



# **Florida Network of Youth and Family Services Quality Improvement Program Report**

Review of Youth Advocate Program (YAP)  
on May 17, 2016

**Compliance Monitoring Services Provided by**





**Quality Improvement Review**  
Youth Advocate Program – 05/17/2016  
Lead Reviewer: Keith Carr

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## CINS/FINS Rating Profile

### Standard 1: Management Accountability

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

Percent of indicators rated Satisfactory: 60.00%

Percent of indicators rated Limited: 40.00%

Percent of indicators rated Failed: 0.00%

### 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	Satisfactory
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: 83.33%

Percent of indicators rated Limited: 16.66%

Percent of indicators rated Failed: 0.00%

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## 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.



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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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## Review Team

### Members

Keith Carr, Lead Reviewer, Principal Consultant-Forefront LLC



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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 and (2) Intervention and Case Management—which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2015).

#### **Persons Interviewed**

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

#### **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 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                          | <b>0</b> # Health Records                           |
| <input type="checkbox"/> Continuity of Operation Plan                 | <input type="checkbox"/> Medical and Mental Health Alerts  | <b>0</b> # MH/SA Records                            |
| <input type="checkbox"/> Contract Monitoring Reports                  | <input type="checkbox"/> PAR Reports                       | <b>10</b> # Personnel Records                       |
| <input type="checkbox"/> Contract Scope of Services                   | <input type="checkbox"/> Precautionary Observation Logs    | <b>10</b> # Training Records/CORE                   |
| <input checked="" type="checkbox"/> Egress Plans                      | <input type="checkbox"/> Program Schedules                 | <b>4</b> # Youth Records (Closed)                   |
| <input type="checkbox"/> Escape Notification/Logs                     | <input type="checkbox"/> Sick Call Logs                    | <b>1</b> # 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**

**0** # Youth      **0** # Direct Care Staff      **0** # Other: \_\_\_\_\_

#### **Observations During Review**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Admissions                      | <input 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



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## **Standard 1: Management Accountability**

### **Overview**

#### Narrative

The Youth Advocate Program (YAP) is a national organization that has community based locations located primarily in the eastern regions of the United States. The Youth Advocate program is located in a metropolitan area of Tampa, Florida. The program is funded by the Florida Network of Youth and Family Services.

The program provides centralized intake and screening during regular business hours five (5) days per week. Trained YAP staff members are assigned clients and provide direct mentorship and relationship building services to each client. The non-residential services generally includes individual and family services. Case management and substance abuse prevention education and referrals are also offered. Referral and aftercare services begin when the youth are admitted for services.



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### 1.01 Background Screening

Satisfactory       Limited       Failed

#### Rating Narrative

The program has a policy on Background Screening that explains the process taken by the agency to meet the requirements of the Background Screening indicator. Level 2 background screening is mandatory for employees and volunteers working with direct access to client information and youth. The agency's policy also includes 5-year re-screenings for staff every 5 years from the original hire date.

At the time of this on-site QI program review, the CINS/FINS program is currently staffed by ten (10) staff including one Executive Director, Administrative Manager, Administrative Assistant and seven (7) advocates. There are four first-year members; of which all were hired after a background screening was conducted. There was one staff applicable for a 5-year re-screening for the review period. It was conducted within the required timeframe.

Evidence provided shows the provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit prior to the January 31, 2016 due date.

#### **Exceptions**

No exceptions noted for the indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory       Limited       Failed

#### Rating Narrative

The program does have a policy (last updated April 2010) that explains the process taken by the agency to meet the requirements of the Provision of An Abuse Free Environment Indicator. The provider also has procedures which includes the reporting to the Florida Abuse Hotline and the notification of the Program Director within the first two hours of awareness of the incident. Reports are to include:

- Names and addresses of child, parent(s), guardian(s), or other persons responsible for the child's welfare;
- Child's age, race, sex, and sibling(s) names;



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- Nature and extent of alleged abuse or neglect;
- Identity of abuser, if known;
- Reporter's name, address and telephone number if desired;
- Other information reporter believes would be helpful in establishing cause of injury or neglect;
- Directions to the child's location at the time of the report.

