Network website at www.floridanetwork.org.

- Florida Statutes, Chapter 40.441 - Runaway Youth Programs and Centers
- Florida Statute, Chapter 984 – Children and Families in Need of Services
- Florida Statute, Chapter 409.175 - Licensure of family foster homes, residential child-caring agencies, and child-placing agencies; public records exemption.
- DJJ Policy – FDJJ -1800 – Statewide Procedure on Background Screening for Employees, Providers, Volunteers and Interns – including Attachments. Revised December 16, 2009.
- DJJ Policy – FDJJ - 8000 – Central Communications Center (12/24/06) and Policy Memorandum – Central Communication Center Change in Reporting Criteria (1/25/10)
- DJJ Health Services Manual – Chapter 19 – Health Services in Temporary Shelters (October 2006)
- CINS/FINS Quality Assurance Standards –(DJJ)
- DJJ Policy – FDJJ – 1709.03 – Quality Assurance “Deemed” Status (12/17/08)
- DJJ Policy – FDJJ – 1715 – Quality Assurance “Conditional” Status (12/1/06)
- Florida Network Contract Monitoring Tool
- Florida Network Corrective Action Form
- NetMIS Users Manual