



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Youth Advocate Program

on 04/12/2017

CINS/FINS Rating Profile

Standard 1: Management Accountability

| | |
|---|----------------|
| 1.01 Background Screening of Employees/Volunteers | Satisfactory |
| 1.02 Provision of an Abuse Free Environment | Satisfactory |
| 1.03 Incident Reporting | Satisfactory |
| 1.04 Training Requirements | Satisfactory |
| 1.05 Analyzing and Reporting Information | Satisfactory |
| 1.06 Client Transportation | Not Applicable |
| 1.07 Outreach Services | Satisfactory |
| Percent of indicators rated Satisfactory: 100.00% | |
| Percent of indicators rated Limited: 0.00% | |
| 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 | Limited |
| 2.04 Case Management and Service Delivery | Satisfactory |
| 2.05 Counseling Services | Satisfactory |
| 2.06 Adjudication/Petition Process | Satisfactory |
| 2.07 Youth Records | Satisfactory |
| Percent of indicators rated Satisfactory: 85.71% | |
| Percent of indicators rated Limited: 14.29% | |
| Percent of indicators rated Failed: 0.00% | |

Percent of indicators rated Satisfactory: 92.31%
Percent of indicators rated Limited: 7.69%
Percent of indicators rated Failed: 0.00%

Rating Definitions

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

| | |
|-------------------------|---|
| Satisfactory Compliance | 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. |
| Not Applicable | Does not apply. |

Review Team

Members

Keith Carr, Lead Reviewer, FOREFRONT LLC/FNYFS

Janet Valdez, LMHC; CINS-FINS Non-Res Supervisor; Children's Home Society of Florida Osceola County

Scott Luciano, MPH; Regional Monitor; Department of Juvenile Justice Bureau of Monitoring and Quality Improvement

Persons Interviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 0 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 0 Program Supervisors | 0 Food Service Personnel | 1 Other |
| 0 Health Care 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 checked="" type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 0 # Personnel Records |
| <input checked="" type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 5 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input checked="" type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 6 # Youth Records (Open) |
| <input checked="" type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 2 Direct Care Staff

Observations During Review

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input checked="" type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input 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"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <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.

Rating Narrative

Strengths and Innovative Approaches

Rating 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 to provide the Children in Need of Services and Family in Need of Services (CINS/FINS) program.

For the onsite visit, the program director reported several accomplishments the agency has achieved since the last QI review in May 2016 as follows:

-YAP partnered with the Hillsborough County Sheriff's Office (HCSO) to be a part of Student's Day at the Florida State Fair. Staff from YAP was part of the Community Action Team (CAT). We monitored the actions of the youth's and duties from the Sherriff's office interaction. YAP received a thank you letter from the Florida State Fair Authority.

-The program received a grant for the Department of Juvenile Justice (Invest in Children) for 2016-17 and just received an amendment extending the contract through 2018.

-Representing Florida, Nevada, New York, Pennsylvania, Texas and Washington, DC, Team YAP to Argentina joined 200 young people from 14 countries in Buenos Aires in May for Copa America Nelsa Curbelo street soccer tournament. Guided by the principles of solidarity, collaboration and respect, the street soccer movement is active in 50 countries and uses street soccer to teach mediation and peace-building skills to young people living in vulnerable situations, particularly gang-affiliated youth. Orlando & Hillsborough County YAP are working on getting a game together for the youth in Orange and Hillsborough County.

-YAP currently provides support to the Sierra Leone Youth Advocate Program (SLYAP). SLYAP has provided mentoring, counseling, education and grassroots support to youth to enable them to regain control of their lives and to empower them to become productive contributors to Sierra Leone's bright future - a future that the youth will create. With the continued support of the YAP Board of Directors, leadership, and staff, SLYAP has grown as one of YAP's two international sister agencies. Individual contributions, YAP program fundraisers and YAP staff going "The Extra Mile" with a weekly payroll deduction towards support of SLYAP demonstrate the vested interest the YAP community has in the growth and sustainable development of SLYAP.