There was no evidence provided that recorded any abuse reports or incident reports for the last six months.

### Exception

The program's policy and procedure is missing important elements required by the indicator. Specifically, the program's P&P did not address:

- 1) Prohibition of the use of physical abuse, profanity, threats, or intimidation of youth and how management addresses these incidents internally.
- 2) Follow-up after reporting of suspected child abuse/neglect to CCC.
- 3) Non-handling of complaints/grievances by direct care staff.

### 1.03 Incident Reporting

Satisfactory       Limited       Failed       Not Applicable

#### Rating Narrative

The agency does have not have a policy that meets the general requirements of the Incident Reporting Indicator.

However, Policy 9: Section (Reporting Abuse), does make mention that the CCC Department is to be contacted after abuse has been reported. It addresses the steps required to officially contact the DJJ CCC with abuse incidents that meet reporting requirements. It states the program is to notify CCC within 2 hours.

The agency did not report any occurrences of incidents that met minimum reporting requirements to the DJJ CCC in the last six months.

#### Exceptions

The agency does not have a specific Incident Reporting policy. The program does not have any practices set up to address follow-up communication tasks/special instructions



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as required by the CCC (if an incident occurred) in order to close the case and assure the incident has been fully attended to as needed.

### 1.04 Training Requirements

Satisfactory       Limited      Failed

#### Rating Narrative

The agency has a policy and procedures (last reviewed on January 1, 2009) in place to address the training requirements for all staff members of the CINS/FINS program. The current procedures require that all staff members complete a total of eighty-four (84) training hours for new hires and twenty-four (24) hours for on-going staff members.

No evidence of individual training files for all staff were provided to prove that procedures were being followed accordingly. Nor are there full files that include documentation of a full training log record by the staff member's training year. There is no consistency of training files to include a general training plan, training log, and certificates of completion documentation.

There are six on-going staff members and four first year members. Only three on-going staff member has evidence of completing 24 hours minimum training for non-residential programs. The remaining three have 14 hours (D.F), 22 hours (T.T) and 22 hours (A.N). Three first year members are on their way to attaining 80 hours for the first year (38 hours (E.L), 16 hours (S.K), 40 hours (J.S)). One first year member (R.W) did not train for eighty hours, instead only had 33 hours of training.

#### **Exceptions:**

There is no evidence of an individual training file is in place for all staff members.

Some staff members did not achieve the minimum requirement for training.

### 1.05 Analyzing and Reporting Information

Satisfactory       Limited      Failed

#### Rating Narrative

As of time of the review, the agency does not have a comprehensive policy and procedures in place for Indicator 1.05 that specifically address the collection and review



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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. However, the agency's CQI procedures address the receiving of customer service satisfaction data, monthly monitoring reports and the reviewing of their six months report card and annual outcome. Unfortunately there is no indication or evidence the receiving of the data assists in analyzing patterns and trends for the agency.

### ***Quarterly Case Record Review***

The agency receives monthly monitoring reports from the quality assurance department. Monthly data reports are reviewed by the leadership team (program director, east vice president and executive vice president). According to the Program Director, the information reviewed is relayed to staff during monthly staff reviews. There was no evidence provided that supports this practice.

### ***Risk Management Review of incidents, accidents, and grievances***

No policy or procedures proves this practice. No evidence of such practice provided.

### ***Customer Satisfaction Data***

The program director states each client and/or parent completes a satisfaction survey as part of their discharge. The program also contacts families via phone or mail to ensure services were delivered as stated in the case file. A Telephone Monitoring Report for the end of April was provided and reviewed.

### ***Outcome Data***

The program obtains FN Performance reports as provided by the Florida Network monthly and also tracks case outcome (reunification goals) annually. The FY 15-16 for CINS/FINS was reviewed.

