

POLICY & PROCEDURE MANUAL

For All Florida Network Programs

This Manual was created for all programs funded through the Florida Network of Youth and Family Services.

TABLE OF CONTENTS

Introduction	1
Florida Network Flow Chart.....	2
Section 1.....	3
1.00 CINS FINS Objectives for Services	
1.01 <u>Outreach Services</u>	
Section 2.....	6
2.0 Centralized Intake & Screening	
2.01 <u>Screening for CINS/FINS Eligibility</u>	
Section 3.....	9
3.0 <u>Admission Process</u>	
3.01 Suicide Prevention	
3.02 <u>Identification of Suicide Risk in Shelters</u>	
3.02.01 Identification of Suicide Risk in Community Counseling Programs	
3.03 <u>Network Inventory of Risks, Victories And Needs Assessment (NIRVANA)</u>	
Section 4.....	23
4.00 <u>Shelter Program Services</u>	
4.01 Shelter Services Staffing	
4.02 <u>Community Counseling Services</u>	
4.03 <u>Case/Service Plan</u>	
4.04 <u>Case Management Services</u>	
4.05 Adjudication Services	
4.06 CINS Petition Process	
4.07 <u>Specialized Additional Program Services</u>	
4.07.01 Staff Secure Services	
4.07.02 Domestic Minor Sex Trafficking Services	
4.07.03 <u>Physically Secure Services</u>	
4.07.04 <u>Domestic Violence Respite Services</u>	
4.07.05 Probation Respite Services	
4.07.06 <u>Family/Youth Respite Aftercare Services</u>	
4.07.07 Intensive Case Management	
4.08 Case Termination	
4.09 <u>Video Surveillance System</u>	
4.10 Log Book	
4.11 <u>SNAP® Intake Requirements</u>	
4.12 SNAP® Group Delivery	
4.13 SNAP® Fidelity Adherence Monitoring	
4.14 <u>SNAP® Discharge Requirements</u>	
4.15 <u>SNAP® In Schools</u>	

Section 5		73
5.0	Risk Management	
5.1	<u>Incident Reporting</u>	
5.2	Abuse Reporting	
5.3	<u>Background Screening</u>	
5.4	Annual Affidavit of Compliance with Good Moral Character Standards	
5.5	Disaster Planning	
5.06	<u>Medication Management and Distribution (DRAFT)</u>	
5.07	<u>Transportation of Youth</u>	
5.08	<u>Search Policy</u>	
5.09	Client Contact Policy	
Section 6		99
6.00	<u>Data Collection</u>	
6.01	Quality Improvement	
6.02	<u>Contract Management and Monitoring</u>	
6.03	Risk Monitoring & Assessment	
6.04	<u>Training</u>	
6.05	Linkages to Local Community Services	

INTRODUCTION

PURPOSE: This Florida Network Policy and Procedure Manual is provided to all Network 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 Florida Network funded services.

USE OF MANUAL: This Florida Network 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 service provisions. This Florida Network Policy and Procedure Manual will provide each local provider with the minimum guidelines for Network services, as established by Florida Statute and the Department of Juvenile Justice.

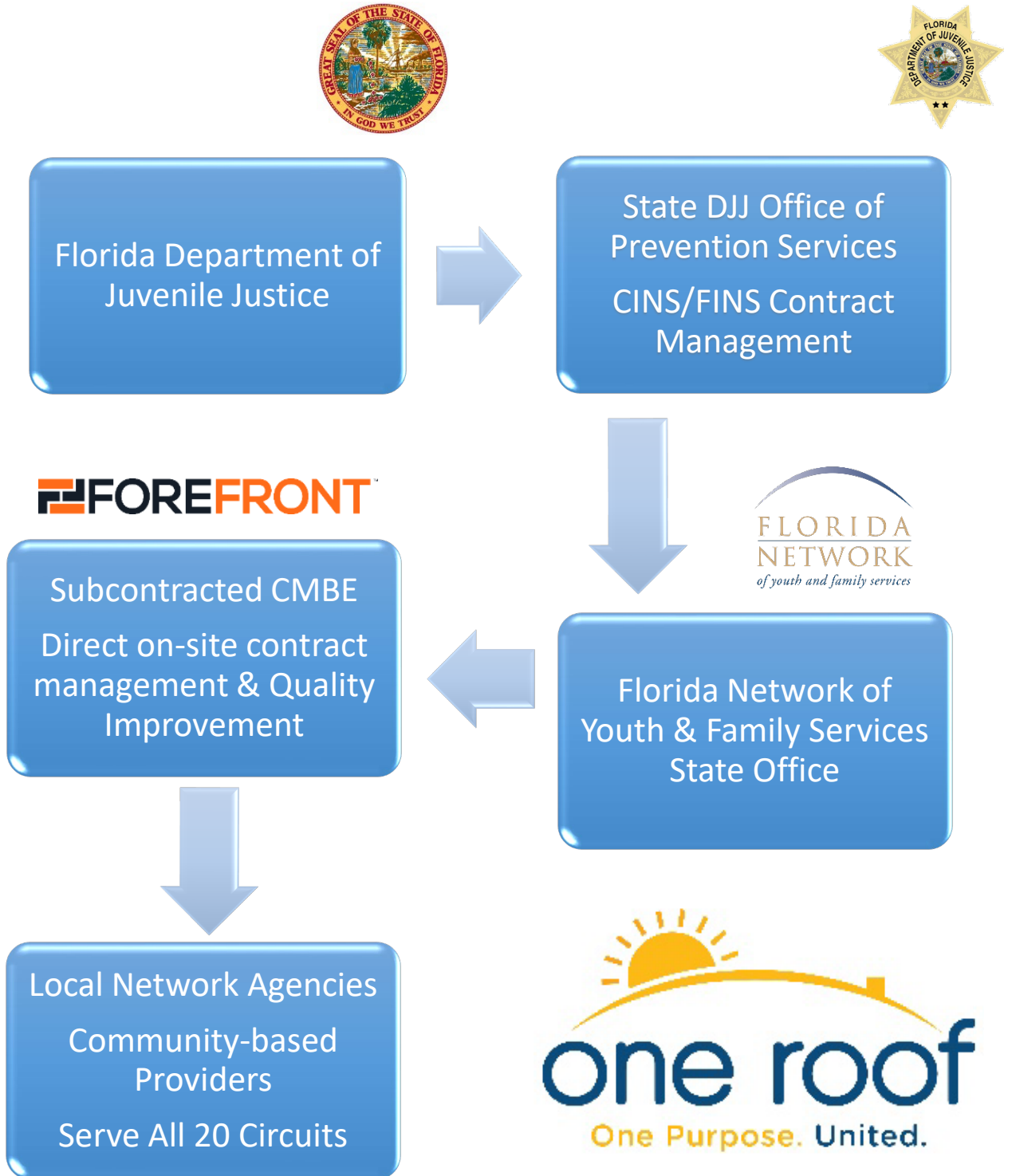
SOURCE OF MANUAL: This Policy and Procedure Manual is the result of a collaborative effort between the Florida Network of Youth and Family Services, its member local providers and the Department of Juvenile Justice policies and rules.

The philosophical intent of the Florida Network's 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:

1. Reducing juvenile crime through the targeting of resources to distressed neighborhoods and communities;
2. Family preservation services directed toward maintaining the child in his or her own home by strengthening the family;
3. 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.
4. 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 standardized screening; youth/family assessment; crisis intervention; individual, group and family counseling; service linkage; and case management. These services are provided through shelters and community counseling services.

+Florida Network of Youth and Family Services Flow Chart



1.00 – CINS/FINS OBJECTIVES FOR SERVICES

Review Date: 04/1/2021

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.

PROCEDURES:

All local providers will meet the following contractual outcomes:

- Provide screening, assessment, community counseling, 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;
- 85% of youth served shall have no adjudications six months after discharge from services;
- Local providers will receive a Quality Improvement rating of Satisfactory, Limited, or Failed.

1.01 Outreach Services

Review Date: 07/1/2023

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 services to youth and families, which may be related to:

1. Alcohol and Other Drug Use/Abuse
2. Child/Adolescent Behavior
3. Parenting classes/Family Functioning
4. Child/Youth Educational Issues
5. 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, and the services available.

PROCEDURES: Outreach will be conducted to a broad spectrum of referral services including public entities, private organizations, and the general public at large. Outreach activities include education about services offered, and guidance on accessing those services. Each local provider will provide outreach services and will designate lead staff to coordinate and provide these services. Information and education activities will be conducted through group presentations/discussions, individual meetings, 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 not 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.

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 inter-local provider agreements with local referral and service entities.

Outreach activities must be entered into the NetMIS database, with the title, date, duration (hours), zip code, location description, estimated number of people reached, modality, target audience and topic. ~~description of content, group attending and number in attendance.~~

It is important that Florida Network local providers develop and maintain informational materials on the available services 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.

The agencies will participate in the following activities to conduct and verify outreach efforts:

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

2.00 – CENTRALIZED INTAKE AND SCREENING

Review Date: 07/1/2022

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 the 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 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:

- 1. Screening for Eligibility:** To provide twenty-four-hour/seven day a week access to staff who will determine eligibility for CINS/FINS services, provide intervention for crises and initiate the assessment process.
- 2. Crisis Counseling:** To provide Short-term intervention to alleviate the current crisis.
- 3. 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.

2.01 – SCREENING FOR CINS/FINS ELIGIBILITY

Revision Date: 7/1/2023

POLICY: All referrals for service shall be screened for eligibility by the criteria provided in this section and captured on the screening and logged in NetMIS within 72 hours of screening completion. 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): If at time of referral, the family is eligible if there is 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:

- Running away or threatening to run away from parents or legal guardian or custodian; and/or
- Disobeying the reasonable and lawful demands of parents or legal guardian or custodian and being beyond their control; and/or
- Truancy from school or other school related problems;
- 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:

- 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

- 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
- 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;
- Youth who are locked out/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: For all community counseling services, the initial screening for eligibility must occur within three (3) business days of referral by a trained staff member using the screening form and entered into NetMIS. A screening must be completed immediately for all inquiries into shelter placement. In the event the staff on duty cannot complete the screening with the caller, or provide a determination of eligibility at the time of the call, an on-call supervisor must be contacted to complete the screening and provide a determination of eligibility within 30 minutes.

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. If the youth and family do not participate in services, the reason must be documented on the screening and logged in NetMIS.

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 Screening Form shall be used to document this service.

3.0 – ADMISSION PROCESS

Review Date: 07/1/2023

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 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: After screening, an 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. The intake is a key element to a youth's success in services. This should take place in a setting that allows the client to feel safe and heard. Completed intake information shall be entered into the NetMIS system. It is required that Network local providers provide to eligible families the following information in writing:

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

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

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

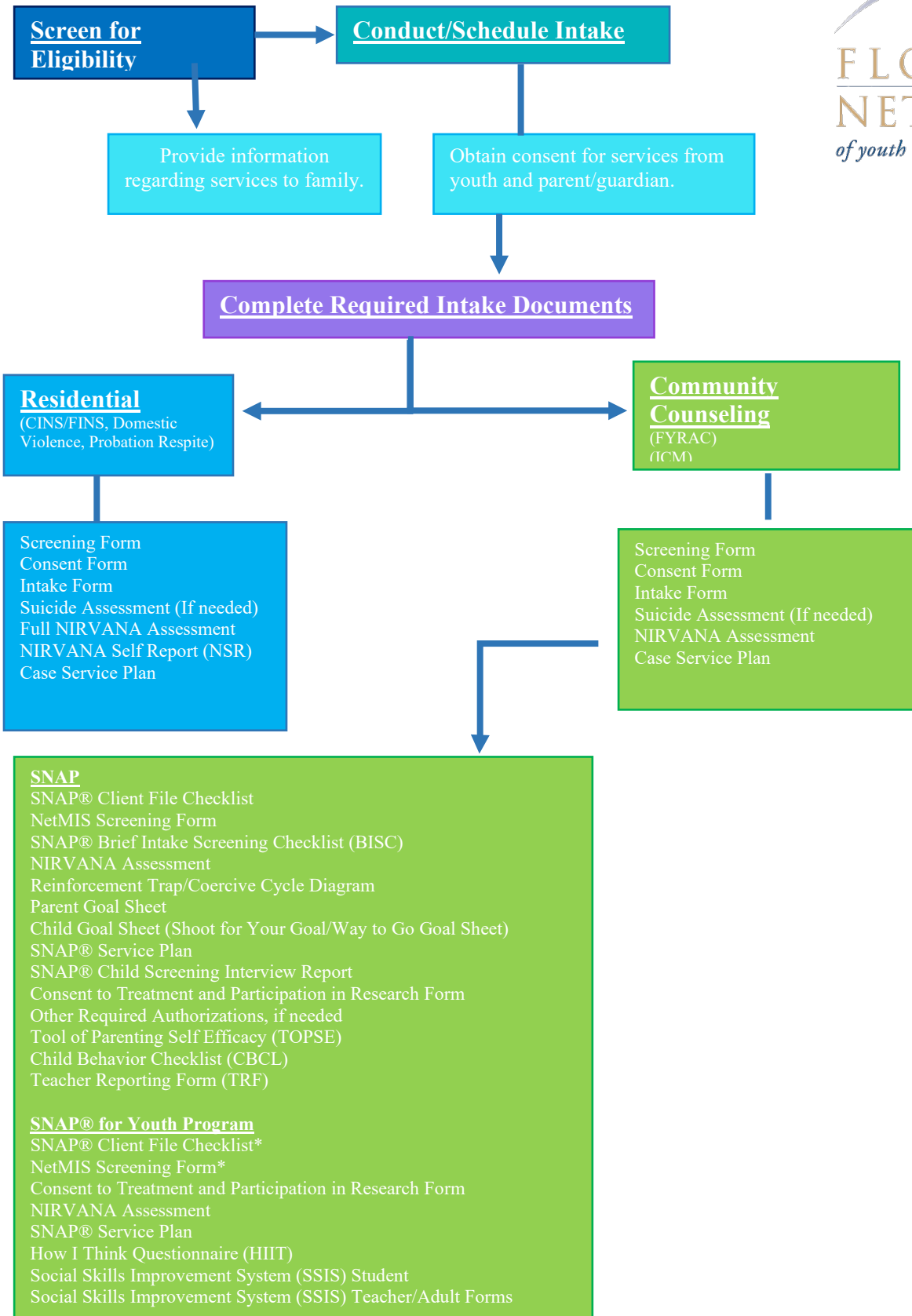
Each Network local provider is required to maintain a case record for each youth enrolled into services. Each client case record shall include chronological sheet and youth demographic data, program information, correspondence, service plan(s), assessment information, case management information, and other materials relevant to the case.

Through the intake, at minimum the following forms shall be completed:

Screening Form

- Consent for Services
- Intake Form
- NIRVANA
- Suicide Risk Screening.

Florida Network Intake Process



3.01 – SUICIDE PREVENTION

Review Date: 07/1/2022

POLICY: Local provider agencies will create a safe environment for youth through appropriate maintenance and supervision of the 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 YOUTH AND FAMILIES

Youth and families seeking services through Network local agencies are often in crisis due to the caretaker's inability to manage the youth's behavior. The stress of 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 work with youth must be trained to recognize verbal and behavioral cues that indicate suicide risk. Each local provider must ensure all staff are provided training annually on the prevention of suicide. This training should address suicide risk factors including those that are most relevant for CINS/FINS and other referred 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 controlled medications will be inventoried each shift. Non-controlled medication inventories are inventoried when loaded into the Med-Station ES and monitored by vend. Over the counter medications shall be contained in the Med-Station provided by the Florida Network ~~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 comply, at a minimum, 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.

3.02 – IDENTIFICATION OF SUICIDE RISK IN SHELTER

Revision Date: 09/1/2022

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 Florida Network shelters that are to be addressed in the local agencies' written plan that details their suicide prevention and response procedures.

SUICIDE RISK SCREENING AND REFERRAL FOR ASSESSMENT

Screening of each youth's risk will be conducted during the initial intake into services by the five questions on the Florida Network Intake form. If the youth answers yes to one of those questions, they will be further assessed.

Each local shelter provider is responsible for ensuring that the suicide screening is included as a part of the initial intake and screening process.

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 mental health professional or (2) a non-licensed mental health professional under the direct supervision of a licensed mental health professional.

