



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach

on May 19, 2016

Compliance Monitoring Services Provided by





CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Failed
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Not Applicable
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Failed
1.07 Outreach Services	No rating

Percent of indicators rated Satisfactory: 60.00%
 Percent of indicators rated Limited: 0.00%
 Percent of indicators rated Failed: 40.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Not Applicable
2.07 Youth Records	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
 Percent of indicators rated Limited: 0.00%
 Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 82%
 Percent of indicators rated Limited: 0.00%
 Percent of indicators rated Failed: 18%

Rating Definitions

Ratings were assigned to each indicator by the review team using the following definitions:

Satisfactory Compliance	No exceptions to the requirements of the indicator; 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.
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.



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Lead Reviewer: Marcia Tavares

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Joan Jordan, Clinical Director, Children's Home Society West Palm Beach



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Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

Persons Interviewed

- | | | |
|--|--------------------------------|--|
| <input checked="" type="checkbox"/> Program Director | 3 # Case Managers | _____ # Maintenance Personnel |
| <input type="checkbox"/> DJJ Monitor | _____ # Clinical Staff | <u>1</u> # Program Supervisors |
| <input type="checkbox"/> DHA or designee | _____ # Food Service Personnel | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> DMHA or designee | _____ # Healthcare Staff | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> PAR Reports | <u>2</u> # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>3</u> # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>2</u> # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | <u>5</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|------------------|-----------------------|-------------------------|
| <u>0</u> # Youth | 3 # Direct Care Staff | <u>0</u> # Other: _____ |
|------------------|-----------------------|-------------------------|

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage |
| <input checked="" type="checkbox"/> Facility and Grounds | <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage |
| <input checked="" type="checkbox"/> First Aid Kit(s) | <input type="checkbox"/> Searches | <input type="checkbox"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Youth Movement and Counts |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |

Comments

Items not marked were either not applicable or not available for review



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Strengths and Innovative Approaches

Rating Narrative

The Urban League of Palm Beach County (UL) is contracted with the Florida Network of Youth and Family Services (FNYFS), to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

UL is located in West Palm Beach, Florida at 1700 North Australian Avenue. The agency has an annex building located at 2715 N Australian Avenue, Suite 1, that houses the offices for the CINS/FINS program, Fiscal, and Development office. The offices are fully furnished and the building consists of a lobby, conference room, bathrooms, and staff kitchenette. Adequate spacing allows for family visitation, group session, or intake in the conference room.

The ULPBC offers multiple programs and services to youth and families. These services include: Crime Prevention/Intervention; School Drop-out Prevention; N.U.L.I.T.E.S. (Leadership training, academic support, life skills, and community service for youth ages 10-18); Youth Development; Support Coordination; and Comprehensive Housing Counseling, Home Buyer Education and Assistance, and Homeless Prevention Services.

The CINS/FINS program provides a variety of services to at-risk youth residing in Palm Beach County and provides home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive.

In addition to the CINS/FINS Program, the agency provides the following youth services:

Teen Outreach Program (TOP): a free program for youth, grades 6-12, to participate in weekly education and recreation groups that also allow youth to earn community service hours. Some of the topics discussed in prior groups include: relationships, communication, goal setting, values, decisions making, and peer pressure.

Gavel Club: Toastmasters program for youth that enhances youth leadership and development. As with Toastmasters, youth in the club will improve their public speaking and leadership skills by participating in training seminars and speech contests.



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Florida Youth Challenge Academy: parents have the opportunity to enroll their youth in a low cost program that allows youth to earn a HS or Enhancement Performance Based Diploma, receive military training, and match with a mentor and a case manager to assist with career development and housing assistance.



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Standard 1: Management Accountability

Overview

Narrative

UL provides non-residential community-based services for youth and their families in Palm Beach County, Florida. The CINS/FINS program is staffed by a Program Director, and 3 fulltime case management staff. One of the three staff was hired during the past year.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Personnel files and background screening for one new hire and a 5-year re-screened staff were reviewed.

The primary goal of CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Staff training ensures that staff assigned to the program has the proper credentials to perform their job responsibilities. Program orientation and training is an essential component of this effort. Upon hire by UL, staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in a training file. The training completed is documented on a training log that includes the name of the training, date, trainer's name, and hours. Supporting documentation is maintained in the training file. Staff are regularly scheduled by the Program Director to attend upcoming trainings provided locally.

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities; however, as of the QI visit, outreach activities were not being documented in Netmis.