Standard 1: Management Accountability

Overview

Narrative

The Youth Advocate Program, located at 5118 North 56th Street, Suite 104, Tampa, Florida, is under the leadership of a State Vice President and Program Director. The program's staffing also includes an Administrative Manager, Administrative Assistant and six youth care workers/advocates. An individual training file is maintained for each employee, which includes a training log. The provider agency conducts orientation training to all personnel through a combination of training sources that include the Program Director, DJJ's SKillPro, and the agency web portal. Each employee has a separate training file that contains a training attendance form and corroborating documentation for training received.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy which requires background screening to be completed prior to employment for all employees, contracted staff, volunteers, mentors, and interns which will have access to youth. The agency's policy also includes 5-year rescreenings for staff every 5 years from the original hire date. This policy was approved by the program director on January 1, 2009.

The program's procedure requires the program director to complete background screening on all employees, interns, and volunteers prior to offering them a position with the agency. The procedure required this background screening to be completed through the Department of Juvenile Justice Background Screening Unit. Currently, background screenings are to be completed using the Department's new Clearinghouse process. Once a screening is returned with a rating of eligible, then and only then can the position be offered to the applicant. The procedures also include instructions for five-year rescreening. The procedures indicate all employees, interns, mentors, and volunteers will be rescreened every five years after their employment. Their procedure requires this five-year rescreening to be submitted prior to their anniversary date. Lastly, the policy has procedures which explain how they will complete and submit their Annual Affidavit of Compliance with Good Moral Character Standards form each year by January 31st. This is to be sent to the Department of Juvenile Justice Background Screening Unit. Once returned, this document is maintained in a file by the Executive Director.

The CINS/FINS program is currently staffed by ten (10) staff which includes one Program Director, State Vice President, Administrative Manager, Administrative Assistant and six (6) advocates.

The program has hired one new administrative assistant who began working with them as of August 4, 2016. A review of their personnel file found they had their background screening returned with a rating of eligible prior to their hire date, completed on July 26, 2016.

The program had one employee eligible for five-year rescreening this review period. The Program Director is overdue for a five-year rescreening as of March 21, 2017.

The program completed their Annual Affidavit of Compliance with Level 2 Screening Standards on January 6, 2017 and was submitted to the Department's Background Screening Unit prior to the January 31, 2016 due date.

Exception:

Program Director is overdue for a five-year rescreening as of March 21, 2017.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy which defines situations in which they will contact the Department of Children and Families Florida Abuse Hotline to report any situations related to abuse or neglect. This policy was approved by the program director on January 1, 2009.

The program procedures indicate all clients have the right to call in an abuse report at any time. The procedures require the program to post informational signs which advise and inform clients of their unhindered right to call the Abuse Registry.

The procedures give instructions for incident which occur while youth are at the program, and for those which occur in the home or community. These instructions are covered in the Personnel Policy Manual (2008), Section 4.

When an incident of abuse, or allegation of suspected abuse is made, this must be reported first to the Florida Abuse Hotline, and then to the Department of Juvenile Justice Central Communications Center, in accordance with federal, state, and local laws. The procedures allow for the youth to make the call on their own or with staff. This decision is made at the client's discretion. Once a call has been made, staff will notify the supervisor who will log the call.

The procedures ensure when reporting to the Florida Abuse Hotline, the report should include the following:

- Name and address of parent(s) or guardian(s) or other person's responsible for the child's welfare
- Child's age, race, sex, and sibling(s) name(s)
- Nature and extent of abuse or neglect
- Identity of abuser, if known
- Reporters name address and telephone number, if desired
- Other information the reporter believes would be helpful in establishing the cause of injury or neglect
- Directions to the child's location at the time of the report

Lastly the policy requires the completion of an incident report whenever a client makes a call to the Abuse Registry. Staff will notify the supervisor, who will review the incident report and log the call if needed.

Observations found the program has postings which advise and inform clients of their rights to call the Florida Abuse Hotline. The program has a staff code of conduct in place with governs the behavior of its employees and volunteers. The guidelines prohibit profanity, vulgarity, sexual innuendos, obscene or inappropriate jokes, sharing intimate details of one's personal life, derogatory or offensive comments, and any kind of discrimination or harassment. The program also has a youth handbook which explains the guidelines, policies and procedures to the youth. A review of seven staff personnel files found each included a code of conduct which was signed at their time of hire.

A review of seven staff training files found each completed training on child abuse reporting. The program maintains a binder in which they will log all calls made to the Florida Abuse Hotline. A review of records, and an interview with the program director, indicated no calls were made to the Florida Abuse Hotline during this reporting period.