The Florida Network Intake Form--Risk Screening section contains the following five questions and will be asked of each youth:

1. Have you recently been in a situation where you did not care whether you lived or died?
2. Have you felt continuously sad or hopeless to the point of wanting to die?
3. Do you feel like life is not worth living or wish you were dead?
4. Have you ever tried to harm or kill yourself?
5. Are you thinking about harming or killing yourself now or in that last two weeks?
 - a. If yes, do you have a plan (specific method) to kill yourself?

If the youth answers "yes" to any of the five questions:
An assessment must be completed by

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

The assessment will occur no later than 24 hours after the screening, unless the following exception exists:

EXCEPTION: If the screening occurs between 5:00p.m. on Friday and 9:00a.m. on Monday and there is no access to staff to conduct an assessment within 24 hours, the assessment must be completed by the morning of the first business day.

Youth awaiting an assessment by a licensed mental health professional or unlicensed mental health professional under the direct supervision of the licensed mental health 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 by a licensed mental health professional or unlicensed professional working under the direct supervision of the licensed mental health professional to determine further supervision needs.

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 has continued risk before increased supervision is discontinued and youth is returned to general population.

All suicide assessments and follow-up assessments must be signed and dated by the licensed professional completing the suicide assessment. If a non-licensed staff completes the suicide assessment, a licensed staff must sign as a reviewer and date the assessment. Suicide assessment and follow-up results should also be clearly documented in the agency daily log book.

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 mental health 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 five 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.

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.

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 of 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.

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.

Non-licensed clinical staff working in shelters under the supervision of a licensed clinical staff person completing Assessments of Suicide Risk must have documented 20 hours of training/supervision and supervised experience in assessing suicide risk, mental health crisis intervention and emergency mental health services. The non-licensed clinical staff person's training hours must include administration of, at a minimum, five (5) one-to-one assessments of suicide risk or crisis assessments individually conducted on-site in the physical presence of a licensed professional. The 20 hours of training/supervision must be documented and maintained in the non-licensed clinical staff person's personnel file using the **Documentation of Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk form** (can be found on the Florida Network partner portal).

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

3.02.01 – IDENTIFICATION OF SUICIDE RISK IN COMMUNITY COUNSELING PROGRAMS

Revision Date: 09/1/2022

POLICY: For youth considered appropriate for community counseling 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 Florida Network community counseling programs that are to be addressed in the local agencies' written plan that details their suicide prevention and response procedures.

1. SUICIDE RISK SCREENING AND REFERRAL FOR ASSESSMENT

Screening of each youth's risk will be conducted during the initial intake into community counseling services by the five questions on the Florida Network Intake Form. If the youth answers yes to one of those questions, they will be further assessed by licensed staff or unlicensed staff under the direct supervision of licensed staff.

Screening using the five suicide questions on the Florida Network Intake Form:

The Risk Screening section contains the following five questions and will be asked of each youth:

1. Have you recently been in a situation where you did not care whether you lived or died?
2. Have you felt continuously sad or hopeless to the point of wanting to die?
3. Do you feel like life is not worth living or wish you were dead?
4. Have you ever tried to harm or kill yourself?
5. Are you thinking about harming or killing yourself now or in the past two weeks?
 - a. If yes, do you have a plan (specific method) to kill yourself?

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

Youth should be kept under constant supervision and an assessment of suicide risk must be immediately completed by:

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

2. 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. All suicide assessments must be signed and dated by the licensed mental health professional completing the suicide assessment. If the suicide assessment is completed by a non-licensed staff, a licensed mental health 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.

3.03 – Network Inventory of Risk, Victories And Needs Assessment (NIRVANA)

Update Date: 07/1/2023

POLICY: The Network Inventory of Risks Victories And Needs Assessment (NIRVANA) is a trauma-informed, strengths-based assessment that identifies risk and protective factors of the youth and families served within the Florida Network of Youth and Family Services continuum of services in order to demonstrate change over time.

NIRVANA assesses the following domains that consist of static and dynamic risks and needs: Delinquency History, Firearms, School, Employment, Peer Association, Family/Living Arrangements, Alcohol & Drug Use, Mental Health/Suicidal Ideation, Attitudes/Behaviors, Aggression, Skills.

PURPOSE: The NIRVANA is designed to accomplish four basic objectives:

- Determine a youth's level of risk.
- Identify the risk and protective factors
- Develop a plan of service focused on reducing risk factors and increasing protective factors.
- Allow staff to determine if targeted factors change because of the intervention.

PROCEDURES: A NIRVANA is to be administered on all youth receiving services funded under the Florida Network:

1. CINS/FINS (Shelter and Community Counseling)
2. SNAP
3. ICM
4. Respite (Domestic Violence & Probation)
5. FYRAC (Domestic Violence & Probation)

A NIRVANA should be completed on all youth by a staff member with a bachelor's or master's degree who has completed the Florida Network NIRVANA training and has had Motivational Interviewing (MI) in their education or has gone through the approved MI training. Clinical licensed staff are exempt from MI training due to licensure status. Documentation of MI experience/training must be provided in the staff member's training file. This will ensure responses are to be gathered in a conversational manner. The assessment should be updated as new information is obtained in subsequent interactions with the youth and/or family. Each completed NIRVANA will require a supervisor review and signature. Signatures can be documented on the completed NIRVANA, the interview guide and/or the chronological note that is located in the youths' file. Service plans shall be reviewed to ensure they reflect presenting problems and/or identified risk factors determined from the NIRVANA. **The NIRVANA is not a measure of**

suicide risk. Please follow current suicide policy 3.02 & 3.021 for procedures to screen and assess suicide risk. All assessments administered must be entered into the NIRVANA module in NetMIS within the timeframe required per policy *Data Collection 6.0*. A NIRVANA Self-Report (NSR) is required for all youth upon entry to residential programming. (These responses are not pre-populated into the full assessment in NetMIS. Additional attempts shall be made to initiate a full NIRVANA within 72 hours of admission.) For youth receiving community counseling services, a full NIRVANA should be completed within two to three contacts following the initial intake.

The NIRVANA NetMIS module will pre-populate responses, to be confirmed or modified, for youth who transition between Network funded services (i.e. shelter to community counseling) within 15 30 calendar days from completion of the initial assessment. Exceptions to this practice shall be documented.

A NIRVANA Post-Assessment must occur at discharge for youth who have a length of stay that is greater than 30 days.

A NIRVANA Re-Assessment is required when a youth has a long length of stay and should occur 90 days post intake date. Staff will then determine if any changes to the service plan need to occur. *SNAP youth are not required to be reassessed throughout a 13-week cycle.

NIRVANA Timeframes for all Services:

Type of Assessment	Timeline Description	Description of Assessment
NIRVANA Assessment:	Shelter: Initiated within 72 hours of intake date/time into services. Community Counseling Programs: Initiated at intake and completed within two to three contacts following initial intake date into services.	This is the initial, full NIRVANA Assessment.
NIRVANA Re-Assessment:	Every 90 days. (Exception for SNAP services, it will not require re-assessments in between.)	This is for long length of stay cases. A full NIRVANA is administered as a reassessment.
NIRVANA Post-Assessment:	Completed at discharge for a length of stay greater than 30 days in all programs. If a NIRVANA Re-Assessment has occurred within 30 days of discharge, a NIRVANA Post-Assessment does not need to occur.	Full NIRVANA Assessment completed at discharge to understand service impact.
NIRVANA Self-Report (NSR): *SHELTER YOUTH ONLY*	Required for all youth upon entry to residential programming. If unable to complete, there must be documentation in NetMIS and the youth's file explaining the barriers to completion.	This is provided to youth as a self-report, shortened version of the full NIRVANA Assessment.

*Please reference the Florida Network Policy and Procedure manual section 3.02 & 3.02.01 when a youth identifies for being at risk of suicide.

*Please reference the Florida Network Policy and Procedure manual Data Collection 6.0 for data entry requirements.

4.00 – SHELTER PROGRAM SERVICES

Review Date: 07/1/2023

POLICY: All Florida Network shelters will have short-term, voluntary services, providing crisis intervention, shelter services in which the youth resides overnight and receives, food, basic necessities as needed, assessment, case management and counseling. Shelter services will be available 24 hours a day, and every day of the year. The shelter environment will be safe, clean, neat, and well maintained.

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, and to provide positive developmental opportunities, as well as to offer personal safety for all youth and families eligible for services.

PROCEDURES:

1. Local providers establish admission and discharge procedures. Service Plans should be initiated upon admission with the NIRVANA Self Report (NSR) and full NIRVANA assessment (please see 3.03 for timeframes). 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 placement of a child in shelter shall comply with current Florida Statute, governing shelter petitions, or eligibility for voluntary placement by the youth and legal guardian.
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. Shelter services are intended for short-term intervention. Shelter stays may be extended beyond 30 days with approval by a program supervisor and justification documented in the youth’s case record.
5. Youth may be absent from the shelter participating in an approved program activity, home/work, visit or mental health/medical emergency not to exceed 48 hours.

SHELTER FACILITIES SHOULD MINIMALLY INCLUDE:

- Furnishings that are in good repair
- The program is free of insect infestation
- Grounds are landscaped, well maintained and free of debris and hazards

- Bathrooms and shower areas are clean and functional
- There is no graffiti on walls, doors or windows
- Lighting is adequate for tasks completed there
- Dumpsters and garbage cans are covered
- All doors are secure, in and out access is limited to staff members and key control is in compliance with agency policy.
- Detailed map and egress plans of the facility, general client rules, grievance forms, abuse hotline information, DJJ Incident Reporting number and other related notices are posted.
- All agency and staff vehicles are locked. Agency vehicles are equipped with major safety equipment including first aid kit (all items in the first aid kit are current and do not have expired items; all expired items should be replaced regularly), fire extinguisher, flashlight, glass breaker, and seat belt cutter.
- Interior areas (bedrooms, bathrooms, common areas) do not contain contraband and are free from hazardous unauthorized metal/foreign objects, e.g., cords, rope, metal shower rings.
- All chemicals are listed, approved for use, ~~inventoried weekly and perpetually~~, stored securely and Material Safety Data (MSDS) are maintained on each item (minimum 1 time per week or per agency policy). A perpetual inventory will be the primary means of maintaining a current and real-time inventory. The weekly inventory will be conducted weekly at a minimum to ensure that a perpetual inventory is being maintained consistently and accurately. If more than one location is used to store chemicals, there is an inventory wherever chemicals are stored that is current and well maintained unless previously approved by the Network. Agencies may request modifications from the Network if their physical plant warrants a different approach.
- The washer/dryer are operational and lint collectors are clean.
- Agency has a current DCF Child Care License which is displayed in the facility.
- Each youth has their own individual bed with a clean covered mattress, pillow, sufficient linens, and blanket.
- Youth have a safe, lockable place to keep personal belongings, if requested.
- Fire safety and health inspections are completed annually and satisfactorily. This includes facility fire inspection, fire safety equipment inspections, including fire extinguishers in all vehicles.
- Residential Group Care and Food Service inspections from the Department of Health

- Fire drills are completed at least one fire drill on each shift monthly and emergency drills are completed quarterly, at a minimum.
- Fire extinguishers should be easily accessible in the event of an emergency; not locked away.
- Food menus are posted and signed by a Licensed Dietician annually.
- All cold food is properly stored, marked, and labeled. The dry storage area is clean, and food is properly stored.

SERVICES WITHIN SHELTER FACILITIES SHOULD MINIMALLY INCLUDE:

- Preliminary health screening at the time of admission which includes history of suicidal attempts, current/past substance abuse, current medications, physical health problems, and recent injuries and/or illness. Medical follow-up should be provided for youth who are admitted with certain health conditions, allergies, and dietary restrictions.
- 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 days per week.
- Case management
- Education services (either in community schools or through 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 Service linkage at time of termination where appropriate.
- 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.
- The program has a behavior management strategy that is designed to not only gain compliance with program rules, but to change the behavior of the youth and increase accountability. All behavioral crisis interventions utilize the least amount of force necessary to address the situation and rights of youth are not violated. Physical intervention is never to be used to gain behavioral compliance. If staff on duty determine physical intervention is necessary to prevent harm to one or

more individuals, the staff must be trained in one of the following approved crisis intervention curricula:

- MAB
- CPI
- MANDT

Staff is expected to utilize the minimal amount of force necessary to prevent harm to the youth exhibiting out of control behavior.

To ensure the safety and security of all shelter youth, the following minimum practices should be in place:

- Youth receive a comprehensive program orientation within the first 2 hours following admission.
- Photo of youth is taken upon admission and placed with an admission card into case file.
- Client rights information is provided to youth through program handbook and/or shelter bulletin board.
- Public posting of the daily shelter schedule.
- Formal and accessible grievance procedures for youth, including available grievance forms and a locked box accessible only to program leadership available to youth in a common area. All grievances are to be resolved by the program director and documented within 72 hours. Grievance boxes are checked by management or designated supervisor at least daily and document in program logbook.
- Regular bed check by staff at fifteen-minute intervals during sleeping hours.
- Supervision shall be 1 staff to 6 youth during awake hours and community activities and 1 staff to 12 youth during the sleep period.
- At least two direct care staff are on duty at all times that have met minimum training requirements.
- Use of force is documented and communicated to the Central Communication Center (CCC) pursuant to the CCC policy. ~~Use of Force Policy.~~
- An initial classification of the youth for purposes of room or living area assignment with consideration given to youth safety and security concerns. Youth preference for room assignment concerns are heard and considered.
- Daily log books are maintained that document routine daily activities, events and incidents in the program and are regularly reviewed by direct care and supervisory staff.

SUICIDE RISK SCREENING:

Local provider personnel who provide services of any kind are monitoring the client's level of lethality risk throughout the service delivery process. See Policy #3.02 and 3.02.01 for details.

4.01 – Shelter Services Staffing

Review Date: 04/1/2021

POLICY: Staffing ratios in temporary shelter environments must meet the requirements of standards set through Quality Improvement (QI) standards from the Florida Network and licensing requirements through the DCF, Chapter 409, F.S. and related rules and procedures.

PURPOSE: The purpose of this policy is to protect staff and youth from compromising situations in which any alleged interaction cannot be verified due to a lack of third-party witness.

PROCEDURES: Each shelter must maintain one staff to six youth during awake hours and one staff to 12 youth during sleeping hours. The Florida Network will monitor compliance with these standards during on-site monitoring by the Florida Network. The Florida Network QI staff and the DCF licensing staff also monitor local providers on-site. Staff are to visually confirm the youth's presence and status in the assigned room when conducting bed checks. Each shift will have at least two staff scheduled.

4.02 – COMMUNITY COUNSELING SERVICES

Revision Date: 07/1/2023

POLICY: Community counseling services will be provided by local service providers through contracts with the Florida Network. Community Counseling 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, in the local provider's counseling office, or virtually if written documentation is provided in the youths file for reasons why it is in the best interest of the youth and family.

How Youth Access Services: Community counseling 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 Network shelter or residential program first and after successfully completing his/her service plan a transfer is made into community counseling services just prior to returning home.

Also, if it is determined that a child and family need a brief "cooling off/respite" during community counseling 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 community counseling -only service providers will have formal, written inter-local 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: Community counseling service providers will maintain a presence in, and target, low-performing schools, as well as the high crime neighborhoods. All local Network providers, including community counseling 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.

Who Provides the Services: All full-time community counseling staff will carry an average annual caseload of 69 cases. Community counseling 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, do so with supervisor approval, and documented reasons for the extension; the current average length of services statewide is 18 weeks.

All community counseling 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 Intake Assessment process in order to identify suicide risk and referral issues. Intakes can be conducted face-to-face or through virtual means. Methods for virtual intake may include video or telephonic technologies. Agencies must provide written documentation in the youths' file as to why virtual services are in the best interest of the youth and family. If an intake is conducted through virtual means, consent is confirmed by the counselor, documented in the file, and reviewed with supervisor during supervision/case review.

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 inter-local provider cooperative agreements with community resources to facilitate or enhance this process for all clients.

NIRVANA: Service providers initiate a NIRVANA and complete it within the first two to three sessions with the family and/or youth.

At a minimum, each community counseling service provider offering counseling services shall:

- Reflect Review all case files for coordination between presenting problem(s), NIRVANA, 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 additional services are needed to appropriately serve the youth and family. The community counseling 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 inter-local 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.

