

# Meeting Minutes

CDS Family & Behavioral Health Services, Inc.

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Meeting: **Staff Meeting**

Date: **October 20, 2020**

Time: **9:00 AM & 4:30 PM**

Location: **IYP-NW**

Date of Next Meeting: **November 20, 2020**

Attendance: Chondra B., Walter D., Kathy H., Carlton J., Wanda J., Carlos L., Ralph M., Sharon M., Justin R., A'Shanti W., Terri W., Daphena W., Sabriena W.

Absent: SherrieAnn W.

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## **I. Business Operations:**

### **A. Monthly Budget (Revenue and Expenses)**

#### **1. Sub-topic:**

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

### **B. Marketing and Business Development**

#### **1. Sub-topic:**

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

### **C. Regulatory Issues**

#### **1. Sub-topic:**

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

### **D. Human Resource Issues (Staffing and Training)**

#### **1. Sub-topic:**

#### **Holiday Leave Request/Time off – Mr. Carlos Residential Counselor**

*Discussion:* We are still working short-staffed. We are really lucky that Ms. Matilde has joined our staff and she can pick up shifts. We do have several people requesting the same days around the same times. We will be using the following to prioritize these requests: First of all we will utilize the date they were turned in and we are asking that these be turned in no less than 3 weeks in advance. If they are holiday leave requests make sure that you request at least 21 days in advance. That is exactly 3 weeks, so that way we can make the necessary arrangements. And if for instance we have several people that requested the same days and they probably work the same shifts and what not, that can be a little bit challenging so what we are going to use along with the date that this specific request was turned in, we are also going to prioritize if two people turned in the same date request the second factor we are going to use in order to evaluate these request is which staff member is the furthest from their last days requested. Because if you recently took some time off and the other person hasn't then we kind of have to prioritize to make sure that first of all we have coverage, and second that we are being consistent everybody taken their necessary time off. We ask that if this comes up that you understand that the person that hasn't had any recent time off that person will get priority and you will be the next up provided the shifts are covered. Not all requests will be guaranteed approval. Mrs. Williams and I were looking into furloughing the children around the holidays. Mrs. Williams stated that the children would be furloughed and there would only be one person per shift on those days. We will be getting together to see what that looks like and let you all know.

*Outcome, Actions, Timeframe:*

2. *Sub-topic:* **Scheduling Rotation on weekends – Mr. Carlos Residential Counselor**  
*Discussion:* I don't know if anyone has noticed, but we have been trying to rotate the schedules on the weekends as much as possible since we have had some issues filling them in. So I really appreciate people being available to fill in the gaps. We have tried to spread the load so someone that doesn't normally work on Sundays isn't working 2 Sundays in a row. We are trying as much as possible to keep that in rotation during this time. We are trying to make sure that everyone has a chance to be off on the weekend until we have the required staff back up and working. This is helping us keep our Overtime down and keeping staff from being cut.

*Outcome, Actions, Timeframe:*

3. *Sub-topic:* **Don't forget SIGN IN LOG – Mr. Carlos Residential Counselor**  
*Discussion:* Please make sure you are signing in and out in the Sign in Log. This is to verify you were on that shift and worked that shift. If we need to verify your timesheet this is one of the few ways we do that.

*Outcome, Actions, Timeframe:*

4. *Sub-topic:* **Conflict Resolution Meetings – Mr. Carlos Residential Counselor**  
*Discussion:* I want to start having some conflict resolution meetings. Conflict resolution meetings are part of team building, they are not disciplinary hearings, they are not bashing sessions, for example: 2 co-workers hardly talk to each other, they don't get along, but they have to work together because we have to schedule the person on this date and they don't actually talk to each other. Those types of situations merits a conflict resolution meeting in which a mediator or myself or Mrs. Williams stand in between like an ambassador in between 2 countries that want to go to war and kind of translate the terms, like why are you bothered with this person? Why are you bothered? And try to make something happen where we can come to an agreement that's beneficial to the team. And I want to emphasize that! The team here is going to get the victory, from this. When 2 players go their own way it causes issues within the team. We are here to build each other up, not to tear each other down. The children we serve don't need to see us as divided; they need to see us as a united front.