The program's code of conduct defines their discipline standards which would be followed in the event of incidents of physical and/or psychological abuse, verbal intimidation, use of profanity, and/or excessive use of force. An interview with the program director confirmed the program has not had any incidents this

reporting period which would require them to take immediate action to address.

The program has a written policy and procedures for the grievance process. This policy includes instructions for how the program will resolve employee and youth grievances. The program does not have a grievance box. The program uses an informal and formal grievance resolution system. Their policy indicates the youth or parents/guardians will hand any written grievances to the program director. They have not had any formal grievances submitted during this review period.

There were no exceptions noted for this indicator.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy to standardize incident reporting to ensure accuracy and detail. This policy was approved by the program director on January 1, 2009.

The policy requires an incident report to be completed by staff whenever an event occurs which requires staff intervention to manage the incident. Examples listed in the policy are:

- Medical injuries or conditions
- Physical danger issues, threats of violence to self or others, fights or altercations
- Possession of harmful, forbidden or dangerous items
- Property damage or theft
- Suspicious persons, criminal activity
- Runaways
- Suspicion of abuse/neglect/exploitation (at the program or while in their care)
- Death or other extraordinary circumstances

Once an incident has occurred, staff are to fill out the incident reporting form as soon as things have settled down. This incident report form includes information about those involved, what type of incident occurred, identifying information of participants, and a brief description of the incident.

This information must be reported to the program director as soon as possible so they can determine if the incident is reportable. If the determination is made that the situation is reportable, then a report will be made to the appropriate authority (Central Communications Center, Florida Network, and/or the Florida Abuse Hotline) within 2 hours of the incident. Non-reportable incidents will also be documented in the incident report file, and will be documented in the corresponding youth's progress notes.

The program maintains a binder which is in place to record all incidents which occur in the program. The binder has incident report logs which are filled out by the program director monthly to document any incidents which have occurred during the month. A review of the logs for this reporting period found no incidents have occurred during the past six months which would have required reporting to the Central Communications Center (CCC). The program has not had any reportable incidents since the last annual review. The program has also not had any non-reportable incidents during this review period.

There were no exceptions noted for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The agency has a training policy. The Youth Advocate Program's (YAP) policy is called Development and Training Policy. The policy is three pages. The last documented date of this policy being updated was November 1, 2017. The agency's Program Director is the designated signing authority. The YAP policy requires that all Youth Advocates complete a total of eighty-four (84) hours of training during their initial year and twenty-four (24) hours annually. All staff are also required to register with the Florida Department of Juvenile Justices' online training portal called SkillPro. The policy has additional attachments that include the Initial Training Log, Annual Training Log, and YAP Development and Training Policy. The YAP program also has a Training Plan policy. The Training Plan policy states that all staff will complete 80 hours in the first year of employment and 24 every subsequent year.

The Procedure for the Training Plan requires that the Plan be reviewed annually and signed by the Program Director. The Program Director is also required to ensure that the training needs are met and available to all staff; assess and determine the most efficient training delivery methods and venues to meet training needs; and provide an annual training calendar that includes training on a quarterly and as needed basis. The Plan requires that the agency have a Program Orientation. The procedure also requires that all staff persons be trained by a Supervisor using the New Employee Core Training Handbook; Non-Abusive Psychological and Physical Intervention (NAPPI); YAP University and YAP Webex; UltiPro Employee Self Service (ESS) Web Portal. The training topics to be completed prior to the end of the first year are YAP Overview and Philosophy (4 hours); Integrity and Compliance (4); Confidentiality (2); Mandated Reporting (2); Administrative Issues (4); CINS/FINS Philosophy and Treatment Approach (4); DJJ Mission, Goals and Objectives (DJJ) (4); Role of the Advocate (4); Cultural Diversity (2); Mental Health and Substance Abuse (4); Suicide Assessment and Prevention (4); YAP's Service Delivery (4); HIPPA (2); Harassment (2); Program Safety and Emergency Plans (2); CPR (4); First Aid (4); HIV / Blood Borne Pathogens (2); Basics of Unconditional Care (2); Intensive Work with Youth (2); Dealing with Resistance (2); Coaching (2); Wraparound Service Planning (2); Crisis Intervention (2); Supporting Psycho-social Development (2); Communication (2); Supporting Professionalism (2); Suicide Assessment and Intervention (4); Domestic Violence (2); Adolescence Development (2); Individual and Group Interaction (2); Gang and Gang Awareness (2); Report Writing (2); and NETMIS (2). The training topics to be completed by on-going staff members includes CINS/FINS Core (4); Suicide Assessment and Intervention (4); Domestic Violence (2); Adolescence Development (2); Individual and Group Interaction (2); Gang and Gang Awareness (2); Report Writing (2); NETMIS (2); Program Safety and Emergency Plans (2); Signs and Symptoms of Mental Health and Sub. Abuse (4); Risk Management (2); Update / Current Policies and Procedures (4); First Aid (4); Healthy Relationship Skills (3); Healthy Communication (2); and Healthy Resolution (2).