4.03 - CASE/SERVICE PLAN

Review Date: 07/1/2023

POLICY: A case or service plan will be developed for every youth admitted to a program for 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 **or through NetMIS**. 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, suicide screening and NIRVANA. 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 inter-local provider agreements with local service providers to ensure the smooth linkage to agree 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 seven (7) working days following completion of the NIRVANA.

The youth, parent/legal guardian, local provider staff and local provider supervisor will sign the service plan. 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.

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

4.04 – CASE MANAGEMENT SERVICES

Review Date: 07/1/2023

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.

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 progress of court ordered youth in shelter 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 to include the 30 & 60 day follow-ups post discharge.

4.05 – CINS ADJUDICATION SERVICES

Review Date: 07/1/2022

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 Network 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 Network 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.

PURPOSE: A case staffing committee meeting shall be scheduled to review the case of any family or child who the local Network 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 Network 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.

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 Network 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 a minimum of five (5) working days to confirm the scheduled time of the meeting.
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:
 - 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) working 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.

4.06 – CINS PETITION PROCESS

Review Date: 07/1/2022

POLICY: The case manager or other designee of the CINS/FINS Network 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 Network 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.

4.07 – SPECIALIZED ADDITIONAL PROGRAM SERVICES

Review Date: 07/1/2023

POLICY: Services in this category include Staff Secure, Domestic Minor Sex Trafficking, Physically Secure, Domestic Violence Respite Shelter, Probation Respite, Family/Youth Respite Aftercare, and Intensive Care Management Services. Each of the services are designed to provide a specialized service in consideration of the unique need for each population eligible for the service(s).

PURPOSE: Specialized Additional Program Services **require different eligibility criteria and may designed to** provide an enhanced level of service to accomplish the following:

1. Provide for quick deployment of additional staff when required to maintain the safety of all youth in shelter and to provide one-to- one supervision to youth;
2. Provide a service focused on youth and families who may be experiencing severe conflict or have a history of family issues which may have not been resolved;
3. Assist in reintegrating the youth into his or her living situation, education placement and overall community;
4. Prevent youth on Probation regardless of adjudication status from violating due to struggles with healthy decision-making skills within their home environment and
5. Prevent the youth from going any further into the DJJ or DCF system, maintaining regular school attendance and appropriate living situation.

PROCEDURE: Procedures are outlined in their respective policies for the utilization of specialized additional program services and they will address the unique needs of the populations eligible for the services.

4.07.01 – STAFF SECURE SERVICES

Revision Date: 07/01/2022

POLICY: Each full-service agency will be able to provide Staff Secure services once the need arises for all youth meeting eligibility. 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.

PURPOSE: Provide for quick deployment of additional staff when required to maintain the safety of all youth in shelter and to provide one-to-one supervision to youth admitted under the Staff Secure designation.

PROCEDURE:

Staff Secure Youth: 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.

Referrals to Staff Secure services must be sent to the Florida Network for approval by the Director of Contract Operations for access to funding to provide additional supervision. Youth must be entered into NetMIS as a staff-secure shelter youth at admission.

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 NIRVANA is initiated within 72 hours after admission. Staff secure providers obtain recent assessment information collected by prior service providers working with the referred youth. 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 assigned counselor/case manager, the youth and parent/guardian shall sign the service plan. 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*: It is the intent of this service to provide additional staffing to allow for one-to-one supervision during awake hours for the youth. 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.

4.07.02 – DOMESTIC MINOR SEX TRAFFICKING PROGRAM SERVICES

Revision Date: 07/01/2022

POLICY: Domestic Minor Sex Trafficking (DMST) services are designed to serve DMST youth approved by the Florida Network who may exhibit behaviors which require additional supervision for the safety of the youth or the program. DSMT 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.

PURPOSE: Provide for quick deployment of additional staff when required to maintain the safety of all youth in shelter and to provide one-to-one supervision to youth suspected or confirmed to be victimized by sexual exploitation for the financial or material benefit of a third party as determined on a case-by-case basis by the Florida Network. DMST services should be seen as an intervention service focused on youth with extraordinary circumstances requiring additional supervision to maintain placement in the shelter setting.

PROCEDURES: Referrals must be sent to the Florida Network for approval by the Director of Contract Operations for access to funding to provide additional supervision. Youth must be entered into NetMIS as a Special Populations youth at admission and a Human Trafficking Screening Tool (HTST) must be completed.

All requests may be approved for a maximum of seven (7) calendar days. Approval for support beyond seven (7) calendar days may be obtained on a case-by-case basis.

Staff assigned to youth under this provision are to enhance the regular services available through direct engagement with the youth in positive activities designed to encourage the youth to remain in shelter. During the initial period of acclimation to the shelter environment, these youth may require consideration of alternative schedules, off-site activities, or adherence to the behavior management program.

4.07.03 – PHYSICALLY SECURE SERVICES

Review Date: 07/1/2023

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.

The Florida Network local providers will not provide physically secure placements 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 by 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.

When a contract with a physically secure provider is in place, the 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. Referrals are made by contacting the local DCF or Community-Based Care office.

4.07.04 – Domestic Violence Respite Shelter

Revision Date: 07/01/2023

POLICY: Domestic Violence Respite services are designed to serve youth that have been arrested on a domestic violence charge, are screened by the local Juvenile Assessment or on-call screener, and do not meet detention criteria who cannot immediately return home. These services are short-term (no more than twenty-one (21) days) and are designed to facilitate services and supports for the safe return of the youth to his/her home minimizing the risk to reoffend. Services should follow the guidelines established through the Florida Network Policy and Procedure Manual.

PURPOSE: Domestic Violence Respite services is an intervention service focused on youth and families who may be experiencing severe conflict or have a history of family issues which may have not been resolved. This service is designed to be an alternative to secure detention and the goal of these services are to safely return the youth to his or her home with supports and services in place to minimize the risk to reoffend.

PROCEDURES: Domestic Violence Respite Care Services shall be provided to both male and female youth ranging from 10 years of age and up to 17 years of age, who have been charged with an offense of domestic violence. Youth ages 8-9 years of age may be referred on a case by case basis. Eligible youth shall include youth who have been charged with domestic violence as well as previously adjudicated on other charges besides domestic violence. Youth with DCF involvement are eligible. Services shall be provided to youth charged with domestic violence, except for youth:

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

If this is determined after a youth arrives at the Program, the Department shall be notified and arrangements for the removal of the youth will be made within forty-eight (48) hours of notification.

The JAC or on call screener will contact the local shelter to determine if placement is available following arrest and a screening will be completed to begin the referral for the youth into respite care services. When a youth has been screened by the JAC or on call screener and it has been determined that the youth is eligible for Domestic Violence Respite Care Services and a respite bed is available, the JAC/Screening staff will contact your agency directly and refer the youth for respite care services. If it is determined that the youth cannot come to shelter, the planned action on the screening form must be recorded on the document and entered into NetMIS.

Agencies shall coordinate the pick-up and transport of the youth to the respite service program (bed) location within four (4) hours of referral from the Department.

If your agency determines a referred youth is not appropriate for services, your agency shall decline the referral and shall immediately contact via email or phone the referral source. In the event all contracted beds are filled, agencies shall maintain a waiting list and notify the referral source immediately when a bed is available for placement.

Upon admission a physical health, mental health, and substance abuse screening must be conducted within 24 hours. Agencies will work with the JPO (or designee) to obtain a signed parental consent form from the parents or responsible authority. A signed consent form confirms a youth can receive services from your agency and acknowledges the alternative to secure detention placement. A signed consent form must be obtained within 24 hours of admission.

Agencies shall ensure coordination with the youth's assigned JPO or other agencies on all aspects of the youth identified while in care including reunification. Goals and objectives shall be developed as a part of case management services so that the services provided to the youth while receiving Respite Care services shall complement the plan for the youth's successful reunification with his or her family.

Agencies shall ensure that youth in the program have access to necessary and appropriate mental health and substance abuse services (on-site and off-site) performed by licensed mental health and substance abuse professionals or service provider(s).

A youth may fill a bed for up to twenty-one (21) days, per admission. The goal is 80% of youth who receive respite care services shall have a length of stay of twenty-one (21) days or less. The Florida Network will not pay for youth receiving services in excess of twenty- one (21) days.

4.07.05 – Probation Respite Services

Revision Date: 07/1/2022

POLICY: Probation Respite services are designed to serve youth that are currently on probation regardless of adjudication status and referred by the Department's Juvenile Probation Officer. This program is designed to facilitate services and supports to reduce/eliminate the youth's risk to reoffend and for the safe return of the youth to his/her home. Services should follow the guidelines established through the CINS/FINS Policy and Procedure Manual.

PURPOSE: Probation Respite is an intervention service focused on youth who are at risk to reoffend. This service shall assist in reintegrating the youth into his or her living situation, education placement, and overall community. This service is designed to address family issues and needs with the goal of stabilizing the youth's previous living arrangements and decision-making skills.

PROCEDURES: Probation Respite Care Services shall be provided to both male and female youth ranging from 10 years of age and up to 17 years of age, who are currently on probation. Youth with DCF involvement are eligible. All referrals accepted will be sent to the Florida Network for approval once the youth has been admitted to the program.

Eligible youth shall include:

1. Youth currently on Probation regardless of adjudication status and under 18 years of age. A youth under the age of 12 shall be accepted on a case-by-case basis, upon mutual agreement, referred by the Department.
2. Youth currently on Probation who need a temporary time out placement from their current living conditions.
3. Youth who are not removed from his/her current placement due to suicidal behaviors and the youth's JPO feels the protection of the community will not be jeopardized by placement in this low-risk respite program and that the placement is not for punishment or disciplinary reasons.

Services shall be provided to youth, except for youth:

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

If this is determined after a youth arrives at the Program, the Department shall be notified and arrangements for the removal of the youth will be made within forty-eight (48) hours of notification.

Upon admission a physical health, mental health, and substance abuse screening must be conducted within 24 hours. Agencies will work with the JPO (or designee) to obtain a signed parental consent form from the parents or responsible authority. A signed consent form confirms a youth can receive services from your agency and acknowledges the alternative placement. A signed consent form must be obtained within 24 hours of admission.

Agencies shall ensure coordination with the youth's assigned JPO or other agencies on all aspects of the youth identified while in care including reunification. Goals and objectives shall be developed as a part of case management services so that the services provided to the youth while receiving services shall complement the plan for the youth's successful reunification.

Agencies shall ensure that youth in the program have access to necessary and appropriate mental health and substance abuse services (on-site and off-site) performed by licensed mental health and substance abuse professionals or service provider(s).

A youth may fill a bed for up to thirty (30) days, per admission. If an extension is needed, the provider will notify the JPO in writing no later than five (5) working days before the thirtieth (30) day a youth is in the program. Documentation of the request and approval will be recorded in the youths' file. The goal is that 95% of youth who are admitted for services shall have a length of stay of thirty (30) days or less.

4.07.06 – FAMILY/YOUTH RESPITE AFTERCARE SERVICES (FYRAC) COMMUNITY COUNSELING SERVICES ONLY

Review Date: 07/01/2023

POLICY: Family/Youth Respite Aftercare Services (FYRAC) will be provided to youth between the ages of six (6) and eighteen (18) years of age referred following a Domestic Violence arrest on a household member and/or youth on probation regardless of adjudication status at risk of violating. Services are designed for youth referred by DJJ and are in need of more intense family stabilization.

PURPOSE:

- To keep youth out of detention and help families prevent violence through identifying strategies and coping mechanisms that will work for all involved.
- To prevent youth on Probation regardless of adjudication status who are at risk of violating due to struggles with healthy decision-making skills within their home environment.

PROCEDURES: Youth who receive these services may be referred following a residential shelter stay, an arrest, or from a Probation officer. All FYRAC referrals must have prior approval from the Network Office. Youth and family may participate in services for thirteen (13) sessions or ninety (90) consecutive days of services unless an extension is granted by DJJ circuit Probation staff. All intake and case files must adhere to Florida Network policies: 2.01, 3.00, 3.01, 3.02, 3.02.01, 3.03, 4.03, 4.04.

Services to be provided:

- Provide a face-to-face assessment in person or through virtual means for all youth eligible that shall include the gathering of family history and demographic information. If an assessment is conducted through virtual means, there must be documentation in the youths file as to why it is in the best interest of the youth and family.
- Maintain individual case files on all clients and adhere to all laws regarding confidentiality and ethical codes of practice;
- Maintain chronological case notes on the client's progress;
- Demonstrate coordination of services in all case files between presenting problems, NIRVANA, service plan, service plan reviews, case management services, and follow-up;
- Continually assess youth and families to determine needs and provide referrals to outside resources when necessary (e.g., substance abuse treatment, psychiatric care, utility assistance, etc.);

- Maintain an on-going internal process that ensures case file review of case records, client management, and staff performance;
- Refer the youth and family to an appropriate service provider for mental health and/or substance abuse needs as identified by the assessment (the local service provider shall ensure all referrals are documented appropriately);
- Ensure the services provided are trauma informed and culturally sensitive;
- Complete all data entry for JJIS and in NetMIS **within the required timeframes (3 business days). Network staff will enter youth into JJIS.**
- Complete 30/60 day follow-ups ~~to be~~ and document in NetMIS following case discharge.

FYRAC service deliverables can be met by one or a combination of the following:

1. Intake and initial assessment session: Services shall be documented through the signature of the youth and his/her parent/guardian as well as orientation to the program which is kept in the youths file. The initial assessment shall be face-to-face, in person or through virtual means, to include a gathering of all family history and demographic information, as well as the development of the service plan. For youth on probation, a copy of the youths **Community Assessment Tool (CAT)** ~~Community-Positive Achievement Change Tool (C-PACT)~~ shall be obtained to assist in the development of the family service plan. Documentation must be in the youths file as to why virtual services is in the best interest of the youth and family.
2. Life Management Sessions: shall be sixty (60) minutes in length and focus on strengthening the family unit. Services shall be highly supportive, individualized, and flexible and require a “whole family” approach to dealing with the problems affecting the youth and family. If any service is offered virtually, it must be documented in the youth’s file why it was in the youth and families best interest.
 - a. Individual Sessions: The Provider shall conduct Individual sessions with the youth and family focus on work to engage the parties and identify strengths and needs of each member that help to improve family functioning. Issues to be covered through each session include but are not limited to identifying emotional triggers; body cues; healthy coping strategies through individual, group and family counseling; understanding the cycle of violence and the physical and emotional symptoms of anger; developing safety plans; and educating families on the legal process and rights.
 - b. Group Sessions: The Provider shall conduct Group sessions as determined necessary by a youths’ service plan. Group

sessions shall focus on the same issues as individual/family sessions, with application to youth pulling on similar experiences with other group members with the overall goal of strengthening relationships and prevention of domestic violence. Groups shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session.

4.07.07 – INTENSIVE CASE MANAGEMENT SERVICES

Revision Date: 11/1/2022

POLICY: Intensive Case Management Services (ICMS) are available at designated agencies and are designed for youth ages 6-17 who are referred through case staffing or court involved, chronically truant and/or runaway and required more intensive and lengthy services.

PURPOSE:

- To provide youth and family focused intensive case management services to divert youth from further entry to DJJ or involvement in the DCF system.
- To provide staff to support the local Case Staffing Committee.
- To provide staff to act as liaison to local court system

PROCEDURES: These services are designed for youth who are chronically truant and/or runaway and require more intensive and lengthy services. Youth can be referred through the local Case Staffing Committee or have current court involvement. These are CINS/FINS youth that may likely be receiving services in Shelter or community counseling services with little success. Services to youth shall be provided during traditional and non-traditional business hours in communities, homes and/or schools and shall connect youth and families to a coordinated, comprehensive array of services that meet their ongoing needs. For caseloads in excess of fifteen, agencies request approval from the Network. The goal of this service is to prevent the youth from going any further into DJJ, or any involvement with the DCF system, maintaining regular school attendance and appropriate living situation.

