



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

Review of Youth Advocate Program  
Non-Residential Program

April 30, 2019

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



## Quality Improvement Review

Youth Advocate Program – April 30, 2019

Lead Reviewer: Keith Carr

### CINS/FINS Rating Profile

#### Standard 1: Management Accountability

1.01 Background Screening	Limited
1.02 Provision of an Abuse Free Environment	Limited
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: 66.67%**

**Percent of indicators rated Limited: 33.33%**

**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 & Service Delivery	Limited
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory

**Percent of indicators rated Satisfactory: 75.00%**

**Percent of indicators rated Limited: 25.00%**

**Percent of indicators rated Failed: 0.00%**

#### Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Not Applicable
3.02 Program Orientation	Not Applicable
3.03 Room Assignment	Not Applicable
3.04 Log Books	Not Applicable
3.05 Behavior Management Strategies	Not Applicable
3.06 Staffing and Youth Supervision	Not Applicable
3.07 Special Populations	Satisfactory
3.08 Video Surveillance	Not Applicable

**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: 73.33%**

**Percent of indicators rated Limited: 26.67%**

**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.
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.

### Reviewer

#### Members

Keith Carr - Lead Reviewer, Forefront LLC/Florida Network of Youth and Family Services

Amanda Nelson – Regional Monitor, Florida Department of Juvenile Justice

Nicole Leslie, LCSW - Vice President of Residential and RHY Services, Family Resources



## **Strengths and Innovative Approaches**

The Youth Advocate Program (YAP) is a not-for-profit agency that provides non-residential community-based services nationwide. The areas that YAP primarily delivers services in is the eastern regions of the United States. The YAP national organization operates in twenty-one (21) states with staff members that are located and operate in the community. The YAP Tampa program is located in a metropolitan area of Tampa, Florida and is located a short distance from downtown Tampa. The YAP organization will be expanding services in Florida to Leon County, Escambia County, Bay County prior to the end of 2019. The YAP Program Director has served in this position for several years. The YAP Tampa program relocated offices in November 2018.

At the time of this onsite program review, the Program Director provided an update on what the agency has achieved since the last QI review in April 24, 2018.

The YAP program is now using a paperless online case management and record system. The program commenced being online in January 2018. The name of the electronic records system the program is now using is called Evolv.

The YAP organization has a training platform called YAP University. The YAP University training platform provides training Basic Advocate training topics for all front line as the kids working with youth and families.

The YAP organization established a nationwide Sexual Orientation and Gender Expression policy that is in effect nationwide.

The agency received a Balmer Foundation national award because of the services it provides through the contract engagement it has with Eckerd Kids.

Going into its second year, the agency has seven (7) stop now and plan (SNAP) facilitators. Two (2) facilitators are part time and five (5) of the facilitators are full-time.

The agency continues to operate a community garden at a local elementary school called Pope elementary.

The agency continues to use the Why Try program in its groups that it conducts on site at the agency's office. The YAP Tampa program continues to use the curriculum on an on-going basis with the youth that it serves.

The YAP Tampa program uses another curriculum called the peaceful alternatives to tough situations (PATs) in specific elementary schools in the local area. These programs are mainly conducted during the summer when children are out of school.



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The YAP Tampa program will also continue to operate its yearly back to school program in August. In connection to the August back to school program, the agency also conducts mid-year back to school event in January with other agencies in the Ybor city downtown area and with the Ybor city fire department.



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### Standard 1: Management Accountability

#### Overview

#### Narrative

The Youth Advocate Program (YAP), located at 2215 North 22<sup>nd</sup> Street, Tampa, Florida 33605 and is operated under the leadership of a State Vice President and Program Director. The program's staffing includes an Administrative Manager, Administrative Assistant and several community-based YAP Advocates.

The YAP agency delivers orientation training to all personnel through a combination of training sources that include the Program Director, DJJ's SKillPro, and through the YAP national online training platform. The YAP agency maintains an individual training file for each employee, which includes a training log of the staff person's completed trainings. The log contains the name of the training, date, trainer's name, and hours. The file also includes corroborating documentation for training received. Staff training ensures that staff are prepared to address a broad array of issues that they may encounter with serving a youth and their family and maintain the proper credentials to perform their job responsibilities. All YAP staff are trained to conduct screenings and assessments services to eligible youth and families served by the program. Staff are also required to participate in trainings delivered by the YAP organization online, the Program Director and other applicable live trainings offered locally by system partners in the metropolitan Tampa area. In addition to attending the local DJJ Circuit Meetings, the agency actively conducts outreach activities that are documented in the FNYFS Netmis system.

#### 1.01 Background Screening of Employees/Volunteers

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a written policy and procedures in place which requires background screening employee and volunteer prior to hire/service and 5-year re-screening for all prospective employees, contractors, and volunteers. Program must all submit the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006) by January 31st of each year. The CINS/FINS program policy was revised May 24, 2018 and was signed by the Program Director. Background screening requirement is also included in the agency's Personnel Policies and Procedure Manual that was last revised 6/2016.



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The program requires all potential employees, contractors, and volunteers to complete a Level 2 Background Screening and applicant determined to be eligible or receive a waiver, prior to any offer of employment. All background screenings must be completed through the clearinghouse. The Program Director maintains a personnel file locally which contains all background screenings for each employee. If an applicant has a conviction over seven years old, program should have applicant provide certified copies of relevant arrests reports and judicial disposition. All background screening checks are valid for 180 calendar days.

Three (3) applicable personnel files were reviewed for the pre-employment background screening of employees hired in the program since the last QI review and one file was eligible for a five-year rescreening.