1.01 Background Screening

Satisfactory Limited Failed

Rating Narrative

The provider has a policy, #1.01, in place for conducting DJJ Background screening, e-verify, driver's license check, as well as drug and alcohol screening for all new hires. Level 2 background screening is mandatory for employees and volunteers working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. The provider's policy also includes 5-year re-screenings for staff every 5 years from the original hire date.

The personnel files of one new hire and the licensed mental health subcontractor were reviewed. The employee's DOH is 7/2/15; however, the DJJ background screening was approved on 7/15/15, after the employee's hire date. Similarly, the LMHC's contract was made effective on 2/26/16 prior to DJJ's background clearance on 3/25/16.

One employee, DOH 11/3/16, was eligible for a 5-year re-screening during the review period. The 5-year re-screening was approved by DJJ one day after the due date on 11/4/16.

The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening unit on 1/20/16 prior to the January 31st deadline.

E-verify documentation was available and reviewed for the new employee, showing approval by the Department of Homeland Security for hire with the agency.

Exceptions:

The provider has a policy for Background Screening for indicator 1.01 but lacks corresponding procedures for ensuring compliance with the requirements of the indicator.

The initial background screening approvals for one new hire and a subcontractor were not completed prior to hire date and effective contract date, respectively.

The 5-year re-screening was completed past the 5-year anniversary for one applicable staff.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed



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Rating Narrative

The program has a policy in place, #1.02, for Provision of an Abuse Free Environment but does not have a written procedure that supports how the policy is implemented.

The agency has a code of conduct that prohibits physical abuse, profanity, threats or intimidation of youth; reporting of alleged abuse, abandonment, or neglect; and management action to address incidents of abuse, threats, profanity, or use of force. Program staff are required to adhere to the agency's ethical conduct that prohibits discrimination against provision of services, personal relationships with consumers, breach of client privacy and confidentiality, unprofessional behavior, conflict of interest, and harassment or unfair treatment. The code of conduct is provided to staff in the Employee Handbook and is reviewed during hire/orientation. Acknowledgement of receipt of the Employee Handbook was included in the employees' personnel files. Per the Program Director, no staff has been disciplined in the past year for incidents of abuse, verbal intimidation, use of profanity, and/or excessive use of force.

The program does not maintain a written protocol for reporting abuse. However, all three program staff interviewed are familiar with the Florida Abuse Hotline number and reported consistent procedures for reporting abuse/neglect allegations. The Abuse Registry log maintained onsite did not list any applicable incidents since the last onsite visit on June 29, 2015 and the program has not received any client grievances during the same period.

Employees are informed of the agency's grievance procedure in the Employee Handbook. The program has a client grievance policy that is included in the Client Bill of Rights and provided to the youth/family during intake. The Bill of Rights is reviewed with the parent/youth and signed by youth, program staff, and supervisor. A copy of the signed form is maintained in the youth's case file. The program maintains a log of grievances but reports no incidence of grievances filed in the past year.

Postings of the Abuse Hotline number, rights and responsibilities, and grievance procedures were not observed in the lobby and/or the program offices.

Exceptions:

The provider's policy for the Provision of an Abuse Free Environment, #1.02, does not include all of the elements required by Indicator 1.02, including a grievance process.



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The program does not maintain a written protocol for enforcing a code of conduct, reporting abuse/neglect allegations, or addressing incidents of abuse, verbal intimidation, use of profanity, and/or excessive use of force.

Postings of the Abuse Hotline number, rights and responsibilities, and grievance procedures were not observed in the lobby and/or the program offices.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The agency has a policy, #1.03, but does not have written procedures in place that address the requirements of the indicator for CCC Incident Reporting. In addition, staff training on CCC incident reporting was not evident in the training files reviewed or listed on the agency's training plan. During the tour, the Reviewer did not observe any postings of the CCC telephone number.

Per the Program Director, during the past year there have not been any incidents that meet the criteria for reporting to CCC. Since there is no practice during the review period this indicator is rated non-applicable.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has policies and procedures in place to address the training requirements of new and in-service staff. The policies and procedures address all of the elements required by the indicator but does not include one mandatory training topic, Professionalism, or lists the topics recommended as required by the indicator.

The training for one first year direct care program staff (hire date 7/2/15) was reviewed. The staff has completed 103.5 hours to date and completed orientation and the majority of mandatory trainings. The staff has time to complete Crisis Intervention and six recommended trainings prior to the end of the training year.