Referral

As needed, the Provider directly provides or arranges for and coordinates:

- Assessment
- 24-hour crisis intervention
- Counseling services
- Case management services
- Medical and dental services
- Alcohol and other drug education and treatment
- Family Support services
- Coordination with the Courts
- School services
- Tutoring
- Vocational training and job placement
- Transportation

ICMS will operate from a strength-based perspective to help youth and families strengthen and manage the quality of their lives by:

- Engaging the family
- Advocating on their behalf
- Initiating change agent activities
- Helping to access supports in the community
- Teaching problem solving skills
- Modeling productive behaviors
- Successful completion of youth and family developmental milestones.

Contacts

Each youth and family will require a minimum of two (2) direct contacts per month. Direct contact is defined as face-to-face or through virtual means with youth, parent or guardian. Agencies must provide written documentation in the youths' file as to why virtual contact is in the best interest of the youth and family. Exceptions to this contact include:

1. Services not provided the entire month due to timing of intake/discharge
2. Inability to reach the family; all attempts must be documented
3. The youth is runaway; please document all measures taken (i.e. Contact with L/E)
 - a. If the runaway status is longer than seventy-two hours, you can keep the case open, however you cannot bill for that youth.

Each youth and family will require a minimum of two (2) collateral contacts per week. Collateral contacts are defined as school, law enforcement, DJJ, other family members, court and other service providers who either have provided services, are currently providing direct services to the youth and family or are in the acquisition of potential new services for the youth and family.

All reasonable attempts (at minimum of three) must be made to reach all contacts (direct and collateral) and documented in the case file and NetMIS.

Assessments

All youth will be administered the NIRVANA assessment at intake and every 90 days the youth is in services. Youth will receive a post NIRVANA at discharge, if it aligns with the timeframes spelled out in policy 3.03.

Discharge

Youth can be discharged from ICMS in the event of: successful completion of services, unsuccessful completion of services or expiration of court order. Programs should use youth progress, engagement in services and family feedback to determine readiness for discharge. If youth and family are in need of additional support, referrals can be made.

4.08 – CASE TERMINATION

Review Date: 07/01/2022

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: Youth completed all program elements, but an aftercare plan was made.
- Services Completed, No Referral Made: Youth completed all program elements, and no follow-up is necessary.
- Services Completed, Referral Made: Youth completed all program elements, but a referral with another agency was made.
- Family Voluntarily Withdrew: Services were initiated, but youth/parent did not complete the program.
- Services Completed, Youth Removed by Protective Local provider: Youth completed all or most program elements but was removed by DCF or another protective agency.

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 engage 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 seven (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 inter-local provider agreements.
9. Adjudicated CINS must be terminated in compliance with Florida Network Policy and Procedure Manual.
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.
 - c. Completed NIRVANA Assessment

4.09 – VIDEO SURVEILLANCE SYSTEM

Review Date: 07/1/2023

POLICY: All CINS/FINS shelters shall have a video surveillance system (that operates 24 hours a day/7 days a week) to monitor and capture a recording of agency happenings to assure the safety of all youth, staff, and visitors to residential shelters.

PURPOSE: To proactively deter any misconduct and ensure that any allegations of incidents are recognized through recorded visual means.

PROCEDURES: The existence of this policy does not mandate cameras to be monitored 24 hours a day/7 days a week but video recording is imperative. At minimum, the agency will:

- Have cameras placed in interior and exterior to cover general locations of the shelter to include hallways for sleeping rooms, and where youth and staff congregate and where visitors enter and exit; to monitor where youth searches are conducted.
- Never have cameras placed in bathrooms or sleeping quarters.
- Have cameras visible to persons in the area (no covert cameras) and a written notice is conspicuously posted on the premises for the purpose of security.
- Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident.
- Have a method to retain video and images in a hard drive or designated secured network storage. Access is restricted to personnel determined by the program administrator(s).
- Ensure recorded video is stored for a minimum of 30 days (90 days preferred) unless video is associated with a specific incident that is requested for review. In that case, video shall be stored for the length of time needed to complete investigation. Video clips that could become evidence in civil or criminal proceedings are kept indefinitely unless otherwise directed by the Department.
- Have video surveillance system only accessible to designated personnel.
- Designated staff trained to handle the equipment and monitor or review footage in a professional, ethical, and legal manner.
- Supervisory review of video is conducted bi-weekly and documented to assess the activities of the facility to include a review of a random sample of overnight shifts. Time frames of review will be noted in the logbook.

- Camera service order/requests should be made within 24 hours of discovery of camera malfunctioning or being inoperable. All efforts made to obtain repairs will be documented and maintained.
- Have cameras that have the availability to:
 1. Record date, time, and location.
 2. Maintain resolution that enables facial recognition. Back-up capabilities that enable cameras to operate during power outage.

4.10 – LOG BOOK

Review Date: 04/1/2021

POLICY: Local residential provider agencies shall maintain a chronological account of all events as they occur or as safety and security of the program permits. These events shall be documented in a log book. Log books can be physically bound with numbered pages or an electronic notebook that can capture all needed elements of entries.

PURPOSE: To facilitate a primary method of communication for daily activities, events and incidents in the program between agency staff members and as a record to be reviewed by other parties (as needed).

PROCEDURES:

Paper Log Book

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

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

A log book should contain the following elements:

1. All entries are legibly written in blue or black ink and include:
 - Date and time of the entry
 - Date and time of the incident, event or activity
 - A brief statement providing pertinent information
 - Names of youth and staff involved
 - The name and signature of the person making the entry.
2. Writings that could impact the security and safety of the youth and/or program are highlighted in agency assigned colors.
3. All recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout is prohibited. No pages from the log book shall be removed.
4. The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the log book indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry.
5. At the beginning of their shift, oncoming supervisor and shelter counselor reviews the logbook of all shifts since their last log entry to become aware of any unusual occurrences, problems, etc. and makes an entry signed and dated into the log book indicating the dates reviewed to document the review.
6. At the beginning of each shift, direct care staff reviews the logbook from their last log entry in order to be aware of any unusual occurrences, problems, etc. They make an entry in the logbook and sign/date that they have reviewed it and the dates reviewed.

Confidentiality must be maintained and logbooks should be retained for a minimum of seven years.

User Protocol

Entries:

- No staff member is permitted/allowed to make a logbook entry or sign the name of another staff member. All logbook entries must be made under the staff member making the entry.

Sign-In and Sign-Out:

- It is prohibited for a staff member to sign in the logbook for another staff member.

- It is prohibited for a staff member to sign out of the logbook for another staff member.

Task Completion:

- It is prohibited for a staff member to confirm completing a task in the logbook under another staff member's name.

Electronic Log Book

The electronic log book shall demonstrate it:

1. Cannot delete any entries entered.
2. Can be accessed through a desktop, laptop, tablet, smartphone, and/or watch.
3. Ensures appropriate security via user verification (two-step authentication in order to make entries into the log book) through the above devices.
4. Ensures a minimum of 10 GB of text data capacity.
5. Maintains back-up capabilities through proper data backup and data backup recovery.
6. Can display entries in chronological order.
7. Can display date and time of entry; official employee number, initials and/or signature of person making entry.
8. Has ability to maintain agency highlight and text colors in correspondence to type of entry.
9. Has ability to search for keywords.
10. Has ability to produce multiple category of reports (e.g. drills, incidents, group sessions, population on suicide risk).
11. Can print out selected entries.
12. The function of strike-through (for errors) is available.
13. Tablets utilized as primary input device shall not be used for any other purpose and must be locked accordingly.
14. Agency must approve any personal devices that will have the Note Active application installed.

The log book shall contain observations on general atmosphere of the milieu and notable behavior of clients and staff. At a minimum, agency must document:

- a. Emergency situations;

- b. Incidents;
- c. Events;
- d. Drills;
- e. Medication administration;
- f. When a youth is placed on and off a specified form of supervision;
- g. Special instructions for supervision and monitoring of youth;
- h. Youth group movement (e.g. group, homework, meals, recreation);
- i. Head counts at the beginning and end of each shift and any other head counts conducted during a shift;
- j. Transports away from the facility, including the names of staff and youth involved and the destination plus expected time of return;
- k. Searches, security checks and overnight bed checks conducted by direct care staff;
- l. Supervisory reviews of video surveillance;
- m. Requests by any person to access any youth and their relation to the youth;
- n. Admissions and discharges, including the name, date and time of anticipated arrival or departure, and mode of transportation; and
- o. Information relating to absconds or attempted absconds incidents.

The log book should contain the following elements:

1. All entries include:
 - Date and time of the entry
 - Date and time of the incident, event or activity
 - A brief statement providing pertinent information
 - Names of youth and staff involved
 - The name and signature of the person making the entry.
2. Writings that could impact the security and safety of the youth and/or program are highlighted in agency assigned colors.
3. All recording errors are struck through with a single line. Staff person's initials and date of correction must be present.
4. The program director or designee reviews the facility logbook(s) every week and makes a note in the log book indicating the dates reviewed and if any correction, recommendations and follow-up are required.
5. At the beginning of each shift, oncoming supervisor and shelter counselor reviews the logbook of all shifts since their last log entry to become aware of any unusual occurrences, problems, etc. and

makes an entry into the log book indicating the dates reviewed to document the review.

6. At the beginning of each shift, direct care staff reviews the logbook from their last log entry in order to be aware of any unusual occurrences, problems, etc. They make an entry in the logbook stating that they have reviewed it and the dates reviewed.

User Protocol

Entries:

- It is prohibited for a staff member or user to make an entry, sign and save a logbook entry under another staff member's name or personal identification number (PIN).
- No staff member is permitted/allowed to make an electronic log book entry under the name of another staff member. All electronic logbook entries must be saved under the staff member making the entry.
- User must verify the date on the logbook when making entries. Refresh page to ensure all data is current and date is current to ensure proper entries in the logbook.

Passwords:

- Passwords must only be shared with authorized users.
- Passwords should be changed regularly to avoid breach by unauthorized personnel.

Sign-In and Sign-Out:

- It is prohibited for a staff member or user to sign in to the electronic log book under another user's name or personal identification number (PIN).
- It is prohibited for a staff member or user to sign out of the electronic log book under another user's name or personal identification number (PIN).

Task Completion:

- It is prohibited for a staff member or user to confirm completing a task in the electronic log book under another user's name or personal identification number (PIN).

Adding and Deleting Users:

- All users must be added to the logbook within seven (7) days from the date of hire. All users must be removed from accessing and entering notes in the digital logbook no less than fifteen (15) days of being employed with the agency. If the user had web access, that access must be invalidated immediately by informing an administrator.

4.11 – SNAP® Intake Requirements

Revision Date: 07/01/2023

POLICY: A SNAP® intake will be completed with each youth and family in order to provide services that are responsive and individualized to best meet the needs of the families we serve.

PURPOSE: To assess eligibility and needs for the SNAP® Program below.

DEFINITIONS:

SNAP® Under 12 (SNAP U12): Designed to support children between the ages of 6-11, and their caregivers in structured manualized groups.

SNAP® for Youth (SNAP Y): Designed to support Youth between the ages of 12-17 in structured technology-based groups.

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

PROCEDURES: A trained SNAP® team member shall screen each youth or child and family by completing the Florida Network approved screening form to determine eligibility. Once a youth or child and family is determined to be eligible for services, an intake is scheduled and completed with the youth or child and family to acquire the necessary information to complete the required assessments. A referral will be made 1) if there is not an immediate opening for a SNAP® Group, and a youth or child and family is in need of services, then a referral can be made for CINS/FINS Community counseling services, 2) if families are not eligible for service, then appropriate community referrals will be provided.

Exclusion Criteria for all SNAP® Programming:

- Developmental/Cognitive Delays
- Child/Youth diagnosed on the autism spectrum
- Recent mental health crises (e.g.; psychoses; disassociation)
- Acute addiction or withdrawal symptoms
- Acute distress (e.g., related to recent trauma, anxiety, site transition, etc...)
- Recent suicidal attempts

Intake Specific to SNAP U 12 Services:

Admission Criteria:

- Children between six to eleven (6-11) years of age
- Children experiencing behavioral/emotional issues in the home, school and/or community
- Parent/Legal Guardian/Caregiver participation is mandatory

Required Documents for SNAP U12 Intake:

- SNAP® Client File Checklist*
- Screening Form*
- SNAP® Brief Intake Screening Checklist (BISC)
- NIRVANA*
- Reinforcement Trap/Coercive Cycle Diagram
- Parent Goal Sheet
- Child Goal Sheet (Shoot for Your Goal/Way to Go Goal Sheet)
- SNAP® Child Screening Interview Report
- Consent to Treatment and Participation in Research Form*
- Other Required Authorizations, if needed
- Tool of Parenting Self Efficacy (TOPSE)
- Child Behavior Checklist (CBCL)
- Teacher Reporting Form (TRF)

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

Data Entry:

1. NetMIS & JJIS within three (3) business days of intake. **Network staff will ensure JJIS data entry.**
2. ASEBA upon completed TRF and CBCL

Intake Specific to SNAP Y Services:

Admission Criteria for the SNAP® for Youth Program:

Males twelve to seventeen (12-17) years of age at-risk of further and/or future contact with the juvenile Justice system, who present with:

- a. Cognitive distortions
- b. Pro-criminal/anti-social attitudes and behaviours
- c. Poor problem solving
- d. Lack of social skills/competence

Required Documents for Intake:

1. SNAP® Y Client File Checklist*
2. NetMIS: Screening Form* and NIRVANA*
3. Consent to Treatment and Participation in Research Form
4. Other Required Authorizations, if needed*
5. SNAP for Youth Orientation (document)
6. Youth Goal Sheet (document)
7. SNAP Excel Spreadsheet: Demographics Form*
8. How I Think Questionnaire (HIT)*
9. Social Skills Improvement System (SSIS) Student*
10. Social Skills Improvement System (SSIS) Teacher/Adult Forms*

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

Data Entry:

1. NetMIS & JJIS within three (3) business days of intake. Network staff will ensure JJIS data entry.
2. SNAP Youth Data Entry Form to be updated within (3) business days of program intake*, with ongoing data (attendance, check-ins, and goal ratings) updated quarterly (minimum) upon request.

4.12 – SNAP® Group Delivery

Revision Date: 07/1/2022

POLICY: SNAP® services will be provided weekly for a total of thirteen (13) sessions for each youth/family by a SNAP® trained team member.

PURPOSE: To provide a framework for teaching children and their families who are struggling with behavioral issues, effective emotional regulation, self-control and problem-solving skills.

PROCEDURES: Prior to each session, a compliance phone call is conducted to identify and assist with any crises that may have occurred since the previous group session, address any barriers to attendance and to determine transportation and sibling supervision needs.

~~A SNAP® Service Plan is completed after intake and before the youth/family begin in group.~~ Attendance is taken each week for the youth, parent and sibling group. Both of the youth and parent groups are required to be videotaped and uploaded to OneDrive within three (3) business days.

SNAP® for Youth (12-17) has a total of fifteen (15) digital sessions; youth are only required to go through thirteen (13) of them. This allows facilitators the discretion based on the youth's presenting problems to select which digital session will be applicable for the youth.

After each group session, a SNAP® Weekly Evaluation Form for both the youth and parent need to be scored and documented in the file.

If a Make-Up session is required, then a SNAP® Client Contact Note and corresponding Fidelity Adherence Checklist is required to be completed on the missed session content for **both** the youth **and** parent/caregiver. Data entry into NetMIS must occur within three (3) business days of the completed makeup session date and Fidelity Adherence Checklist.

Required Documents to be completed:

1. SNAP® Client Contact Notes and/or Agency Contact Notes
2. SNAP® Weekly Evaluation Form (Youth and Parent Forms)
3. SNAP® Attendance Logs for both the Parent and Child SNAP® Group

Please Note: SNAP® Youth Justice groups do not include a parent or sibling group component.

4.13 – SNAP® Fidelity Adherence Monitoring

Review Date: 07/1/2022

POLICY: A Fidelity Adherence Monitoring Checklist will be completed for both the youth and parent group for each group session. The score obtained on the Fidelity Adherence Monitoring Checklist will be entered into NetMIS for the corresponding youth/parent group.

PURPOSE: Fidelity Adherence refers to the extent in which the intervention was implemented as intended per the Child Development Institute (CDI), the Department of Juvenile Justice (DJJ) and The Florida Network of Youth & Family Services standards. A SNAP® Boys/Girls/for youth and SNAP® Boys/Girls Parents Group Adherence Checklist is used to measure and monitor treatment adherence to the group manuals and assess the SNAP® group leaders for quality and consistency of skills in delivering the SNAP® groups.