There were a total of five (5) YAP staff members reviewed in this training hours sample completed during the fiscal year 2015 through 2016. The reviewer of this indicator reviewed one staff person that completed a full first year of employment. Additionally, the training hours of a total of four (4) ongoing staff members that have been employed more than a year as a staff person with the YAP program.

The staff member that completed their first year of employment, exceeded the first year 80 hours annual training requirement. A review of the 4 remaining ongoing staff members revealed that one staff member completed a total 26 hours; the second staff member completed a total of 25 hours; the third staff member completed a total of 24 hours; and the last staff member completed a total of 45 training hours.

All staff members had an individual training file. Each staff member had a basic 2-side manilla training file and contained the employee's name, start date and a training log produced by the YAP program. The file also contained training log hours completed in the Skill Pro system. Training files are marked confidential and stored in a locked cabinet in the program office.

Exception:

The YAP program Training policy does not include provisions to address major training policy changes that went into effect on July 1, 2016. The current YAP Training policy does not include training policy language to address required training topics and courses that are required to be completed within the first 120 days. The policy does not reference the agency's plan for the remaining training topics to be completed with the first year of a staff member's employment.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a general policy on analyzing reporting information. The policy was last reviewed in 2016 and was signed by the agency's program director. The policy requires to review general sources of information to identify patterns and trends related to program services, staff performance, risk management and outreach activity. The policy is general and addresses the basic requirements to adhere the requirements of this indicator.

The agency's procedures require the program director to manage the agency reviewing all monthly, quarterly, and annual reports related to overall program performance measures. The program director is required to review all data extract provided by the Florida Network of Youth and Family Services on a monthly basis. The program director must review the Florida Network information system data. This data is provided to the program director on a monthly basis. The program director must also review the report card performance standards provided by the Florida Network. These performance standards are submitted bi-annually to quarterly and generate a report card writing of A, B, C, etc.

The program director is also required to monitor the weekly contact of all YAP staff members and their mentoring sessions with each individual client. The program director must review the information for accuracy and completion and submit these documents on a weekly basis back to the central office in Pennsylvania.

The Florida Network data extracts are provided every 30 days. The agency provided evidence of monthly reviews of the Florida Network data extracts and the Florida Network report card. The agency also reviews information provided from the headquarters in Pennsylvania. This information indicates the numeric statistics of each staff members contact and the amount of time spent on a weekly basis with each client. The program also reviews client case files of each client in the program.

The program provided case file review information starting in September 2016 through February 2016. This case file review information provides the total number of program participants. This information also provides the average caseload managed by each client on a monthly basis. The data also provides information on the program's service delivery percentages. At the time of this review, the agency did not have any examples of program areas that it had identified as either a strength or weakness. The agency did provide evidence that general information about the program statistics are being shared with staff members on a weekly to monthly basis. Contact with staff members is typically demonstrated through weekly contact with each YAP Advocate and at monthly staff meetings.

Exception:

At the time of this review, the agency did not have any examples of program areas that it had identified as either a strength or weakness.

1.06 Client Transportation

Satisfactory

Limited

Failed

Rating Narrative

1.07 Outreach Services

Satisfactory

Limited

Failed

Rating Narrative

The program has a policy titled "Outreach Service" stating the intended purpose of their outreach activities and working in collaboration with the community to draw awareness to the issues faced by the youth they serve. This policy was approved by the program director on May 19, 2016.

The procedure notes the various ways the program staff are responsible for implementing the policy as it relates to attendance and participation in community events, work groups, and meetings to include the local DJJ board and council meetings. The program director attends the local DJJ board and council bi-monthly meetings for the thirteenth circuit. The program gives out reports to the board and counsel on the service they provide each month. The agency will maintain relationships with community partners to provide a comprehensive referral process.

Documentation was provided (in the form of agendas) for the local DJJ meetings, along with sign-in sheets and minutes from May 2016 through April 2017.