*Outcome, Actions, Timeframe:*

5. *Sub-topic:* **Training Files – Mr. Walter, Administrative Assistant**  
*Discussion:* Last night I worked on the training files and the training we need to get completed for this fiscal year. I have printed out each staff members training record and will bring those into the office they will be in my door box so everyone can get theirs. If you need to see me personally, you can get with me and we can schedule a time to meet and discuss your training. These will be in my box today for you to pick up at your convenience. As I have said if there is anything you need help with from me, just let me know.

*Outcome, Actions, Timeframe:*

#### E. Annual Budget Planning and Process

1. *Sub-topic:*  
*Discussion:* No discussion  
*Outcome, Actions, Timeframe:*

## **II. Health and Safety: Program/Regional Coordinators**

### A. External Inspections

1. *Sub-topic:*  
*Discussion:* No discussion  
*Outcome, Actions, Timeframe:*

B. Self-Inspections (Reports, analysis, and recommendations)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

C. Incident Reports (Reports, analysis of trends, recommendations)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

**III. Quality Improvement**

A. File Audits and Case Record Review (reports and recommendations)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

B. Outcome Management (status, reports, recommendations)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

C. Accreditation and Regulatory Requirements

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

D. Policy and Procedure Updates and/or Review

1. *Sub-topic:*

**CONFIDENTIALITY – Mr. Carlos Residential Counselor**

*Discussion:* Sometimes I can lose sight of where I am, who I am discussing, something that is only for that persons ears. I have to be aware of who's right there in the next room, how far does my voice carry, something that really ties in with what we do. We are actually accountable as subject to Federal law to insure and guarantee that every body's health information stays private. Anything that has to do with behaviorally, with a participant, with their behavior, has to do with their medication, has to do with their history, has to do with their trauma, whatever it is all that is confidential. That is not information that we can discuss in front of anybody that is not part of the CDS Interface Youth Program team. Outside of that nucleolus nobody should know what we are really discussing. Amongst staff members we should be very vigilant about what we discuss in front of the other youth. Even if we are discussing the performance of another staff member, that's confidential information that pertains and belongs only to CDS Interface. There is no reason why another youth should be privy to any of the perceptions that one staff member has of another one. All that is confidential information, and with that said it can be processed as a violation of that policy. So we have to be really careful when we tip toe that line, we have to be really careful what we are sharing, how we are sharing it, in order to avoid a breach at any point when talking about any particular participant, or any particular staff member. All that information is confidential. Mrs. Williams asked how many of you all would agree we need to do our shift exchanges, because I know you guys are doing those, and sometimes when you all are giving those shift exchanges there is information that is transferred to the other staff person and I have done it myself. And had to catch myself, giving shift exchanges in front of the other kids, so let's try; let's just try to see if it works. Let's say that the intake room is going to be our shift exchange room, that way the kids are not, usually when shift exchange are done the kids are already in another part of the building, because I know when you're doing 4pm to 12am shift the kids are already moved to the large living room. So they are not privy to

hearing the shift exchange information let's start that today and see if that works. And if the shift exchange is done in the front of the building because most times on the 4pm to 12am shift comes in they are coming through the front door. And one person from the \*am to 4pm shift can on their way out can meet that person in there and exchange it in the upper part of the building. I know that we did this at Central at one point and it sort of worked because kids do have listening ears, and they will take what we are saying. Even with stuff like who's coming in, what kid is coming in, kids will say are we getting a new intake? How do they know that information? It had to be transferred between two staff people. They shouldn't be privy to their name, background information, or any of that. So we have to do a better job. So starting today let's just try it, if it's not working, or doesn't work, come back and say Mrs. Williams or Mr. Carlos, that doesn't work for me. At least we tried. But one thing we can't do is kids reporting back to staff and others, their parents and everybody information that is confidential. Because that makes us look like we are not trust worthy to the community. So let's just try it. Try it today. And it's probably another assignment on the shift leader to have from shift leader to shift leader and then the other person can be tasked with the supervision of the youth in that process. So that way we have all the areas covered.