It is also important to note that the Youth Advocate Program does utilize a program services tracking process. The YAP program requires that each Advocate utilize a weekly Activity and Progress Tracking Form. The form captures the Day, Date, Time of the Session; Total number of Hours spent with Client, Family or Group; Activities conducted include who (person present at pick up of client), what (list of all activities in which client participated) and where (location where activities took place); and Signature of Client, Parent, Guardian or Caregiver. The form also tracks weekly progress related to Family/Resident Objectives; Education/Training Objectives; Employment Objectives; Health/Hygiene Objectives; Social Development Objectives; Legal Objectives; and Client signature, Advocate and Program Director's Signature. All



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five (5) client cases contain program services tracking forms completed as required. The YAP uses these weekly progress forms to assess frequency and effectiveness of each Advocates performance with their assigned caseload.

Further, these forms are submitted to the YAP's program Headquarter to verify and activities completed prior to each Advocate being paid for their work. This information is processed and used as an accountability and performance measure to evaluate the effectiveness of the services delivered by the YAP Tampa Bay area program.

### **Exceptions**

The agency does not have a comprehensive policy and procedures in place for Indicator 1.05 that specifically 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.

There was no evidence of any analyzing or discussion of trends with staff.

### **1.06 Client Transportation**

Satisfactory       Limited      Failed      Not Applicable

#### Rating Narrative

At the time of the review, YAP did not have a policy in place to address client transportation. However, client transportation procedures involve: staff that transport youth must have a motor vehicle background screening completed and must carry 100/300 insurance on their personal vehicle. Staff members are to inform the Program Director before they transport any youth. The transportation is documented on a YAP weekly schedule document.

### **1.07 Outreach Services**

Satisfactory       Limited      Failed      Not Rated

#### Rating Narrative

At the time of the review, YAP did not have a comprehensive policy that describes the program's outreach service.



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However, the agency does regularly participate in the DJJ 13<sup>th</sup> Circuit Board meetings. The Program Director attends and is to be substituted by another program representative if she cannot attend. Evidence of Executive Director's attendance for the last two meetings were provided.

The policy states the agency will maintain relationships with community partners in order to provide a comprehensive referral process. There was one letter provided from the Hillsborough County Public Schools approving a request to provide the public schools YAP program information.



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## **Standard 2: Intervention and Case Management**

### **Overview**

#### Rating Narrative

The YAP program offers counseling services. These services include referring youth to community resources, on-going counseling and educational assistance. The YAP program's staffing includes an Executive Director, an Administrative Manager, Administrative Assistant and seven youth care workers. The youth care workers are responsible for completing all applicable admission/screening paperwork, orientating youth to the program and providing necessary mentorship and guidance.

Advocates (youth care workers) are responsible for providing case management services and linking youth and families to available community services. The YAP program also 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. The Case Staffing process can also involve the program working with the local case staffing committee that recommend filing of a CINS Petition with the court as needed.



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### 2.01 Screening and Intake

Satisfactory       Limited       Failed

#### Rating Narrative

The agency has a policy on Screening and Intake services named Screening and Intake. It was last reviewed on January 1, 2009. The policy meets the minimum requirements of acceptance for this indicator. However, missing elements in the policy are: the youth and parents/guardians receiving in writing the available service options and a copy of the rights and responsibilities of youth and parents/guardians; and that the following information is made available to the youth and their parent/guardian- 1) possible actions occurring through involvement with the CINS/FINS services and 2) grievance procedures. (Agency practice proves they do provide this information to the youth and families.)