PROCEDURES: During each group session, both of the youth and parent groups are required to be videotaped and uploaded to OneDrive and/or SharePoint within three (3) business days of the actual group.

Completed Fidelity Adherence Checklists for the youth and the parent group can be completed live during group or afterwards by watching the recorded group videos.

The score obtained on the Fidelity Adherence Checklists are required to be entered into NetMIS within three (3) business days.

A designated SNAP® team member who observes the group live or taped completes the Fidelity Adherence Checklists. They are also used to complete ongoing fidelity checks by the SNAP® developers, CDI, to determine level of adherence to the treatment manual and quality of the service being delivered.

Please Note: SNAP® Youth Justice groups do not include a parent or sibling group component.

4.14 – SNAP® Discharge Requirements

Revision Date: 07/01/2023

POLICY: A SNAP® discharge will be conducted per one (1) youth upon program completion.

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 SNAP® Program.
2. The youth and family refuse to continue to participate in services or withdraw their request for services.
3. 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).
4. The youth and family have been successfully transferred to services more appropriate to their specific needs.
5. The family cannot be located, DCF removal, or have not demonstrated a diligent or good faith effort in accessing or complying with services. This information must be documented.
6. After three (3) unsuccessful consecutive contacts with the family have been made.

All attempted contacts must be documented in the file.

At the time of discharge, the SNAP® team member shall complete the SNAP® Discharge Report form and file the completed document in the case record. This document must contain the following information

1. The reason for discharge
2. Summary of events and services provided during the case; including goal progress of the child and family during service delivery
3. Summary of pre and post-test changes, if available
4. Recommendations or any referrals for aftercare services, if needed to ensure family preservation

Additional Required Documents to be completed for SNAP U 12:

1. SNAP® Boys/SNAP® Girls Child Group Evaluation Form (Week 13)
2. SNAP® Boys/SNAP® Girls Parent Group Evaluation Form (Week 13)
3. Post-CBCL in ASEBA
4. Post-TRF in ASEBA

5. Post-TOPSE in NetMIS

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

Required Discharge SNAP® for Youth Program Documents and Assessments:

1. SNAP® for Youth Client Satisfaction Questionnaire (Week 13)
2. How I Think Questionnaire (HIIT)
3. Social Skills Improvement System (SSIS) Student
4. Social Skills Improvement System (SSIS) Teacher/Adult Forms

Please note: All SNAP® related service delivery, documentation, and data entry must be completed before the date of discharge for the file.

Data Entry:

**Discharge information in NetMIS within three (3) business days of discharge.
Network staff will ensure JJIS data entry.**

Post-Discharge Requirements:

A 30 and 60-day follow-up with families will be completed and documented on a SNAP® Contact Note and then entered into NetMIS within three (3) business days of completion.

4.15 – SNAP® FOR SCHOOLS & COMMUNITIES

Revision Date: 07/01/2023

POLICY: SNAP® for Schools and Communities groups will be provided weekly in school or community settings.

PURPOSE: SNAP® for Schools and Communities is an educational curriculum provided in high risk low performing elementary school and community settings focusing on topics which include but are not limited to managing anger, handling group/peer pressure, and dealing with bullying with the overall goal of increasing productive school attendance.

PROCEDURES: Groups will be conducted at the local school or community settings with elementary-aged youth. All cycles conducted outside the school setting, must be reviewed by the Florida Network prior to the facilitation of services. Once the identified school or community setting has agreed to participate, a letter will be sent home to inform the legal guardian of SNAP® for Schools and Communities services. The trained SNAP® for Schools and Communities facilitator will then begin to deliver services in the classroom or community setting.

During each group session, an attendance log must be completed with each students' name, along with the signature of the classroom teacher or community member, as well as the SNAP® for Schools and Communities facilitator. There must be at least 5 students to be considered a group and each session must be at a minimum of 45 minutes.

Required Documents to be Completed:

1. The Measure of Classroom Environment (MoCE) is completed Pre and Post SNAP® in Schools and Communities services to identify baseline and treatment outcomes of reported classroom or community dynamics.
2. 'Class Goal' Sheet is completed and uploaded to OneDrive
3. Weekly Attendance Logs must be completed to include each students' name and/or identifying information, the classroom teacher's signature, and the SNAP® in Schools facilitator signature. (Attendance logs will be uploaded by the last business day of each month into NetMIS to OneDrive in chronological order by the last business day of each month).
4. One (1) Fidelity Adherence Checklist is completed per classroom for the 13-week classroom sessions and is uploaded into OneDrive.

Data Entry:

Each group session must be entered into NetMIS within three (3) business days.

5.0 – RISK MANAGEMENT

Review Date: 04/1/2021

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 and 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, 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 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 **clients** 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 crises.

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). This system allows employees to easily, quickly and consistently identify consumers **clients** 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. Notification of local provider administrators and the filing of an incident report to DJJ Central Communications Center should be initiated immediately and must occur within 2 hours of the incident.
9. Child abuse allegations made by consumers **clients** 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.

Additionally, the program collects and reviews several sources of information to identify patterns and trends including:

- a. Quarterly case record review reports. These reviews may be completed by peers.
- b. Quarterly review of incidents, accidents and grievances.
- c. Annual review of customer satisfaction data.
- d. Annual review of outcome data.
- e. Monthly review of NetMIS data reports.

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

5.01 – INCIDENT-REPORTING

Review Date: 07/1/2023

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 Network services. There are reportable incidents in F.A.C. 63F-11 that are NOT applicable to CINS/FINS services.

Reportable Incident Types

1. Program Disruption Incidents
 - a. Accident, Building Emergency, or System Malfunction
 - b. Discovery of Illegal or Controlled Drugs, Alcohol, Firearms, or Other Weapons
 - c. Contraband
 - d. Food Boycott
 - e. Disturbance
 - f. Hostage Situation
 - g. Incidents Involving Visitors
 - h. Natural or Environmental Disaster
 - i. Media Attention
 - j. Loss or Theft of Department Vehicles, Equipment, or Youth Property
 - k. Threatened Use or Discovery of an Explosive Device
 - l. Vehicle Traffic Crash
 - m. Detention Placement Alert
2. Escape/Abscond Incidents
3. Medical Incidents
 - a. Contagious Diseases
 - b. Employee Death
 - c. Physical intervention, Youth or Staff Injury

- d. Off-site Medical Transport
- e. Youth Injury
- f. Medical Illness
- g. Youth Death
- 4. Mental Health and Substance Abuse Incidents
 - a. Self-Inflicted Injury
 - b. Suicide Attempt and/or Suicide Gestures
 - c. **Transport for Baker Act evaluation**
- 5. Complaints Against Staff Incidents
 - a. Force
 - b. Accessing, Downloading or Introducing Sexually Explicit Material
 - c. Sexual Misconduct
 - d. Improper Relationship
 - e. Employment Prior to Background Screening
 - f. Employee Arrest
 - g. Falsification of Records/Documents
 - h. Criminal Activity
 - i. Unauthorized Release
 - j. Health or Mental Health/Substance Abuse Services Complaint
 - k. Other Agency Investigations
 - l. Use of Intoxicating Substances
 - m. Threats by Staff
- 6. Youth Behavior Incidents
 - a. Battery
 - b. Felony Activity or Incidents Involving Youths on Community Supervision
 - c. Felony Arrests of Youth for Violations Committed While in Custody
 - d. Youth on Youth Sexual Contact

All incidents should be reported the CCC. Ensure timely follow-up to DJJ regarding incident root cause and other pertinent requested information. Reference IOC guidelines regarding response expectations. The reporting facility/program staff shall provide all of the basic information currently known at the time the report is made, including the names of the youth and staff involved, the nature of the incident, the time and location and, when available, any incident number generated by other agencies.

Facility/Program staff shall provide an update of any pertinent information missing from the initial incident report by 10:00 a.m. the day after the incident was reported to the CCC. The update can be made electronically or by calling the CCC.

Definitions of these incidents can be found in the F.A.C. 63F-11.

<https://www.flrules.org/gateway/RuleNo.asp?title=Central%20Communications%20Center&ID=63F-11.004>

5.02 – Abuse Reporting

Review Date: 04/1/2021

POLICY: Local provider programs shall have written policy and procedure on reporting child abuse. For program staff, failure to report these situations constitutes a second-degree misdemeanor.

PURPOSE: Youth and staff shall have unimpeded access to place a call to the Florida Abuse Hotline. Florida Statutes require that all citizens report all suspected or alleged cases of child abuse or neglect.

PROCEDURE: 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.

Child abuse that occurs at the home is only reported 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.

5.03 – Background Screening

Revision Date: 09/1/2023

POLICY: In accordance with Chapters 20, 39, 435, 984 and 985, Florida Statutes, and the DJJ Statewide Procedure (#1800 & 2060) (https://www.djj.state.fl.us/content/download/48636/secondary_file/fdjj-1800pc-final-01302018.pdf & https://www.djj.state.fl.us/content/download/833879/secondary_file/FDJJ2060P-Hiring%20Practice%20FINAL%20Procedures%205.31.23.pdf) 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, mentors and interns who provide assistance on a continuous basis or at regular intervals (meaning visiting the same facility more than once per quarter) for ten (10) or more hours each month will undergo background-screening procedures. Guest speakers, guest performers, ministers, or other occasionally visiting personnel who interact with DJJ or provider youth less than ten hours a month 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. Agency will confirm each potential employee is eligible to work through the E-Verify process.

1. All contracted provider agencies will administer a suitability assessment instrument tool with a scoring function to all positions providing direct services to youth prior to an offer of employment. You cannot lower the passing rate of the assessment to justify the hire, but you can elect to have the applicant retake the assessment. It must be taken and passed within five (5) business days of the initial attempt, not to exceed three (3) attempts within thirty (30) days. All positions in direct contact with youth are required to complete a suitability assessment. Agencies must also provide a written explanation for the decision to hire staff with a non-passing / low score on the suitability assessment.
 - a. Applicants who do not pass the initial assessment may retake the assessment the same day of the initial.
 - b. Applicants who do not pass the second attempt may retake the assessment no earlier than five (5) business days of the second attempt.
 - c. Applicants who do not pass the assessment after three (3) attempts, must wait thirty (30) calendar days to schedule a retake

with the same provider. The thirty (30) waiting period will apply to each subsequent attempt after the third attempt.

Employees who have had a break in service and who are in good standing and passed the assessment may be reemployed with the same agency without an additional suitability assessment or background screening if the break is less than eighteen (18) months. However, if the provider changed or updated the assessment tool used, they must retake the assessment.

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.

Employees who have had a break in service and who are in good standing and passed the assessment, may be reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days eighteen (18) months. However, if the provider changed or updated the assessment tool used, they must retake the assessment.

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 <https://www.djj.state.fl.us/partners-providers-staff/forms-library/inspector-general>.) 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 <https://www.djj.state.fl.us/partners-providers-staff/forms-library/inspector-general>.)
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 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.

- The business conducted by the BSU is confidential and sensitive in nature. Therefore, the only person from a facility that should contact the

screeener with questions about the background screening should be the requestor.

- 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.
- Communication about applicant's criminal charges:
 - A. Applicant will receive notification in writing of the charges that caused the applicant to be rated ineligible.
 - B. 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.
 - C. DJJ requestors will receive the complete criminal history.
 - D. Applicants with an ineligible rating may request an exemption. This process is spelled out in detail on the DJJ website:
https://www.djj.state.fl.us/content/download/48636/secondary_file/fdjj-1800pc-final-01302018.pdf

Employee 90-day and Five (5) Year Resubmission:

All provider employees and volunteers will be screened every five (5) years of employment or service to ensure employees and volunteers maintain a Level 2 Screening standards or meet statutory requirements throughout their employment. Steps are as follows:

- A. Initiate the resubmission through the Clearinghouse portal
 1. The 90-day submission is required when a person is screened through the Clearinghouse, but did not appear on anyone's employee roster for a least 90 days.
 2. The five (5) year resubmission is required every five (5) years of continued service and will be calculated from the date the person was cleared from the Clearinghouse. (Five (5) year resubmission must be submitted prior to the "Retained Prints Expiration Date" listed on the applicants CLH personal profile page.
- B. The five (5) year resubmission must be initiated in the CLH portal before the Retained Prints Expiration Date to meeting Monitoring and Quality Improvement standards of compliance.
 1. The screening will meet QI standards of compliance, even if it is not completed by the BSU on or before the Retained Prints Expiration Date, when the five (5) year resubmission is initiated in the CLH and the required forms are submitted to

the BSU at least ten (10) business days prior to the expiration date.

2. The screening will not meet QI standards of compliance when the BSU does not complete the resubmission date prior to the expiration date because the five (5) year resubmission was not initiated in the CLH and the required forms were not submitted to the BSU at least ten (10) business days prior to the expiration date.
- C. The applicant's retained fingerprints will be used to complete the 90-day and five (5) year resubmission. The screener will process the screening. If a current employee or volunteer has a disqualifying offense on their criminal record, he or she is "Not Eligible" for continued employment or service without first being granted an exemption.

For additional information regarding Background Screening, refer to the DJJ Policy and Procedures Background Screening Unit, **FDJJ - 1800PC & FDJJ-2060** Effective 01-30-2018.

5.04 – Annual Affidavit of Compliance With Good Moral Character Standards

Review Date: 04/01/2021

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.

PURPOSE: The purpose of this policy is to establish a notarized oath of compliance by all applicants for positions requiring access to clients and client files.

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: <https://www.djj.state.fl.us/partners-providers-staff/forms-library/inspector-general>.

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**:

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

For additional information regarding Background Screening, refer to the [DJJ Policy and Procedures Background Screening](#) Unit Effective 01-30-2018.

5.05 – Disaster Planning

Review Date: 04/01/2021

POLICY: Local providers will have a written, annually reviewed and/or updated, disaster preparedness plan that is submitted 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.

PURPOSE: The purpose of this policy is to protect all staff and clients from harm through a coordinated approach to all potential hazards.

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

1. Emergency evacuation in case of disasters (hurricane, tornado, fire, flooding, youth riots, taking of hostages, shooting, chemical spills, bomb threats, terrorist acts, etc.)
2. Procedures to follow in a severe weather warning
3. Necessary and secure transportation in case of evacuation (applicable to shelters only)
4. Conditions under which the evacuation would occur
5. Identification of a specific evacuation facility
6. Procedure to address bringing food, medications, log books, cell phones, radios and other necessities (mattresses, etc.) during an evacuation (applicable to shelters only)
7. 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.

5.06 – MEDICATION MANAGEMENT AND DISTRIBUTION

Revision Date: 12/01/2023

POLICY: Florida Network agencies providing shelter services will establish procedures for the safe and secure storage, access, disposal and distribution of oral medications and pharmaceutical products, including Over the Counter medications, by non-healthcare staff. Florida Network agencies will not accept youth currently prescribed injectable medications, with the exception of epinephrine auto-injectors ex: Epi-pens and Auvi-Q. Non-licensed staff must have documentation that they received training in the use of epinephrine auto-injectors ~~epi-pens~~ provided by a Registered Nurse (RN). If When licensed health care staff are on site during scheduled working hours, medications are to always be provided by the licensed healthcare staff. ~~or trained non-health care staff, under the supervision of licensed healthcare staff.~~ If the licensed healthcare staff is not onsite, then the non-healthcare designated staff who has been trained and certified to assist in the self-administration of medication distribution by a licensed Registered Nurse is responsible to provide the medication.

The Children in Need of Services/Families in Need of Services (CINS/FINS) network of temporary shelters provides a continuum of health care services to support the health of youth who are temporarily displaced from their homes. These core services include physical and mental health screening and assessment with a focus on preventative health care to promote youth wellness. The CINS/FINS agency shelter's program manager shall be responsible for assuring that the facility has established procedures for the delivery of quality health care in accordance with established Department standards.

PURPOSE: To ensure that all oral and topical medications and pharmaceutical products are procured, distributed, and stored safely, accurately and in accordance with state, federal and industry regulations.

PROCEDURE: Non-nursing shelter staff designated to assist with the self-administration of medication must receive in-person medication administration training provided by a Registered Nurse, demonstrate competency, and maintain re-certification annually.