*Outcome, Actions, Timeframe:*

E. Participant Complaint and Grievance (specific and quarterly review of trends)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

F. Planning Documents (reports, status of goals and objectives, reformulation)

1. *Sub-topic:* Strategic Plan

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

2. *Sub-topic:* Accessibility Plan

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

3. *Sub-topic:* Cultural Competence Plan

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

4. *Sub-topic:* Input Plan

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

5. *Sub-topic:* Community Relations plan

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

**IV. Risk Management**

A. Risk Management Plan (exposure to loss)

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

B. Employee Concerns or Complaints

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

C. Potential regulatory audits and/or investigation of operations

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

**V. Information Technology**

A. Technology Plan

1. *Sub-topic:*

*Discussion:* No discussion

*Outcome, Actions, Timeframe:*

**VI. Clinical/Program**

A. Medical and Medication Issues

1. *Sub-topic:* **Lice Protocol – Mrs. Kathy, RN**

*Discussion:* We have never really had a Lice Protocol before, but obviously we need one. What I would like to do is if we can just to make sure this last incident was close together, but we have had numerous other ones as well. I would like to train the staff also because I'm not usually here on Intake. Staff needs to know how to check heads for lice that would help because you do all this paperwork and then we have to send the child home. So if the staff could check also incase I'm not here that would be helpful. One of the problems right now is that for most people treat their kids heads with RID and lice are so insecticide resistant that it really is ineffective. Then nobody sits and pics all the nits out of their children's hair and they come back and a lot of the nits are still alive and we have the same problem. So I think probably most schools have a 0 nit policy and I think that's probably what we are going to have to do as well. Even if you're treated and you come back with nits in your hair then we are just going to have to send you back home. But that is really the only way to eliminate it. And with teenagers it doesn't spread too badly in a hurry, because other than using each other's hair products like brushes or barrettes or something like that teenagers aren't in such close contact with each other as little kids are. That's why it spreads so fast in daycares and elementary schools. But it still does spread and we have had it spread here before from one child to another. But we do want to start checking heads, I think on Intake would probably will be the best thing. Mrs. Sabriena was a little concerned about parents being uncomfortable with that, but we have a Bed Bug protocol so I don't really see any difference. And she was a little concerned about it being discriminatory but as long as we check every single child's head that comes in then I don't think it would be considered discriminatory either. Mr. Carlos agreed that it was like our Bed Bug Protocol it is already part of every Intake process that we do in order to avoid any incoming of any type of pestilence or mites or whatever that can actually you know just really spread instantly. And it's a good idea just to make it a part of our protocol to include Bed Bug and the lice protocol. They can be simultaneous once we start taking in the packages and check the personal belongings, we actually check the individual first. We start with the individual and then proceed on to the rest of the items. Ms. Terri stated that she didn't know how to identify them and Mrs. Kathy stated we are going to have training at some point and then the only way to identify it really is to actually see them. So if we have kids come in with lice and the staff is here then we will look at it together, because really that's the best way to identify it. And you know it's kind of like we will just have to wait until we have somebody with lice and if you are here then you can see it. But again we will have a training we will maybe have some video or something, but really seeing it in person and touching it, you can feel it that's



really the only way to identify it. We will do the best we can with the training, but it's just the experience. Mr. Carlos said for now what we can also try to do any incoming participants that we have scheduled to come in we can give Mrs. Kathy a heads up and maybe text or email with an approximate time that the youth is going to show up for an intake and if Mrs. Kathy is available it would be great to have those eyes to check the kid over prior to coming in and take care of any medications at that time as well. If that is possible for now since we don't actually have the training in place and the necessary visual aids because I know they're going to be necessary, I know I need visual aid. So whatever visual aids we can find that are available, because I really don't know how to identify them. Mrs. Terri said she has tried there at the school with the nurse, because the teachers have a phobia they start itching and I take the child down to the nurse and I look with her, but I don't see what she sees. A'Shanti stated that being a cosmetologist she had to be trained on lice and offered any help and literature or brochures she has on the subject. We do have a couple of staff members that do have experience in checking kids out for lice. Matilde also has stated that she does do occasional checks at her other job also. Oil sheen is one thing that kills them. Oil sheen kills them instantly, I know us black African Americans know about oil sheen. I actually have a shampoo that kills them and they just die in the sink.