The training files for two in-service employees were reviewed. Both staff are on target for completing the 40 hours of training required annually for in-service staff. There was



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evidence of completion of some of the mandatory training topics with the exception of Crisis Intervention, Fire Safety (both staff) and Suicide Prevention (one staff).

The program maintains a training plan for each staff that includes a list of required and recommended trainings, location, provider, frequency required, number of hours, completed hours, and date completed. Training documentation is maintained in the training file. However, the training record is a running log and does not track the training completed for each year.

Mental health referrals are referred by the program to appropriate mental health providers; consequently, non-licensed clinical staff do not complete Assessments of Suicide Risk and the required training is not applicable.

Exceptions

Provider's training P&P does not include Professionalism or recommended trainings as required by the indicator.

None of the in-service staff completed the required Fire Safety and Crisis Intervention, and one has not completed Suicide Prevention training. These topics must be completed during the current training year.

Training record for each staff does not account for trainings received annually to ensure required annual hours are completed by each staff.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy in place for Indicator 1.05 but lacks specific procedures that address the collection and review of quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of Netmis data reports.

Per the Program Director, case record reviews are conducted regularly, at a monthly minimum, by the CINS/FINS program staff. A checklist of the completed review is maintained in each file.

The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary.



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The CINS/FINS Program staff obtains client satisfaction surveys at case closure and enters them in Netmis. Surveys results are obtained from Netmis and are reviewed annually. This was implemented last year by the program.

The program obtains FN Performance reports as provided by the Florida Network monthly. Per the Program Director, the reports are reviewed monthly with staff and Netmis data quality reports are given to the case managers to address. A recent Netmis data quality report shows 5 corrections needed.

Exception

The program has a policy in place for Indicator 1.05 but lacks specific procedures that address each of the elements required.

Evidence of staff meeting agendas and minutes of discussion of the outcomes data/Netmis quality reports with staff were not available. Similarly, there was no evidence of a compiled annual customer satisfaction data for the past year.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

Provider does not have a current policy and procedures to address client transportation including:

- Drivers approved by administrative personnel
- Prohibition of single client transport and/or exceptions and supervisor's approval in the event a 3rd third party is not present
- Evidence a program supervisor is aware prior to transport and consent is documented accordingly
- Insurance coverage for agency approved drivers

The provider documents client transportation in a log book; however, the pre-printed log sheets do not include name of driver, time, number of passengers, and location. Since the transportation records did not include the number of passengers, it was impossible to identify single client transports; however, prior to the review, the program staff were not obtaining and documenting supervisory approvals prior to transporting youth.

Exceptions:



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Provider does not have a current policy and procedures to address client transportation as required by the indicator.

The transportation log is missing name of staff, time, number of passengers, and location of travel.

Prior to the onsite visit, the program did not prohibit single youth transport and did not require staff to obtain approval from the supervisor when a third party is not present.

1.07 Outreach Services

Satisfactory

Limited

Failed

Not Rated

Rating Narrative

The program director or designated staff attends the local 15th Circuit DJJ board and council meetings. Verification of attendance and minutes were not available.

The program has established collaborative interagency agreements with 26 organizations in the community with which to coordinate education, prevention, intervention, and treatment services. Interagency agreements are utilized by the program to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services.

The provider's case management staff conducts outreach activities and documents these activities in Netmis. However, an outreach log was not maintained by the program and outreach activities were not entered into Netmis for the current FY to date.

Exception

The provider does not have a policy and procedures for outreach services as required by the indicator.

Minutes/agendas demonstrating attendance to circuit 15 DJJ board meetings were not available.

Outreach activities are not entered into Netmis.



Standard 2: Intervention and Case Management

Overview

Rating Narrative

The UL is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Palm Beach County. The program provides centralized intake and screening during office hours Monday – Friday and accepts referrals from Palm Beach County Schools, parents/guardians, and local community organizations. Trained staff are available to determine the needs of the family and youth. In addition to screening and assessment, case management, group education, and substance abuse prevention education is also offered. Aftercare planning includes referring youth to community resources.

The CINS/FINS program consists of a Program Director and three fulltime Case Managers. The Case Managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

As needed, UL coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. No case staffing requests were made in the past year by staff or parent/guardian.

During the QI review, 7 client files were reviewed: 5 open and 2 closed. One file addressed substance abuse issues and one addressed mental health issues.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

Urban League (UL) has a policy and procedures in place to meet the criteria for this standard. Youth is screened based on established requirements and there is documentation in the client files that capture demographic information and needs of the family.