At least quarterly staff meetings shall be conducted by RN and/or Shelter Manager to review and assess strategies implemented to reduce medication errors shelter wide, analyze factors that contributed to medication errors and allow staff the opportunity to practice and role-play solutions.

The non-nursing staff member responsible for assisting with the self-administration of medications on each shift must be clearly identified and designated on the staff schedule and shift change report/shift responsibility form. Strategies to ensure medications are provided within the 2-hour time frame shall be implemented. Examples include but are not limited to the use of alarm clocks set to remind staff of medication times and structured supervisor follow-up with

the 2-hour time frame. Clear methods of communicating which youth are on medications with the times and dosage easily discernable by all staff on each shift shall be implemented. Examples include but are not limited to the use of alert boards and unified medication logs.

Florida Network agencies shall have an internal quality improvement process to ensure appropriate medication management and distribution methods, to track medication errors, identify systemic issues and implement mitigation strategies, as appropriate. If a staff member is deemed responsible for a medication error, the staff member shall receive refresher training from an RN and demonstrate competency prior to being assigned future medication administration responsibilities. An RN from another Florida Network shelter may be engaged to provide the refresher training virtually if an RN is not currently on staff, with Florida Network approval. If a staff member is deemed responsible for 3 errors within a 1-year time frame, their certification is suspended. They may be recertified after completing the **full in-person** medication administration training, demonstrating competency, and receiving certification from the RN.

Upon admission to shelter services, the youth and parent or guardian (if available) shall be interviewed about the youth's current medications. This shall be part of the Medical and Mental Health Assessment screening process. This process will be conducted by a Registered Nurse if one is on premises. Otherwise, this interview will be conducted by on-duty staff and reviewed by the Registered Nurse within ~~five (5)~~ **three (3)** business days. **Upon intake/admission of a youth, an on-shift certified supervisor of higher-level staff will review all medication forms on the next business day. In the event the agency does not have a Registered Nurse, the medication review will be conducted by a certified Senior Leadership position.**

Only medications from a licensed pharmacy (this includes public Health Departments, Planned Parenthood agencies, etc. if licensed to distribute medications), with a ~~current~~ **valid**, patient-specific label intact on the original medication container may be accepted by shelter agency. Prior to youth consumption or utilization of the medication the following must be met:

- The youth reports that he or she is taking an oral or topical prescribed medication; AND
- Either the youth or the parent/guardian of the youth has brought the valid, patient specific medication container to the facility; AND
there are no doubts about the substance in the medication container;
AND
- The medication is properly labeled.

Proper labeling includes but is not limited to:

- Name of youth
- Name and address of pharmacy that filled the prescription

- Date it was dispensed (filled by the pharmacy)
- Name of prescribing provider
- Directions for use (route and number of times to be taken along with quantity to be taken each time)
- Expiration date
- *Warning statements, if applicable*

The type of package may vary as long as the container meets the requirements above.

Procedure for verification of the medication: One of the following options should be used for the process of verifying medication by licensed nurse or trained staff.

1. Contact Pharmacy (nurse or trained/certified staff)

- Contact the pharmacy by phone to verify the script is current, valid and if unsure of contents may describe them to the pharmacist or pharmacy technician and they will be able confirm the contents are what should be in the bottle. No other medications may be stored in the same container as verified medication.
- In order to determine valid prescription, the pharmacy instructions must match the instructions on the container provided and the label may not have been altered in any way.
- Document who you spoke with to verify the medications.

2. Lexi Comp (nurse or trained staff)

- ~~On main screen of Pyxis Medication Station access Lexi Comp feature by selecting "Tools".~~
- ~~Search medication by name and select medication needed to verify.~~
- ~~Verify contents utilizing photos or medication description provided by Lexi Comp.~~
- ~~By reading medication label verify that it has not been altered in any way.~~

3. Registered Nurse or Licensed Practical Nurse (nurse only)

- Verify contents of medication provided.
- Verify medication label has not been altered in any way.

4. Physicians' Desk Reference (PDR.net) Pill Identifier (Pill Finder) – Drugs.com (nurse or trained/certified staff)

- Using a web browser type in www.PDR.net
https://www.drugs.com/pill_identification.html

- b. Using the search boxes, type in the pill imprint, color and shape PDR ~~Search box type in the name of the medication and select Go~~ search.

The method used to verify medication must be documented. If there is any concern regarding the contents of medication or other information found on the label, contact-prescribing pharmacy to verify medication. If prescribing pharmacy cannot be contacted another pharmacy may be contacted for verification. Never accept crushed or broken medication.

After the above medication verification has been completed, ~~the trained assigned staff may initiate the Medication Distribution Log that will capture the process of Assisting in Delivery of Medications by non-licensed staff~~ the staff member who is trained/certified to assist in the self-administration of medication verifies the information with the pharmacy may initiate the Medication Distribution Log that will capture the process of assisting in the Delivery of Medications by the nurse or other non-licensed medication trained/certified staff.

It is recommended that a second person verify the completed Medication Log against the prescription bottles and instructions prior to the first dose being provided to a youth.

The self-administration of medications by youth is a highly structured process in which a staff member who is trained/certified to assist in the self-administration of medication ~~staff member~~ facilitates the delivery of medications to a youth so that he or she can self-administer them under the staff's supervision. The youth are provided their specific oral or topical medication(s), then closely supervised, and guided by a medication trained/certified staff members while taking the medication in the absence of licensed health care staff.

When the Nurse is on premises during scheduled working hours, they must conduct all medication-related processes and procedures. In the event that the Nurse is not on premises, the staff member who is assigned this responsibility shall have as his or her primary focus the duty of medication delivery and supervision during the time medications are distributed to the youth. Should an unexpected situation arise whereby the staff member must temporarily attend to another issue, that person must secure the medication and medication delivery area. Staff must never turn their backs on medication until it is secured. The Nurse cannot provide medical advice or diagnosis over the phone or outside the presence of the youth. The Nurse can be contacted for guidance on the use of the Pyxis or requested to come evaluate a youth onsite.

Utilization of the Pyxis ES

System Manager Access and Training

All contracted shelter providers for the Florida Network will utilize the Pyxis ES with Florida Network clients. Clients placed in shelter by other funders cannot be required to be entered into the Pyxis ES, but the Florida Network promotes the use of the system to manage all shelter clients for the benefit of a uniform policy

and to promote the safety of all shelter youth in the medication management process. Each contracted shelter provider will maintain a minimum of two (2) trained System Managers per facility to manage the administrative functions of the system to include:

1. Adding or Deleting Users
2. Training new users
3. Participate in BD updates and changes to the Med-Station functionality as needed.
4. Resolution and documentation of discrepancies must be completed each shift. Any user can resolve discrepancies.

System Manager access should be reserved for individuals that will be expected to meet the guidelines listed above. This access should be limited to individuals that have supervisory/leadership positions and/or persons responsible for staff training.

Proper Storage of Medication

All medications including over-the-counter (OTC) controlled and non-controlled belonging to Florida Network clients during their shelter stay should be stored in the Pyxis. Medication refills are to be stored in the Pyxis ~~on~~ **in** the same cubie or in a separate cubie. Medications should be stored using the following outline for medication assignment.

Drawer 1-4: Youth medication and agency OTC medications.

Drawer 5: Larger items that require additional pocket space.

Any medication requiring refrigeration should be stored in the assigned refrigerator, which must be fully functioning. Temperature requirements are (2° - 8°C or 36°-46°F) for storage of medications.

1. ESTABLISHMENTS — An establishment at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed must:
 - a. Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;
 - b. Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;
 - c. Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;
 - d. Be maintained in a clean and orderly condition; and
 - e. Be free from infestation by insects, rodents, birds, or vermin of any kind.

2. STORAGE — All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs, or with requirements in the official compendium.
 - a. If no storage requirements are established for a prescription drug, the drug may be held at “controlled” room temperature, as defined in the official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

Medication Package Storing Guidelines	Degrees Fahrenheit
Room Temperature	59 to 77
Cool Temperature	46 to 59
Refrigeration	36 to 46
Freezing	-13 to 14

Medication Inventory

Medication inventory can be conducted by a non-licensed ~~agency representative staff who is trained/certified to assist in the self-administration of medication~~ or a Nurse. A controlled substance inventory shall be completed each shift with a witness. ~~It is recommended this be done with one staff member going off shift and one staff member coming on shift.~~ A weekly audit of non-controlled medications ~~should be~~ **must be** conducted. All medications in Pyxis will be inventoried by a Nurse, or System Manager, if a Nurse is not available within seven days from the last inventory. A witness must verify inventory of all Pyxis medications if conducted by a System Manager.

An inventory on all OTC medications and youth non-controlled medications shall ~~be completed during an audit, when there is reason to believe the log counts vs the Pyxis counts do not match, when loading a medication into the Pyxis Medication Station and unloading a medication from the Pyxis Medication Station.~~ **medication distribution and when loading a medication into the Pyxis Medication Station.**

Inventories shall be conducted utilizing the steps listed below:

1. **Use the touch screen to go to the log in section.** Use biometric scanner to log into Medication Station
2. At main menu select ~~Inventory~~ **MORE**
3. **Select INVENTORY COUNT**
4. ~~Select option that corresponds to medication you desire to inventory~~ **the medications you desire to inventory by tapping the box next to the name of the medication.**
5. ~~Medications require a witness for verification during inventory select Accept~~
6. ~~Witness will need to enter ID and press Enter.~~

~~7. Fingerprint of witness needs to be scanned.~~

8. Drawer will open. **Count the medication, click Accept, then close the cubie and the drawer.**

9. Pockets will open one by one. Enter number of meds in pocket and tap Accept then close pocket.

10. The next pocket will open. Repeat step 8 until all meds have been inventoried. When inventory is complete, Medication Station will direct you to the main menu.

11. Press Exit.

~~A witness is required for all inventory of all medications upon loading, unloading, refilling and discharge of any medications into or from the Pyxis. Witnesses must remain present for entire inventory and verify all counts conducted are accurate.~~

Creating a Client Record

How to add a patient to the Pyxis Server

1. **Navigate to and click Settings.**
2. **Navigate and select Patients.**
3. **Select Visits and Orders**

All youth entered into the Pyxis ES must adhere to the following protocol.

Facility code: XX (each console will have a 2-digit number after the facility name ~~on the splash screen~~)

Payer code: XX (codes are FN, CW, RH)

FN- CINS/FINS

CW- Child Welfare

RH-FYSB/RHY

Resident's 3 initials: XXX (2 will be OK if middle initial is unknown)

Date of birth: mmddyy

Order Number

~~The order number enables the system to process requests for medication removal. All medications must be accompanied by an order number. The protocol for assigning an order number is as follows. In circumstances where clients are prescribed tapered medications or alternating doses at separate times a different order must be created for each dose.~~

1. ~~Use the date: mmddyy and time: XXXX (hr. and minute) at the top of the console screen~~

~~*Example:* 0412151045 = April 12, 2015 1045. All times are based on a 24-hour military time signature.~~

Medication Formulary **(adding a medication to the server)**

The following protocol is to be entered in the “generic name” field of the formulary. The full name printed on the label is to be entered in the “brand name” field of the formulary.

1. From the Medication tab select Pharmacy Formulary
2. Scroll to bottom of the page and click Add.
3. In the Details page, complete the following fields.
4. Enter the full medication name and dosage as it is stated on the prescription label: i.e.. Fluoxetine20mg in the Generic Name, Pure Generic Name, and Brand name fields. (Enter the same exact name in each field)
5. In the MED ID field, enter the youth’s full name, then the first three initials of the medication name, then the dosage (no space between characters entered). If the system recognizes an existing Med ID, follow the training guidelines.
 - a. Med ID example: JohnDoeFLU20mg
6. In the Dosage form field, enter the medication dosage type. Then complete the Strength/Unit field.
7. Complete the Classification field. Enter 6 for over-the-counter medication/supplements. Enter 0 for non-controlled under the Med Class drop-down menu. Verify if it is a controlled prescription medication; the check box will automatically mark when you select Med Class 2.
8. Click Save to complete.
9. Navigate to the Medications tab to select the Approval Queue.
10. Review and locate the newly entered medication and select Approved, then click Save.
11. From the Medications/Facility Formulary page, navigate to Settings and Patients. Select Visit and Orders, review, locate and select the youth’s name. From the Patients Information section, navigate to Orders. Select Add Order (located on the lower right corner).
12. Locate and click the medication to be added to the youth’s profile.

~~First 2 letters of drug name from prescription label: XX~~

~~Drug strength from label: can be 1-4 characters~~

~~Resident’s date of birth: mmddyy~~

- ~~● First Name~~
- ~~● Last Name~~
- ~~● First 3 letters of the drug name from the prescriptions or OTC label~~
- ~~● Drug Strength~~

~~Example: TimothyJonesMet500mg~~

~~Example: AB2012152002= Abilify 20 mg Dec. 15, 2002~~

~~Brand name needs to be entered into Alternate ID field.~~

After these steps are completed, the medication is to be loaded into the medication station per user instructions. All youth medications entered into the formulary must be classified with Blind count ON in the “verify count” tab. Blind count OFF may be utilized for youth prescribed and all OTC medications that are Solutions, inhalers, topical creams, sprays, and ointments.

Order Number

- ~~1. Add order at the bottom right; highlight medication.~~
- ~~2. Click Add.~~
- ~~3. Complete Dosage (Given Amount). In the Order Information, complete the Route Field. Update if needed, Routine, PRN, or STAT. Review options in the Frequency field and select the frequency type. Enter the Time 1 field using military time. Complete the Prescriber fields. Complete Administrative Instructions to include the instructions listed on the medication.~~
- ~~4. Click Save when complete.~~

Process for delivery or assisting in the self-administration of medications:

1. Check the Medical Alert Log for allergies or any other contraindications to administer/provide the medication. (This may include a hold on medications for side effects or contraindications.)
2. The staff should wash his or her hands, prior to commencing the process.
3. The staff member should remove the prescription container from the storage area and hold the container.
4. The staff member should maintain control of the medication container at all times.
5. The staff member should have the youth approach the area of the delivery process.
6. The staff should verify the youth with the photograph attached to the Medication Log.
7. The staff and youth identify and verify the medication he or she is to take by checking the label and comparing the label to the Medication Log. The staff member shall not permit the youth to take any medication that has discrepancy between the medication prescription label and the Medication log.
8. Verify the five rights (right dose, right route, right med, right patient & right time) prior to delivery of medication. (Right time will be verified only by the fact that youth had not received in within the time limits if it is an as needed medication). This information can be ascertained by comparing the label as noted above.
9. The staff member confirms any allergy status of the youth and questions

the youth about any current perceived side effects or adverse reactions to the medications.

10. ~~While the youth observes, the staff member shall remove from the container and hand the exact amount of ordered medication.~~ The staff member shall remove the exact amount of ordered medication from the container and provide it to the youth. When the medication is liquid, the staff member must be able to measure, pour the exact amount of liquid into a measuring container, and hand it to the youth. The container should always be in the possession of staff.
11. The staff member will directly observe that the youth actually swallowed the medication or applied the topical medication. In the case of topical medications that must be applied to the genital areas, a small amount of the topical should be given to the youth in a small cup and the youth should be allowed the privacy to apply the topical. The empty cup should be returned to staff as verification that the topical has been applied.
12. The youth shall be asked to verify whether medication has been swallowed, by opening his or her mouth and sticking out his or her tongue for all of the following situations:
 - When there is doubt that the medication has been swallowed;
 - The youth is on Mental Health Alert;
 - When the youth has been known to hold medications in his or her mouth;
 - There is any concern identified by the youth's history of taking medications.
13. The staff member will document the time of administration on the Medication Distribution log.
14. Both youth and staff member shall initial that the dosage was given.
15. The staff member shall assist youth with medications within one hour of the scheduled time of delivery as ordered by the medication. Note: medications are available to be given one hour before and one hour after time due. ie. 0730 medication can be given between 0630-0830.
16. In the event that the Pyxis machine will not open to access a medication, follow the protocol for mechanical access by keys, and break the individual Cubie open with a screwdriver per training provided by Florida Network. Accessing youth medication is the priority. "The Pyxis machine will not allow access to the medication" is not an acceptable reason for failure to assist in the administration of the medication.
17. If the Pyxis machine must be reset, the Nurse or a trained system user can assist in the resetting of the machine.
18. Do not scribble on the medication sheet. Strikethrough with a single line and initial.
19. Do not use white-out on the medication sheets. Only black or blue ink.