The agency has a service model that focuses on direct relationship and trust being established between the Advocate and the client and family. The screenings generally take place at schools, organized community events and through formal partnerships with local partner agencies and organizations. The reviewer selected a total of five (5) client files serviced by the Youth Advocate Program in the last six (6) months. A review of these 5 client files included one active and four closed client files. All 5 client files reviewed include evidence of meeting the 7 day or less CINS/FINS eligibility screening requirement. All 5 files had documentation of YAP Services Options; Rights and Responsibilities signature confirmation from the client and parent and receiving the CINS/FINS Parent/Guardian Information Brochure. A review of these 5 client files also found that the YAP program also has program measures in place that verify that the program is capable of addressing clients with CINS/FINS needs related to providing Case Staffing committees, CINS Petitions CINS Adjudication, Client Bill of Rights and Formal and Informal Grievance Procedures.

#### **Exception:**

Missing elements in the policy are: the youth and parents/guardians receiving in writing the available service options and a copy of the rights and responsibilities of youth and parents/guardians; and that the following information is made available to the youth and their parent/guardian- 1) possible actions occurring through involvement with the CINS/FINS services and 2) grievance procedures.

### 2.02 Needs Assessments



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Satisfactory       Limited       Failed

### Rating Narrative

The agency provided a policy for review that addresses the requirements of Indicator 2.02. The policy was last reviewed on July 1, 2015. The review of this policy finds that it meets the minimum requirements of acceptance for this Needs Assessment indicator.

The agency has an extensive Needs Assessment. The ten (10) page document includes a comprehensive assessment that includes capturing client and family history; mental health history; substance abuse history; physical health; strength of youth and family issues; education and existing behavior issues. All 5 client files include evidence of a completed Needs Assessment. The YAP Program completed a Needs Assessment on all 5 clients on the same day as the Intake or within 3 to 5 days of the initiation and completion of the CINS/FINS Intake. Specifically, the Needs Assessments were confirmed as being initiated within 2-3 face-to-face contacts after the initial intake. The agency has a minimum of Bachelor degree level staff completing the Needs Assessment. There are examples of the YAP Program Supervisor either completing the Needs Assessment or reviewing this document. The YAP program's Needs Assessment identified risks or mental health status, substance abuse and youth/family dynamic across all 5 client files reviewed. None of the client files reviewed had documentation that required that any of the 5 clients be referred with identified risk that required a full Assessment.

### **Exception**

One of the five client files did not have evidence of the Master's Level Staff member reviewing and signing off on the accuracy and completion of the YAP Program Needs Assessment completed by YAP Advocates.

## **2.03 Case/Service Plan**

Satisfactory       Limited       Failed

### Rating Narrative

The agency does have a policy that specifically addresses the requirements of this Service Plan indicator. The policy was last reviewed on July 1, 2015.

The agency has a YAP program specific Service Plan. The Service has a one page format with 4 sections. The four sections that include Goal and Growth Objective; Developmental Outcomes; Character Outcomes; and Desired Measurable Indicators.



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The YAP Service Plan also includes Location, Frequency and Types of Services; Target Date; Completion Date; Responsible Party; 30, 60, 90 Day Plan Review and Signature of Parties.

A review of the 5 client files did verify that there was evidence of plans initiated on the same day as the CINS/FINS Intake for all 5 client files. All the YAP program Service Plans are individualized and prioritized related to the risks cited in the Assessment. The Service Plan has provisions that include type, location, frequency, responsible party marked as required. Three (3) out of 5 Service Plans had fully completed evidence of a Service Plan. Three (3) out of 5 Service Plans have Target Dates that are clearly documented when they were to be completed. Three (3) Service Plans had service areas to document 30, 60, 90 day Service Plans. Signatures of required parties (client, parent, counselor and supervisor) are consistently documented at the initiation of the Service Plan. However, Signatures of required parties (client, parent, counselor and supervisor) are inconsistently documented at the 30, 60 and 90 Service Plan review sessions.

### Exceptions

Four out of five client file reviews resulted in evidence that they were opened on the same day as the CINS/FINS Intake form. Two out of 5 Service Plans did not have evidence of fully documented Service Plans. Two out of 5 Service Plans were missing documented evidence of one or more Target Dates on the Service Plan. Two Service Plans did not have evidence of areas to document 30, 60, 90 day Service Plan sessions.