A total of seven random client files were reviewed to assess the screening and intake service delivery requirements. All seven client files were found to be compliant with



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eligibility screenings within 7 calendar days of referral and were found to have all major documents required (Right and Responsibilities, Grievances, Right and responsibilities, etc.). All files reviewed indicated youth and parents/guardians were provided with available service options, rights and responsibilities, possible actions occurring through involvement with CINS/FINS services, and grievance procedures in writing. Each parent receives the Parent Handbook at intake that describes the possible actions occurring through involvement with CINS/FINS services.

Exceptions:

1. The organization uses standardized forms; however, their Netmis (screening, intake, and youth profile) forms are several years old. As an example, the last revision on their Netmis profile form is 2005.
2. Standard policy dictates that a youth meet at least one of the four screening criteria for eligibility; however, UL requires youth to meet two of these requirements. UL does not have that requirement included in their policy and procedure manual.
3. On the Release of Confidentiality form, files #1 and #3 do not have the projected length of services completed. And, files #5 and #7 do not specify the type of documents being requested of service providers.

2.02 Needs Assessments

Satisfactory

Limited

Failed

Rating Narrative

Urban League standards match QI standards. All seven files reviewed indicated the needs assessment was completed the same day as the intake, exceeding the requirement for within 2-3 face-to-face contacts after initial intake. The assessments are completed by bachelor-level staff members and reviewed, signed, and dated by a licensed therapist. Files are reviewed by their immediate supervisor.

Exceptions:

1. Need Assessments require bachelor-level signatures; however, none of the files contain the B.A. or B.S. designation of their case managers after their signatures.
2. One file does not have the supervisor's signature date on the file review form.



2.03 Case/Service Plan

Satisfactory Limited Failed

Rating Narrative

Urban League develops service plans based on QI Standards and are developed within seven working days after the completion of the psychosocial assessment. Each plan is built upon the needs of the family and incorporates all service plan requirements.

All seven client files were found to be in compliance with the general requirements of this indicator. The seven files contained documented evidence of completed Individualized Service Plans in the intake and assessment phase of the service delivery process. Plans were individualized and included service type, location, frequency, person(s) responsible, and target and completed dates. The case plans also included signatures of youth, parent, counselor, and supervisor consistently in all seven files reviewed.

As a best practice, Urban League has implemented an indicator on which case managers review service plans every 14 days instead of the standard 30 days.

Exception:

1. One file does not have the date the service plan was initiated.
2. Another file has a blank service plan goal sheet. None of the goals are identified.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

Urban League follow established QI standards. All youth are assigned case managers who ensure the delivery of services through direct care or referrals. Referrals for additional services are provided to youth and families based on their on-going problems and needs.

Exceptions:

1. One file contained a recommendation in the needs assessment for mental health services; however, no referral was provided at intake or monitored monthly through the service plan.



2. Two other files indicated in their needs assessments that the youth needed tutoring; however, no referrals were provided to the families at intake or monitored monthly through the service plans.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

Urban League follows established QI standards. Youth and families receive on-going counseling services on a regular basis. There is coordination among presenting problems, psychosocial assessment, and service plans/reviews. Follow-ups are completed in a timely manner.

All seven client files were found to be in compliance with the general requirements of this indicator and contained documented evidence of the youth/family receiving counseling services in accordance with the case plan. All files reviewed addressed the presenting problems in the needs assessment, case/service plan, and case/service plan reviews. All files indicated case notes were maintained for all counseling services provided and documented youth's progress. All files indicated an ongoing internal process for clinical reviews of case records and staff performance.

No exceptions.

2.06 Adjudication / Petition Process

Satisfactory Limited Failed Not Applicable

Rating Narrative

The program staff initiates case staffing as needed and/or requested. Urban League has not had any case staffing since June 2015. Due to lack of practice this indicator is rated not applicable.

Not applicable

2.07 Youth Records

Satisfactory Limited Failed



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Rating Narrative

All files are required to be marked “confidential” and are to be stored in locked file cabinets also marked “confidential.” Files are required to be in a locked, opaque containers marker “confidential” while being transported away from the facility.

Exceptions:

1. File #6 does not have “confidential” stamped on the cover of the file.
2. Client files are kept in locked desk drawers, but none of the file drawers are marked “confidential.”
3. All case managers have opaque containers to carry their client files; however, none of those containers are marked “confidential” or are capable of being locked.
4. Indicator for locked, opaque container marked “confidential” is missing from the QI policy in UL’s standard 2.07.