Under NO circumstances may a prescription medication be removed or pre-poured from its original package or prescription container and placed in another container for subsequent delivery or administration.

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

Use of additional log documentation or times of prn medications:

The back of the Medication log may be used for the documentation of, but is not limited to the following reasons:

Refusals and reason, side effect complaint, communication with guardian/parent for refill information, receipt of refills, documentation of exact time of as needed medications and the reason for use, and documentation of other reasons the medication was not provided, and signatures of staff members corresponding to their initials utilized on the front of the Log.

Medication Distribution away from the shelter (off-site)

In the event youth medication must be distributed off-site during outings, court hearings, etc., medication should be transported in the prescribed container (do not take out single dosage) and placed in a locked container for transport. The Medication Distribution Log for the youth should accompany the locked container for completion as per policy and procedure once the youth takes the prescribed dosage. Youth released on temporary home visits should be released with prescribed medication in original prescription container provided by the pharmacy to the parent/guardian and should contain all remaining doses of each medication. Staff will document the exact name, dose and quantity of each medication released to parent/guardian with staff and parent/guardian signature and date. A copy should be maintained in the youth record. At the return of the youth to the shelter, the medication process for intake must be repeated. ~~with the exception of the verification of the medications but only if there was no change in the medication dose, strength or instruction for use.~~ Staff will document the exact name, dose and quantity of each medication returned with signatures and date.

Discharge of Youth with Medication

To ensure the safe and secure handling of medications at the time a youth is released from the shelter, staff completing the discharge transition will document the exact name, dose and quantity of each medication to be released with the youth along with staff signature and date. If requested, a copy of this documentation may be provided to the person to whom the medication is released, but the original documentation must be maintained with the youth's record.

Upon youth discharge from facility, youth medication must be unloaded from the Pyxis, patient should be discharged from console and medication should be deleted or deactivated from the facility formulary. ~~from the formulary.~~

Reference training packets and instruction sheets on Florida Network Partner Portal.

5.07 – TRANSPORTATION OF YOUTH

Review Date: 7/25/2023

POLICY: Agency staff transporting youth should avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth. Having a 3rd party presence in the vehicle is best practice for prevention of any of these events.

PURPOSE: To ensure that best practice is considered in all situations where youth are transported by staff.

PROCEDURES: A third party presence may be another direct care staff if available but can also be provided by any of the following:

- Volunteers
- Interns
- Clinical or Administrative staff
- Other youth

The Program Director must be aware of, or notified prior to the practice of single transport by direct care staff individual staff transporting a single client. Approval is documented prior to the client transport. The following criteria will be utilized to determine approval for single transports. This policy applies to same sex and opposite sex youth and staff.

1. Approved drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle.
2. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy.
3. Documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location.
4. In addition to items one through four, in the event that if a third party cannot be obtained for transport, the following criteria are to be considered.
 - The client's evaluations, history, personality, recent behavior and length of stay in the program indicate no inappropriate behavior is likely to occur.
 - The transporting employee's work performance and history, length of employment indicates no inappropriate behavior is likely to occur.
 - A trip plan must be documented and include the destination, and approximate mileage. ~~and anticipated time of arrival.~~

- The transporting employee shall check-in by phone at agreed upon intervals with the senior program leader, or designee upon arrival and departure. Employee check-ins must be documented by manager or designee receiving the call.
- A driver with concerns regarding safety can call any agency personnel and maintain an open phone line to act as an audio witness in the vehicle.

5.08 – Search Policy & Contraband

Review Date: 07/01/2023

POLICY: The Florida Network requires all providers of residential services for the CINS/FINS, Domestic Violence Respite, and Probation Respite programs to have a policy governing the searching of all residential clients prior to entry into the milieu for the presence of contraband. This policy must include specific procedures for routine searches upon entry to the facility as well as when there is reasonable suspicion of the presence of contraband.

PURPOSE: The purpose of this policy is to mitigate and prevent the presence of all contraband that threatens the safety and confidentiality of all youth and staff in the milieu.

PROCEDURES: The use of an electronic metal detecting wand prior to entry into the milieu where video surveillance is present is mandatory for all providers of residential services contracted with the Florida Network. If a client is suspected to be in possession of contraband not detectable by a wand, agency personnel are to contact law enforcement to conduct a pat-down search. Such items include but are not limited to: any illegal drugs such as marijuana, hemp, or industrial hemp, any controlled substances without a legal prescription, any firearm, any weapon (if the item is considered illegal per Florida Statute), or any explosive substance. In the event of discovery of contraband, the program will confiscate the contraband. If the item is legal for the youth to own, but in violation of agency policy, the item shall be confiscated, secured, and may be returned to the youth's legal guardian or collected by the youth at discharge. If the item is illegal, it must be confiscated, and if appropriate and indicated by your local law enforcement, they must be contacted. Incidents where contraband is discovered, the Central Communications Center (CCC) must be called within the two (2) hour timeframe from discovery.

Staff must be diligent in their efforts to prevent the introduction of contraband into the shelters. Staying alert at all times, being observant in all supervision, and the execution of appropriate search techniques greatly enhances the ability to maintain a safe environment for staff and youth.

5.09 – Client Contact

Review Date: 04/01/2021

POLICY: (a) All Florida Network provider agencies and personnel should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. All employees, interns, and volunteers will inform executive leadership, or a human resources designee, when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) All agency personnel to include staff, interns, and volunteers will not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) All agency personnel to include staff, interns, and volunteers will not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, the agency will take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when agency personnel relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) All agency personnel will avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.

(e) All agency personnel will avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

PURPOSE: The purpose of this policy is to protect both the therapeutic process for the client, and to protect employees, interns, and volunteers from potentially conflicting obligations and responsibilities.

PROCEDURES: All parties interacting with, or potentially interacting with clients will immediately disclose to an immediate supervisor, Human Resources officer, or Executive leadership the presence, perception, or potential for a dual-relationship with a client and follow all directives to eliminate or mitigate the risk of ethical compromise.

6.0 – Data Entry & Collection

Revision Date: 07/01/2023

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 Florida Network Management Information System (NetMIS) and JJIS within three (3) business days of services commencing. **The Florida Network staff will input youth information into JJIS within the required timeframes.** 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. All contracted providers must have a quality improvement process in place to review and improve accuracy of data collection.

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

Florida Network local providers provide a continuum of services including but not limited to:

- Initial Screening and Referral
- Assessment
- Community Counseling Services (including statewide SNAP, ICM, and Respite)
- Temporary Shelter (including Respite services)
- Staff Secure
- Physically Secure

PROCEDURES: For the purposes of data collection within NetMIS, there are two primary areas that local providers address in collecting information. These two areas are client related and local provider related. Client information is entered through the NetMIS Youth Module.

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 they have 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 Collection Tools	Reporting Format	Time Table
NetMIS	Youth Information	Initiated at screening and completed by intake and discharge
NetMIS	Youth <u>Case Log</u>	As cases are opened/closed (within 3 business days)
NetMIS	Youth Screening	As screenings are completed
NetMIS	Demographics	During case
NetMIS	NIRVANA	To be required within the timeframes identified in 3.03.
NetMIS	<u>Services Provided in the identified tab in NetMIS associate with the program type.</u>	If needed for program documentation/deliverables (FYRAC, ICM)
Client Satisfaction	Satisfaction Form	Upon exit
Client Follow-up	Follow-up Survey Form	30 and 60 days after exit
AD Hoc Surveys	As needed	As needed

It is important to note that NetMIS is not an intake form and is not intended to replace a sound, professional clinical intake process. 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. 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. NetMIS automatically will update the information to reflect and report the most current entry. **Please notify the designated person responsible for**

invoicing within your agency if there are any changes made to the system that do not occur within the current month or for a period that has already been invoiced for. 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 User's 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 (datahelp@floridanetwork.org).

Invoicing: Agencies are required to abide by policies regarding submission of invoices according to their contracts. In order for a youth to be considered for invoicing in residential services, they must have an intake conducted. In community counseling services, the youth must have an intake. Youth referred for Domestic Violence Respite services must be charged to the appropriate contract/service they are referred for. All youth must be entered within a timely manner to be captured within monthly, yearly, and custom report extracts.

Agency staff must verify the accuracy of services provided and billed for during the reporting period. Once data accuracy is ensured, the invoice has been previewed and signed within NetMIS, the designated agency staff will submit the invoice in NetMIS ~~the invoice should be created and submitted to the Florida Network invoice@floridanetwork.org by the fourth (4th) business day of the following reporting month. That will guarantee all youth records are correct. If an error is discovered on the invoice, the Network staff will return the invoice to the agency within NetMIS for update and resubmission for billing.~~ agency staff will need to send an email to datahelp@floridanetwork.org to notify the Florida Network and receive approval to make the correction. Once given permission, the error should be corrected, and the system must be locked prior to generating a new, corrected invoice.

Monthly Report: A statewide End-of-Month ("EOM") monthly report shall be generated by the Network Office once each month for the preceding month on the fifth (5th) business day of the following month.

~~**Monthly Reconciliation:** A comparison of data submitted to both JJIS and NetMIS will be provided to the agencies on a monthly basis. All discrepancies between the two data sources will be corrected by the agency each month within the provided timeframe.~~

6.01 – QUALITY IMPROVEMENT

Revision Date: 07/01/2021

POLICY: The Florida Network will conduct an external review process to provide an objective assessment of a program's operation, management, governance, and service delivery based on established standards.

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 Florida Network; to minimize Network and local provider liability in providing services to youth and families.

PURPOSE: The purpose of this policy is to maintain compliance with all required policies and procedures necessary to maintain a high level of services and organizational resilience.

PROCEDURES: 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 beginning in September and ending in June of the following year.

Introduction: The Florida Network conducts on-site Quality Improvement Reviews of all programs on an annual basis for all programs. These reviews are based on specific QI Standards developed and distributed by the Network with input from the Department of Juvenile Justice and the Network membership.

Notification: Local providers are notified in writing by the Network ten (10) business days prior to their annual review date. The on-site reviews, which begin with an entrance interview and ends with the exit interview, typically last 2 days for residential, and one (1) day for community counseling providers.

Review Team: The on-site review team consists of a lead reviewer from the Florida Network; potentially a DJJ representative; and peer reviewers trained and certified by the Florida Network and the independent 3rd Party monitor. Peer Reviewers are current employees from other Florida Network local providers.

Reviewer Certification: Florida Network contract holders are required to provide a minimum of 2 certified peer reviewers to participate in the QI review process. Agencies are encouraged to maintain at least 3 peer reviewers per program site in order to manage the workload associated with these reviews, to ensure adequate transfer of best practices among programs, and to promote professional development among agency staff. Certification training is provided by the Florida Network in partnership with the independent 3rd party monitor. Peer Reviewers must meet the following criteria:

- Completion of Florida Network Certified Reviewer Training Course

- Bachelor's degree or 3+ years of leadership experience in a CINS/FINS program.

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, committee/workgroup minutes 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 Improvement Committee: The Florida Network Quality Improvement Committee convenes as needed to address changes and concerns with the QI Standards and Network Policy. As part of the Florida Network's Quality Improvement Committee (QIC), all providers contribute to the development of these Standards and Policy.

Quality Improvement Standards: Florida Network programs are evaluated in the following areas or standards:

- Management & Accountability
- Intervention & Case Management
- Shelter Care Services
- Mental Health and Health Services

Quality Improvement Scoring System:

Satisfactory Compliance – No exceptions to the requirements of the indicator; or limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.

Limited Compliance – Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.

Agencies receiving a Limited score on any indicator will be required to respond to the Florida Network with a written description of efforts that will be made to reach Satisfactory score.

Failed Compliance – The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.

Standard-level and overall program failure occurs in the following conditions:

1. 25% or more indicators are rated as "Failed Compliance".
2. At least 15% of indicators are rated as "Failed Compliance", and 30% of indicators are rated as "Limited Compliance".
3. At least 5% of indicators are rated as "Failed Compliance", and 50% of indicators are rated as "Limited Compliance".

4. 65% or more of indicators are rated as “Limited Compliance” or “Failed Compliance.”

Agencies receiving a Failed score on any indicator will be required to submit a Corrective Action Plan describing effort that will be made to reach a Satisfactory score. All failed indicators will be re-reviewed within six (6) months from the date that the final report is received.

Critical Issues:

During a review, a finding may be identified as a critical issue. A critical issue is an issue identified that is so acute that it presents a potential threat to the health or safety of the youth in the program, or may otherwise compromise program security. Identified critical issues must be corrected within 48 hours of discovery, unless otherwise directed by the Florida Network. Documentation of the correction will be provided to the Network upon completion.

Best Care Provider Designation

Agencies securing a score of Satisfactory in all indicators may be recognized by the Florida Network as a Best Care Provider. The programs with exceptions can be considered for a Best Care Provider recognition at the discretion of Network leadership.

This recognition demonstrates the agency’s ability to provide successful therapeutic interventions in a milieu that encourages the safety and well-being for youth and staff alike. A Best Care Provider practices under a management structure that incorporates self-evaluation and learning into their everyday practice and designs a service continuum that is both functional and durable when the program experiences staff turnover, crisis, and other challenges to the resilience of the program. Those agencies earning the Best Care Provider distinction serve as models for their peers in the Florida Network, and within the spectrum of youth service providers throughout the state of Florida.

Challenge and Appeal Process

It is the intent of the Florida Network to provide a reasonable means for programs to appeal the findings of the review team. Program Directors and agency Executive Leadership will have the opportunity to appeal findings while the review team is on site during daily debriefings, and during the draft phase of the QI report.

After the on-site review, the draft report will be sent to the Agency Program Director and Executive Leadership. If the program chooses to submit an appeal, it must be submitted by email with a Read Receipt attached to Florida Network Director of Contract Operations within five (5) working days of receiving the draft report. Within 14 business days, the Quality Improvement & Compliance Manager will consult with the program, the review team, and Florida Network

leadership as needed to determine if the rating and/or content should be changed, and respond to the program accordingly. During the appeals process the Florida Network expects the cooperation of the program and respect for the review team and the review process.

Reports

Draft Quality Improvement and Compliance Monitoring reports will be submitted to the provider within 30 business days of the on-site review. All final Quality Improvement, Contract Monitoring and Risk Management reports will be posted the Florida Network public access website.

All local providers are encouraged to visit the Network website, log into the members' section, and find valuable information related to the QI process, Peer Review training, training hours awarded to staff (up to 20 hours of management training) for participating as a Peer Reviewer on a QI review and other valuable information.

Agency should begin corrective action process immediately upon any finding related to a critical indicator. All corrective actions should be completed according to the Outcome Based Corrective Action Plan (OBCAP) Template.

Outcome Based Corrective Action Plan (OBCAP) Template

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

• Finding # (Indicator # in Monitoring Report) _____
Root Cause: <i>(Internal agency analysis/investigation into why the finding occurred and/or observed)</i>
Process Measure/Outcome: <i>(Process measure is the measure of how an activity has been/will be accomplished to achieve the outcome desired and the outcome will determine what you are trying to achieve i.e. desired goal; what do you expect to achieve as a result of meeting your objective?)</i>
Target Date:
Specific Actions and Person(s) Responsible: <i>(Specific actions should include all steps needed to determine the desired outcome required to be achieved and who will be responsible for ensuring the action)</i>
Progress Update(s): <i>(If applicable, include specific actions taken by the agency since becoming aware of the finding)</i>
Completion Date: _____ <i>(Date outcome goal was achieved)</i>
• Finding # (Indicator # in Monitoring Report) _____
Root Cause:

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

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

6.02 – Contract Management & Monitoring

Update Date: 02/01/2024

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)
- Monitoring quantity, quality, accuracy, and timeliness of data entry & collection and by each local provider.
- ~~Verification of client entered in JJIS within 3 business days~~
- All closed files will contain the following: JJID, Date of Intake, Date of Discharge (Release), Reason for Discharge (Release.)
- Obtaining annual financial audits from each local provider that comply with the Single Audit Act
- Ensure that program performance is reviewed routinely with the providers governing board.