Other documentation provided were agendas and sign-in sheets for the Florida Department of Children and Families on April 7, 2017 (held the first Friday of each month); the Derrick Brooks Charities Youth Programs Task Force with agendas on February 15, 2017, January 18, 2017, December 15, 2016, November 16, 2016, October 19, 2016, and September 26, 2016 (held the third Wednesday of each month); Children's Board of Hillsborough County Community Alliance Meeting minutes on April 11, 2017, February 14, 2017, December 6, 2016, and November 8, 2016 (held second Tuesday of each month); Circuit Thirteen Juvenile Justice Circuit Advisory Board Meetings (held on the fourth Friday of every other month); and agendas for various other community outreach events regarding the law enforcement and other entities such as the Florida State Fair Authority showing outreach activities throughout the review period.

There were no exceptions noted for this indicator.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The YAP program provides centralized intake and screening during regular business hours five (5) days per week to youth in Tampa, Florida. The program also offers non-residential counseling services. These services include referring youth to community resources, on-going counseling and educational assistance. Trained advocates/youth care workers are responsible for completing all applicable admission/screening paperwork, orientating youth to the program and providing necessary guidance. They specifically are assigned clients and provide direct mentorship and relationship building services to each client. The non-residential services generally include individual and family services. Case management and substance abuse prevention education and referrals linking youth and families to available community services are also offered. Referral and aftercare services begin when the youth are admitted for 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.

2.01 Screening and Intake

Satisfactory
 Limited
 Failed

Rating Narrative

The agency has a written policy on Screening and Intake services named Screening and Intake. It was last reviewed on January 1, 2009 and signed by the program director.

Agency practice proves the youth and parents/guardians receive 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 do provide this information to the youth and families.

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 nine (9) months. Three (3) of five (5) non-residential files reviewed indicated the initial screening for eligibility occurred within the seven (7) calendar days of referral by a trained staff member using the NetMIS screening form.

All 5 files had documentation of YAP Services Options; Rights and Responsibilities; and signature confirmation from the client and parent receiving the CINS/FINS Parent/Guardian Information Brochure. Review of the 5 files showed evidence of the parents and youth receiving a copy of the Client Bill of Rights and Formal and Informal Grievance Procedures and HIPPA information. Further, 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.

2.02 Needs Assessment

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 provided a Policy on Suicide Prevention and Intervention. The policy is effective as of 01/01/2009. The review of this policy finds that it meets the minimum requirements. However, it needs to reflect the policy and procedure in the P&P Manual for CINS/FINS, Florida Network of Youth and Family Services, Policy 3.03 (2012). "Screening Using the six suicide questions on the CINS/FINS Intake Form", "If the youth answers "yes" to any of the 6 questions".

The provider's procedures require the needs assessment be completed to gather and analyze information for all youth receiving services. Needs assessment is initiated within 72 hours of admission and completed within two to three face-to-face contacts following the initial intake. For need assessments over six months old, a new need assessment will be completed. Need assessments will be completed by a bachelor's level staff and once completed signed off by the supervisor. If the supervisor is completing the needs assessment, the assessment will be signed by a master's level staff.

The agency has an extensive needs assessment. The document includes a comprehensive assessment that includes client and family history; mental health history; substance abuse history; physical health; strength of youth and family issues; education and existing behavior issues.

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.

A total of five (5) non-residential files were reviewed. All files reviewed demonstrated evidence of a needs assessment developed within the two to three face-to-face contacts following the initial intake. The YAP Program completed a needs assessment on all 5 clients on the same day as the Intake or within two to three days of the initiation and completion of the CINS/FINS Intake.

The YAP program's needs assessment identified risks or mental health status, substance abuse and youth/family dynamic across all 5 client files reviewed. Three (3) of five (5) non-residential files reviewed had documentation that the client's had answered no to all of the six questions on the CINS/FINS intake form-Risk Screening section. And none of these three (3) client files required a referral for a full assessment of suicide risk.

Exceptions:

Two (2) of five (5) non-residential files reviewed had documentation that the clients had answered yes to several of the six questions on the CINS/FINS intake form-Risk Screening section. There was no documentation in the file to support that the parent or guardian were 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. The staff explained parents are typically provided with verbal notification to have the child evaluated by mental health counselor.