*Outcome, Actions, Timeframe:* **Walter is allergic to any and all of these products. So please make him aware when you are spraying or treating lice.**

**B. Counseling and Programming Issues**

**1. Sub-topic: Social Distancing Bedroom Assignments – Mrs. Sabriena Regional Coordinator**

*Discussion:* I just wanted to address Social Distancing that this came from the Florida Network where they were saying we needed to continue to social distance and because we only had girls at the time we were advised to split the girls into the boys room and so that was what we were doing. I know it posed a challenge when we have male staff doing the scanning or sitting in the doorway. However we tried to be creative about that, I know I spoke with Justin, Ms. Terri or Ms. Daphena somebody on the evening shift about maybe bringing them out to the living room and then observing them from the camera in the Youth Care Workers office, but documenting it in the book. So now I think we are back to our standard social distancing because we do have 2 boys now in the shelter, so they will be on their side but whenever we have a concentrated population all boys or all girls we will have to split them up. So we can adhere to the social distancing sleeping protocol that was brought down by the Florida Network. Also we need to continue social distancing when they are doing activities when they are in close proximity of each other they do need to have their masks on, on the camera and also when they are outside because we are now finding out that the Corona Virus can be airborne. I'm not a nurse, I'm not a doctor, I'm not a scientist but we were told that when they are outside as well that they do need to have their masks on as well. Also from the last staff meeting we have implemented that staff need to also wear their masks on the floor and if you're like me I can't stand to be behind that mask for 8 hours so we are going to designate the intake room as your mask relief room where you can actually go into the intake room take your mask off to give you a break, just let your staff partners know that you're going to get some mask relief. But as staff members are obligated to wear our masks during the shift. So make sure you have your masks on. It's very hard for me so I can understand those of you that have that issue as well. If you do have a medical issue, where you cannot wear a mask and it has been documented with your doctor please turn that in so we can get that to HR so they are aware that you can't wear your mask during your shift at any time.

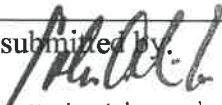
*Outcome, Actions, Timeframe:*

2. *Sub-topic:* **Counselor Input – Miss Christine, Residential Counselor**  
*Discussion:* I just wanted to let you know that one of our participants has a lot of anger built up and although she is doing really well, you may want to keep an eye on her. There was an incident before she came, when somebody tried to confront her and she got really violent and blacked out. So you may not want to get confrontational with her. If there are any situations that arise you may want to keep a close eye on it and her. I think we are building great rapport with our participants overall and how the staff interacts with our participants seems really great these days and just wanted to mention that as well.  
*Outcome, Actions, Timeframe:*

**VII. Other Business:**

1. *Sub-topic:* **United Way Campaign – Mrs. Sharon, Youth Care Worker**  
*Discussion:* Mrs. Sharon was not in attendance so Mrs. Williams spoke about the United Way Campaign. Mrs. Sharon has been working hard getting the boxes ready for our donations, she has also completed our board for this years “Under Construction, Working together to build a better Community” campaign. That is what CDS is all about, over the past few years United Way has supported us and we are looking at an application for a Grant, we usually obtain the Challenge Grant from them, but we have not been eligible the last 2 years. So we do have another opportunity with another grant that we are looking into right now which is a \$10,000.00 grant. This we are looking into in the hopes to possibly get our fence redone, and our shed replaced. So we want to give back as much as we possibly can as a way of saying thank you for all their help they have given us. Mrs. Sharon has our small donation boxes made and ready for donations. We are also doing a friendly competition as we did last year of who can raise the most donations. Also we have staff that does the payroll deductible as well. November through February is our campaign months.  
*Outcome, Actions, Timeframe:*
2. *Sub-topic:* **I voted!**  
*Discussion:* For everyone that votes, send in a picture of you’re I voted sticker for a chance to win a prize. This is companywide for CDS employees!  
*Outcome, Actions, Timeframe:*
3. *Sub-topic:* **Birthday Shout Outs – Mr. Carlos, Residential Supervisor**  
*Discussion:* Happy Birthday Mr. Carlos 10/20/2020 and Mrs. Jennifer 10/21/2020.  
*Outcome, Actions, Timeframe:*

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Respectfully submitted by:   
 Carlos A Lopez, Jr  
 Residential Supervisor

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Name

12-23-20  


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 Date