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 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: 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
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. SIX-MONTH AND ANNUAL EVALUATION: An annual evaluation process, coordinated with the DJJ, will be in place. Local providers will be evaluated at six (6) month and annual periods. Local providers scoring below criteria during the six-month evaluation period will be placed on probation. Local providers scoring below criteria during the annual evaluation will receive a financial penalty.
 6. 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.
 7. SATISFACTION SURVEY: An anonymous is a questionnaire that will be presented for completion to all youth and parents receiving services through local providers. Data from youth and parent surveys will be inputted into NetMIS and will be provided upon request with plans to develop a report in the future. ~~Data from completed surveys will be provided to the local providers twice a year for management purposes.~~
 8. CURRENT LICENSE(S): All local shelter providers must have a current child-caring or child-placing license with the Department of Children and Families.
 9. 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. These meetings consist of information dissemination (e.g., new DJJ QI standards or CCC procedures), training on topics such as MRSA, and other programmatic discussions. 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.
 10. 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 Florida Network Quality Assurance* conducts annual, site monitoring. *The Department of Children and Family Services* conducts annual licensing. Council on Accreditation (COA) has accredited numerous 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* 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. Contract monitoring visits will be coordinated with QA reviews. 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 QA score as soon as that score is available. For local providers with a Satisfactory or Limited score, one on-site visit will be conducted. For the local providers with a Failed score and/or those on Conditional status with the DJJ, a minimum of two (2) visits will occur during the year.

Reporting

The Independent Contractor shall prepare and submit a draft Contract Monitoring Report to the provider within 30 business days of the on-site review. Final reports will be posted the Florida Network public access website.

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 significant non-compliance, which threatens the health or well-being of youth, has occurred the Independent Contractors shall immediately verbally notify the Executive Director and Quality Improvement and Compliance Manager. 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 three (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 six 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

6.03 – Risk Monitoring & Assessment

Review Date: 04/01/2021

POLICY: The Florida Network will dispatch an independent, 3rd party auditor assess a contracted agency's readiness to perform essential functions of the contracted service and provide all mandatory safeguards to protect staff and clients. This determination is based on one or more of the risk indicators identified below. The results of this assessment will be compiled in a written report and shared with the executive officer of the organization, and the executive committee of the organization's board of directors.

1. Loss of Key Staff Member- Pres/Exec. Dir., Fin. Mngr., Program Director. Or Shelter Supervisor.
2. Death (Death of direct care staff member)
3. High Staff Turnover
4. Arrest of Agency Staff Members
5. Unacceptable or Poor Contracting Monitoring Results
6. Minimal or Low Performance QI Score
7. Unacceptable or Poor FNYFS Report Card Results
8. Issues of Non-Compliance
9. Number of Incidents accepted by the DJJ CCC
10. Weak or Lack of Internal Controls
11. Financial deficiencies reported by other funding sources
12. Loss of Funding
13. High Number of Runaway Incidents
14. High Number Incidents of Violence
15. Complaints from external & internal sources
16. Newly funded Agency
17. External Program Information
18. Loss of Facility/Van Keys
19. Overall Governance Concerns

PURPOSE: To provide additional oversight and monitoring based on significant factors that may impact effective agency functioning.

PROCEDURES: Episodic Risk Assessment Monitoring may be initiated for any agency based on the identified risk factors communicated to the Florida Network by the following means: Critical incident reported, public reports of mismanagement or malfeasance, credible reports of mismanagement or malfeasance from agency partners, clients, or personnel, unexplained or irregular change to deliverables, obfuscation of information by agency personnel, lack of communication from executive leadership in response to inquiries of concern.

6.04 – Training

Revision Date: 02/01/2024

POLICY: Training and professional development are essential in building a strong and stable workforce. Training is a fundamental element to our continuum of services by supporting the work that is done and highlighting the critical topics that are vital to day-to-day operations. Staff in various capacities are to understand and be able to demonstrate competency in the components of what it takes to complete their job and support program operations. Agencies will be required to onboard employees with, at a minimum, the job requirements which will be stated in this policy.

PURPOSE: All direct care staff, including independent contractors, shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year. Direct care staff in residential programs licensed by DCF are required to have 40 hours of training per year after the first year.

If there is a break in employment for less than six (6) months, there must be documentation in the employee file that the supervisor has reviewed previous training that is applicable to the timeframe identified and signed off on verified completion. Employees are required to complete trainings with all major funding sources through various means and platforms throughout their time with the agency. The Network and DJJ have specific trainings that will focus on the core of what is required for the job to support the contract. Staff are encouraged to attend additional trainings that are program-specific to increase best practice knowledge of the population served.

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

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

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

- Agency policies and procedures
- Building layout
- File development of paperwork requirements and confidentiality
- CCC
- Location and overview of trainings
- Fire safety
- All other necessary information to orient a new hire to their job role.

SkillPro Required Trainings:

Training Requirement	Staff Required	Location	Frequency
JJIS (Juvenile Justice Information System)	All staff who will monitor the system for program eligibility	SkillPro/DJJ	<ul style="list-style-type: none"> • Required prior to accessing the system
Child Abuse: Recognition, Reporting and Prevention	ALL Staff	SkillPro (1 hour) Course #168	<ul style="list-style-type: none"> • Required within 90 days of hire. • Required Annually
Civil Rights & Federal Funds (United States Department of Justice)	All Staff	SkillPro (0.5 hours) Course # 1484	<ul style="list-style-type: none"> • Required within 30 days of hire.
Equal Employment Opportunity	All Staff	SkillPro (1 hour) Course # 112	<ul style="list-style-type: none"> • Required within 90 days of hire.
Human Trafficking 404 <u>Intervention</u> for Direct-Care Staff	ALL STAFF having direct youth contact	SkillPro (2 hours) Course #316	<ul style="list-style-type: none"> • Required within 90 days of hire. • Required Annually
Information Security Awareness	All Staff	SkillPro (1 hour) Course #45	<ul style="list-style-type: none"> • Required within 90 days of hire. • Required Annually
Prison Rape Elimination Act (PREA) – Part 1 and Part 2	All Staff	SkillPro (1.5 hours) Course #1549 Course #1546	<ul style="list-style-type: none"> • Required within 90 days of hire. • Required Every 2 years

Sexual Harassment	All Staff	SkillPro (1 hour) Course #111	<ul style="list-style-type: none"> Required within 90 days of hire. Required Every 2 years
Suicide Awareness & Prevention	All Staff	SkillPro (2 hours) Course #1523	<ul style="list-style-type: none"> Required within 90 days of hire. Required Annually
Trauma Informed Care <u>Trauma Responsive Practices</u>	All Staff having Direct Contact with Youth	SkillPro (2 hours) Course #125	<ul style="list-style-type: none"> Required within 90 days of hire. Required Every 2 years
JJIS Alerts Part 1 <u>Juvenile Justice Information Systems Alerts: Part One of Two</u>	Required for designated staff	SkillPro (1.5 hours) Course #	<ul style="list-style-type: none"> Required only for staff responsible JJIS data entry
JJIS Alerts Part 2 <u>Juvenile Justice Information Systems Alerts: Part One of Two</u>	Required for designated staff	SkillPro (1.5 hours) Course #	<ul style="list-style-type: none"> Required only for staff responsible JJIS data entry

FLN Required Trainings:

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

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

<u>Non-licensed Clinical Staff Suicide Assessment Training</u>	<u>All shelter staff who are not licensed and administering a suicide assessment</u>	<u>In-person / Virtual</u>	<ul style="list-style-type: none"> • <u>Once at time of hire</u> • <u>Prior to independently completing an assessment</u>
<p>The below trainings are required by the Network but are not limited to a specific location. Each training is for all staff who have direct contact with youth and is required prior to working independently with youth; no later than 90 days from hire. Please log all trainings on FLN Training Log. Contact the Florida Network team for training related needs.</p>			
<u>Adverse Childhood Experiences (ACE)</u>	<u>All Staff who have not completed the NIRVANA Training</u>	<u>Bridge or another platform</u>	<ul style="list-style-type: none"> • <u>Required within 90 days of hire</u>
<u>Cultural Humility / Cultural and Linguistic Diversity</u>	<u>ALL STAFF with direct youth contact</u>	<u>In-person / or virtual (Specific training at the agencies discretion. Available sources include Bridge and RYTAC.)</u>	<ul style="list-style-type: none"> • <u>Required prior to working independently with youth; no later than 90 days of hire.</u>
Confidentiality	ALL STAFF	In-person / FYSB / DCF / SkillPro	<ul style="list-style-type: none"> • Required prior to working independently with youth; no later than 90 days of hire.
<u>Fire Safety Equipment</u>	<u>ALL Shelter STAFF</u>	<u>In-person for new staff orientation AND virtual. Available sources include Skillpro or DCF</u>	<ul style="list-style-type: none"> • <u>Required prior to working independently with youth; no later than 90 days of hire.</u> • <u>Retrain every 2 years</u>
Signs and Symptoms of Mental Health and Substance Abuse	ALL STAFF with direct youth contact	Bridge or related topic with another funder	<ul style="list-style-type: none"> • Required prior to working independently with youth; no later than 90 days of hire.
Universal Precautions / Communicable Diseases / Infection Control Bloodborne	ALL STAFF with direct youth contact	Bridge / DCF/ SkillPro	<ul style="list-style-type: none"> • Required prior to working independently with youth; no later than 90 days of hire.

Pathogens: Part One and Two			
Adolescent Development / Positive Youth Development / Adolescent Development and Behavior	ALL STAFF with direct youth contact	In-Person/ RHYTTAC/ SkillPro	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire.

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 staff, including independent contractors, shall have a minimum of 80 hours of training for the first full year of employment and 24 hours of training each year after the first year. Direct care staff in residential programs licensed by DCF are required to have 40 hours of training per year after the first year.

If there is a break in employment for less than six (6) months, there must be documentation in the employee file that the supervisor has reviewed previous training that is applicable to the timeframe identified and signed off on verified completion.

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 list of the first year required training topics.

Each network agency will have a clear policy that demonstrates requirements for Direct Care staff before they work independently on a shift. That outline must include pre-service requirements that at minimum contain the following:

NEW HIRE Pre-Service Requirements: Required prior to independent, direct youth supervision include:

- ~~Behavior Management~~
- ~~Child Abuse Reporting~~
- ~~Confidentiality~~
- ~~CPR and 1st Aid Certification~~
- ~~Cultural Humility~~
- ~~Fire Safety Equipment~~
- ~~Medication Management~~
- ~~Universal Precaution~~
- ~~Understanding Youth Development~~
- ~~Provider Orientation Training~~

Training completed within 90 days of hire and annually or biennially thereafter:

TRAINING REQUIREMENTS IN BRIDGE

TRAINING COURSE	STAFF REQUIRED	FREQUENCY
CINS/FINS Core Training	All Staff	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
Florida Network Youth Suicide Prevention	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire Required Annually
FNYFS Suicide/Self Harm Risk Assessment and Care Pathway Training	All staff screening for suicide risk.	<ul style="list-style-type: none"> Within 90 Days of Hire Required Annually
Signs and Symptoms of Mental Health and Substance Abuse	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
Universal Precautions (to include COVID related elements)*	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire

*** Pre-Service Requirements for Safety and Supervision**

TRAINING REQUIREMENTS IN SKILLPRO

TRAINING COURSE	Course Credit Hours	STAFF REQUIRED	FREQUENCY
Child Abuse: Recognition, Reporting and Prevention	4	All Staff	<ul style="list-style-type: none"> ● Course #168 ● Within 90 Days of Hire ● Required Annually
Civil Rights & Federal Funds (United States Department of Justice)	0.5	All Staff	<ul style="list-style-type: none"> ● Course #1484 ● Required Within 30 Days of Hire
Equal Employment Opportunity	4	All Staff	<ul style="list-style-type: none"> ● Course #112 ● Within 90 Days of Hire
Human Trafficking 101 for Direct Care Staff	2	All Staff	<ul style="list-style-type: none"> ● Course #316 ● Within 90 Days of Hire ● Required Annually
Information Security Awareness	4	All Staff	<ul style="list-style-type: none"> ● Course #45 ● Within 90 Days of Hire ● Required Annually
Motivational Interviewing Basics (Instructor Led)	14	All staff administering the NIRVANA	<ul style="list-style-type: none"> ● Course #71 ● <u>Required prior to the administration of the NIRVANA</u>
Prison Rape Elimination Act (PREA) Part 1 and Part 2	1.5	All Staff	<ul style="list-style-type: none"> ● Course #1549 Part 1 & ● Course #1546 Part 2 ● Within 90 Days of Hire Every 2 Years Thereafter
Sexual Harassment	4	All Staff	<ul style="list-style-type: none"> ● Course #111 ● Within 90 Days of Hire Every 2 Years Thereafter
Suicide Awareness & Prevention	2	All Staff	<ul style="list-style-type: none"> ● Course #1523 ● Within 90 Days of Hire ● Required Annually
Trauma-Informed Care	2	All staff having direct contact with youth	<ul style="list-style-type: none"> ● Course #125 ● Within 90 Days of Hire ● Every 2 Years Thereafter

OTHER TRAINING REQUIREMENTS

TRAINING COURSE	STAFF REQUIRED	FREQUENCY
Behavior Management*	Residential	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
Child Abuse Reporting*	All Staff	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
Confidentiality*	All Staff	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
CPR and First Aid*	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire Every 2 years thereafter / Biennial
Cultural Humility*	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
Fire Safety Equipment*	Residential	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire Every 2 years thereafter / Biennial
Managing Aggressive Behavior IN-PERSON (or any accredited crisis intervention training approved by the Florida Network)	Residential	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire Every 2 years thereafter / Biennial
Medication Distribution for Staff Without a Medical License*	Residential	<ul style="list-style-type: none"> Required prior to the administration of medication
Provider Orientation Training*	All Staff	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire
SNAP Facilitator Training	All staff facilitating SNAP groups	<ul style="list-style-type: none"> Required prior to the independent facilitation of group
Understanding Youth/Adolescent Development*	All staff having direct contact with youth	<ul style="list-style-type: none"> Required prior to working independently with youth; no later than 90 days of hire

*** Pre-Service Requirements for Safety and Supervision**

Required for staff who will be accessing JJIS; must register in SkillPro for the courses listed under either Instructor-Led or E-Course.

TRAINING COURSE	STAFF REQUIRED	TRAINING NOTE
JJIS: Prevention Training	Required for designated staff responsible for ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System.	COURSE # 97 (4 HOURS) SkillPro Instructor-Led
Motivational Interviewing	Required for designated staff.	COURSE #71 (14 HOURS) SKILLPOR Instructor-Led
Information System (JJIS)	Required for designated staff responsible for ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System.	COURSE # 45 (1.0 HOURS) SKILLPRO E-COURSE: Pre-requisite for JJIS: Prevention Training
JJIS Alerts Part 1	Required for designated staff responsible for ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System.	COURSE # 1485 (1.5 HOURS) SKILLPRO E-COURSE: Pre-requisite for JJIS: Prevention Training
JJIS Alerts Part 2	Required for designated staff responsible for ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System.	COURSE # 1486 (1.5 HOURS) SKILLPRO E-COURSE: Pre-requisite for JJIS: Prevention Training

Following the first year of employment, all staff must adhere to training requirements outlined in this policy and procedures manual.

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

~~assessments individually conducted on-site in the physical presence of a licensed professional. This training must be documented and maintained in the non-licensed clinical staff person's personnel file using the *Documentation of Non-Licensed Mental Health Clinical Staff Person's Training in Assessment of Suicide Risk form*.~~

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

~~Each CINS/FINS local provider is required to maintain an individual employee training file for each employee. Each employee training file should include an annual employee training hours tracking form and related training documentation such as electronic record/transcript, training certificates, sign-in sheets and agendas for each training attended.~~

~~All member agencies must have a designated staff responsible to monitor and manage all employee's individual training files. The designated staff will understand how to generate training reports from the learning management system(s) to ensure compliance. Routine training tracking and reviews must be completed and documented for newly hired staff (within the 90 days of the hire date) and periodically for all staff.~~

~~In addition, many local providers tie annual performance evaluations and salary increases to employee training performance, emphasizing the importance of meeting the training requirements.~~

6.05 – LINKAGES TO LOCAL COMMUNITY SERVICES

Review Date: 04/01/2021

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.

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.