Missing elements on the The YAP policy Suicide Prevention and Intervention: Needs to reflect recommended policy and procedure found in the P&P Manual for CINS/FINS, Florida Network of Youth and Family Services, Identification of Suicide Risk Policy in Non-residential Programs. 3.021 (7/01/2014).

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program does have a written policy in accordance with Indicator 2.03.

The provider's procedures require the case plan to be developed using information gathered during the initial screening, intake and needs assessment. The service plan is to be reviewed by the counselor and parent/guardian (if available) every 30 days for the first three months, and every six months thereafter, for progress in achieving goals, and for making any necessary revisions to the service plan. In addition the service plan used by the program includes:

1. Identified need(s) and Goal(s)
2. Type, Frequency and Location of service(s)
3. Person(s) responsible
4. Target date(s) for completion
5. Actual completion date(s)
6. Signature of youth, parent/guardian, counselor, and supervisor and
7. Date plan was initiated.

A total of five (5) non-residential files were reviewed. Four files reviewed demonstrated a case/service plan was developed within seven working days following the completion of the needs assessment. All of the non-residential files indicated case/service plan goals were individualized and prioritized need(s) and goal(s) identified by the needs assessment.

Exceptions:

One (1) of five (5) case/service plan reviewed had all of the required signatures, however missing the date on the advocate and youth signature.

One (1) of five (5) case/service plan reviewed contained the parent, youth and program director signature, however the required signature of the advocate was missing.

One (1) of five (5) case/service plan reviewed had parent and program director signature, however the required signature of the youth and advocate were missing.

Two (2) of five (5) case/service plan reviewed had the program director signatures, however the required signature of the youth, advocate and parent were missing.

Three (3) out of (5) service plans were missing documented evidence of one or more Target Dates on the Service Plan.

Three (3) of five (5) service plans did not have service areas to document 30, 60, 90 day Service Plans reviews.

Three (3) of five (5) case/service plan were missing documented evidence of one or more 30, 60, and 90 day service plan reviews completed.

2.04 Case Management and Service Delivery

Satisfactory Limited Failed

Rating Narrative

There is a written policy in accordance with Indicator 2.04. The YAP policy is titled Case Management and Service Delivery effective date 07/01/2015.

The process of YAP case management includes: establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's progress in services providing support for families; coordinating service plan implementation; monitoring youth's/family progress in services; monitoring out-of-home placement, if necessary; referrals to the case staff committee, as needed to address the problems and needs of the youth/family; recommending and pursuing judicial intervention in selected cases; accompanying youth and parent/guardian to court hearings and related appointments. If applicable, referral to additional services, and if needed continued case monitoring and review of court orders, and once discharged the administrative staff will follow up with the families for a 30, 60 day and 12 month follow-up on the youth and family.

Each Advocate will meet with youth and parent/guardian face-to-face on a weekly basis. If there is no face-to-face contact made, the advocate will document the reason and a phone call will be made and documented.

The reviewer selected a total of five (5) client files serviced by the Youth Advocate Program, this included three active and two closed.

Four (4) of five (5) client files reviewed include evidence of delivering Case Management and Services.

The YAP program has program services in place 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.

Two (2) closed files had documentation of termination summaries. The 30 and 60 follow up were completed. All files had recommendation for the youth after they completed all services with CHS.

Exceptions:

One (1) of five (5) files reviewed were missing documented evidence of service delivery beyond completion of the needs assessment, intake procedures and development of the treatment plan.

Two (2) of four (4) follow-up calls after 30 and 60 days of exit were not completed in a timely manner.

One (1) of five (5) files first progress report was noted for 10/23/2017, the case/service plan was signed on 10/23/2016. Upon speaking with staff, this is when advocate was able to connect with the family.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

YAP does have a policy effective date 10/01/2009 that addresses the requirements of the indicator.

Youth and families receive counseling services, in accordance with the youth's service plan, to address needs identified during the assessment process. Their policy focuses on providing 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 youth and families in the delinquency and dependency systems. Services are provided in the youth's home, a community location, or the local provider's counseling office.

The agency does not offer counseling; however, partnerships have been established to provide counseling services with the local agencies and other CINS/FINS providers. A referral will be made for counseling service that best meets the needs of the family. YAP will have youth and family sign authorization for release of information to allow the advocate to work directly with the counseling agency to ensure the

goals in the needs assessment are being met.