### 2.04 Case Management and Service Delivery

Satisfactory       Limited      Failed

#### Rating Narrative

The agency has a detailed policy and procedure which specifically addresses the requirements of the indicator. The policy was last reviewed on July 1, 2015.

The reviewer selected a total of five (5) client files serviced by the Youth Advocate Program in the last six (6) months. A review of these 5 client files included one active and 4 closed client files. All 5 client files reviewed include evidence of delivering Case Management and Services. The YAP program has program services in places that locate and connect the client with coordinated referrals to services based upon the on-going assessment of the youth/family's risks and general needs. The YAP program



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monitors progress and coordinates the implementation of the Service Plan. The program provides a broad range of youth/family services that includes mentoring, coaching, parenting assistance, monitoring out of home placement; case staffing referrals, accompanying clients to court proceedings, reviews of court orders, case monitoring and provides case termination with follow-up.

### **Exception**

Evidence of Case Termination follow up across the sampling of 5 client files is not consistent.

### **2.05 Counseling Services**

Satisfactory       Limited      Failed

#### Rating Narrative

YAP does have a policy (last reviewed on January 1, 2009) that addresses the requirements of the indicator.

The reviewer selected a total of five (5) client files serviced by the Youth Advocate Program in the last six (6) months. A review of these 5 client files included one active and four closed client files. All 5 client files reviewed include evidence of delivering Counseling Services. The YAP program provides weekly mentoring, counseling and case planning in accordance with clients' service plan. The five (5) client cases have documented evidence of individual and family counseling and psychosocial assessments, initial service plans and individualized mentor and client/family meetings. All five (5) client plans have evidence of case notes. The YAP agency has a case note format that requires that Advocates document the type of services provided and the duration of time for each client session. The majority of client case files had evidence that counseling/advocate sessions were reviewed by the supervisor/Master's Level Clinician.

### **Exception**

One out of 5 client case files did not have evidence that a counseling/advocate session had been reviewed by the supervisor/Master's Level Clinician.

### **2.06 Adjudication / Petition Process**



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Satisfactory       Limited       Failed       Not Applicable

**Rating Narrative**

The agency has a policy (named Adjudication and Petition) on the Adjudication and Petition Process. It was last reviewed on January 1, 2009. The policy meets the general requirements of the Adjudication/Petition Process Indicator.

The reviewer requested a sample of a client file with evidence of the agency's case staffing, adjudication/petition process in the last six (6) months. The YAP program provided one official client record that met this requirement. The review of this case found that the agency had evidence that the agency Program Director was the representative and initiator of this case staffing. The case file reviewed documents that the staffing was initiated within seven (7) days. It also confirms that the notification to the client's family occurred in less than working 5 days and notification to the committee in less than 5 working days. This client file specifically documents that participants in the Case Staffing includes YAP Advocate counselor, Hillsborough County School Board Representative, School Social Worker, Law Enforcement and family members. This client was referred to the Hillsborough County shelter and then later referred to inpatient care for a detoxification stay to treat substance abuse issues. The program works with the circuit court for judicial intervention for the youth and family. The YAP program completed a review summary prior to the court hearing.

**Exceptions**

No exceptions are noted for this indicator.

**2.07 Youth Records**

Satisfactory       Limited       Failed

**Rating Narrative**

The agency did not provide a policy that addressed the requirements of this indicator. However, agency practice proves confidentiality of client information is a priority.

The sample of the five (5) client files was used to assess this standard. The review of all 5 files revealed that the YAP Program utilizes 2-Section client case file format. All files are organized in a standard format. All client files are stored in a secure file cabinet that is only accessible to YAP program staff members. The client files used to service clients outside of the office are housed in a secure locking metal file container. The mobile file container utilizes a key lock that locks to prohibit access and unlocks to



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access client files. The file cabinet, as well as, the locking case file container are both marked confidential.

### **Exception**

There is no comprehensive policy that addresses the requirements of this indicator.