The reviewer selected a total of five (5) client files serviced by the Youth Advocate Program. A review of these 5 client files included three active and two closed client files. Four 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. Four (4) client cases have documented evidence of individual and family counseling and psychosocial assessments, initial service plans and individualized mentor and client/family meetings. Four (4) client plans have evidence of case notes. The YAP agency has a case note format that requires 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.

Exceptions:

One (1) of the client plans had no evidence of case notes.

Three (3) of the case/service plan reviews were not completed at 30, 60 and 90 days.

One (1) of the case/service plan reviews, on a closed case, had a evidence of the 90 day review and evidence for the review at 30 and 60 day.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The agency has a policy called Adjudication and Petition Process. This process addresses FNYFS Indicator 2.06 Adjudication/Petition Process. The current policy is documented as last being updated in November 2009 by the current agency Program Director. The policy includes provisions for Case Staffing Committee and other committee meetings. The policy includes language for meetings being convened in work days, written reports, and recommendations. The agency works with the circuit court for judicial intervention for youth or family, as recommended by the case staffing committee and in accordance with procedures outlined in the FNYFS policy manual.

The agency procedure requires the agency to meet monthly with designated committee members. If the agency receives a 7 day letter, the committee chair is required to be notified the same day and the chair is required to assemble an emergency case staffing meeting.

The reviewer of this indicator requested all YAP cases that had requested a Case Staffing or were a court-ordered petition. At the time of this onsite program review, no clients being served by YAP requested or their families requested a convening of a Case Staffing. There were no samples of Court-Ordered Petitions cases available for review. The agency provided evidence of attending Case Staffing meetings lead by Hillsborough County Government and held in the region in the last 6 months. Case staffing meetings sign-in sheets held in the last six (6) months were held on May 9, 2017, April 11, 2017; March 14, 2017; February 14, 2017; January 10, 2017; December 13, 2016; and November 8, 2016, October 11, 2016 and September 13, 2016.

There were no exceptions noted for this indicator.

2.07 Youth Records

Satisfactory Limited Failed

Rating Narrative

The agency has a youth records policy. The policy was last reviewed by the agency's Program Director on January 1, 2016. The policy addresses provision outlined in FNYFS Indicator 2.07 Youth Records. The program is required to maintain confidential records for each eligible client it serves in the program. All records are required to be stamped confidential and kept in a secure room. The agency is also required to keep all transported records in a locked, opaque container.

The agency procedure requires the administrative assistant to create the client file. The client file is then stamped or marked confidential on the outside of the client file. The confidential marking does not state in what specific area it must be marked. The client file is then required to be kept in a locked cabinet in a room in the office that has its own locked door. The active client files are required to be organized in a white 3-ring binder. The closed client files are required to be organized in a 2 panel manilla file folder. Staff are required to place all files in a locking, opaque container that is marked confidential when transporting client files outside of the office.

A review of six (6) randomly selected client files. Of the client files reviewed on site, there were 2 open and 4 closed client files. The client file review resulted in 6 client files marked confidential as required.

There were no exceptions noted for this indicator.

Standard 3: Shelter Care

Overview

[Rating Narrative](#)

3.01 Shelter Environment

Satisfactory Limited Failed

[Rating Narrative](#)

3.02 Program Orientation

Satisfactory Limited Failed

[Rating Narrative](#)

3.03 Youth Room Assignment

Satisfactory Limited Failed

[Rating Narrative](#)

3.04 Log Books

Satisfactory Limited Failed

[Rating Narrative](#)

3.05 Behavior Management Strategies

Satisfactory Limited Failed

[Rating Narrative](#)

3.06 Staffing and Youth Supervision

Satisfactory Limited Failed

Rating Narrative

3.07 Special Populations

Satisfactory

Limited

Failed

Rating Narrative

3.08 Video Surveillance System

Satisfactory

Limited

Failed

Rating Narrative

Standard 4: Mental Health/Health Services

Overview

[Rating Narrative](#)

4.01 Healthcare Admission Screening

Satisfactory Limited Failed

[Rating Narrative](#)

4.02 Suicide Prevention

Satisfactory Limited Failed

[Rating Narrative](#)

4.03 Medications

Satisfactory Limited Failed

[Rating Narrative](#)

4.04 Medical/Mental Health Alert Process

Satisfactory Limited Failed

[Rating Narrative](#)

4.05 Episodic/Emergency Care

Satisfactory Limited Failed

[Rating Narrative](#)