Review of the program staff roster showed there was one staff eligible for the 5-year re-screening during the review period. The staff was originally found to be ineligible for employment upon rescreen. Program and employee submitted a waiver for employment due to a charge occurring 30 years prior. The waiver request was accepted, and employee was found eligible for employment. The staff was successfully re-screened prior to their 5-year anniversary date. At the time of the review, there were no volunteers/interns working in the program.

### Exceptions:

Documentation in two out of three files confirmed these employees were background screened and the provider obtained eligibility clearances from the clearinghouse prior to an offer of employment. One file was found to have received an “Agency Action Required” response from the Clearinghouse with no response from program and staff was hired without eligibility established. Reviewer brought this to the program director’s attention and program director immediately contacted the clearinghouse requesting the documentation required to complete this background screening. Reviewer notes that this employee whose background screening has not been fully completed is an administrative assistant and does not have direct care responsibility of youth.

Per program director, program is utilizing the AVATAR pre-employment suitability assessment tool to determine employment suitability, however, no policy is currently in place to indicate this. One employment file did contain this AVATAR assessment.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

### Rating Narrative

The program has a policy and procedures which defines situations in which they will contact the Florida Abuse Hotline regarding any situations related to abuse or neglect. This policy was signed by the program director on 1/1/09. Youth and staff will have unimpeded access to place a call to the Florida Abuse Hotline. Florida Statutes require all citizens to report all suspected or alleged cases of child abuse/neglect. For program staff, failure to report these situations constitutes a second-degree misdemeanor.

The program procedures indicate all clients have the right to call in an abuse report at any time. The procedures require them 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 in the program, and for those which occur in the home or community.

- When an incident of abuse, or allegation of suspected abuse is alleged to have occurred at the program facility, this must be reported first to the Florida Abuse Hotline, and then to the Department of Juvenile Justice Central Communications Center (CCC).

- In situations when abuse occurs in the home, only the Florida Abuse Hotline will be called. The procedures indicate when a youth asks for help making a call, the staff will dial the number and allow the child to make their report. 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.

Lastly the program requires the completion of an incident report whenever a client makes a call to the Abuse Registry.

A tour was conducted by the review team, and observations found they have postings which advise and inform clients of their rights to call the Florida Abuse Hotline in the lobby and copy/mailroom. The program has a code of conduct in place which governs the behavior of its employees and volunteers. The code of conduct prohibits the use of physical abuse, profanity, threats, belittling comments, intimidation and all basic needs of the youth are met, to include: clothing, shelter, medical care, and security. All allegations of abuse must be addressed by management.

A review of five (5) 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.

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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. Initially, in the informal grievance phase, the youth may address the issue with their assigned staff member. If the informal process does not re-mediate the problem, the grievance may be presented either orally or in writing to the program director. The director will investigate the grievance and issue a decision within 48 hours. There is also an anonymous corporate number youth can call to report a grievance. They have not had any formal grievances submitted during this review period. Additionally, management monitoring personnel from the corporate office provides customer satisfaction monitoring monthly, by selecting a random sample of youth and parent/guardians to call to determine their satisfaction or concerns with services being provided by the program.

Staff are trained to immediately report all allegations of child abuse or suspected child abuse. Upon hire, new staff receives a copy of the Personnel Policies and Procedure which outlines the agency's requirement regarding behavioral expectation and reporting of abuse incidents.

All 5 files reviewed revealed staff informs youth of their rights to report abuse/neglect, rights and responsibilities, and grievance procedures during the intake process. Acknowledgment in writing is received via signature of the youth, parent/guardian, and staff and a copy of the signed form is maintained in the file.

The training files for the new hire was reviewed. All new hires received training regarding child abuse reporting during Basic Advocacy Training (BAT) in orientation.

### **Exceptions:**

Since the last onsite QI visit the program, the agency has not made any calls to the Abuse Hotline and has not received any client grievances, however, while on-site, reviewers found an incident where a youth disclosed sexual abuse allegations during the intake process which had never been reported to the Abuse Hotline. This intake assessment was reviewed by the program coordinator, however, there was no follow-up on the allegation and no staff reported incident to the Florida Abuse Hotline. Interview with the program coordinator involved stated allegations had not been reported as information was hearsay and guardian was unsure of the details of the sexual abuse. Reviewers advised the program coordinator to call the Abuse Hotline to report this incident. The program coordinator immediately called the Abuse Hotline to report. Once

brought to program director's attention, program director stated she would be retraining all staff on child abuse reporting guidelines at the next staff meeting.

### **1.03 Incident Reporting**

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

The program has a policy and procedures to standardize incident reporting to ensure accuracy and detail. Staff will report all incidents to the Central Communications Center (CCC) as soon as possible, but no later than two hours after a reportable incident occurs. Incident should also be documented in the program special incident log and on the incident reporting form.

The YAP agency adheres to the DJJ Incident Reporting requirements. The agency procedures require that all staff persons to report all applicable incidents involving eligible youth being served in the program to the DJJ Central Communications Center (CCC). The procedure requires that all incidents be reported within 2 hours of becoming aware of the incident. The procedure requires that staff person to contact the DJJ CCC and report the details of the incident. Further, the procedure is to contact the YAP Director so that the agency is aware of the event and all measures the agency has taken to report the issue. Incidents that are required to be reported include

- 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

The program is to maintain a special incident log which is in place to record all incidents which occur at the program. On-site program director could not locate the special incident log, so one was created while reviewers were onsite. A review of JJIS CCC reports for this reporting period found no incidents have occurred during the past six months.

Per interview with program director, the program has also not had any non-reportable incidents during this review period.



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### Exceptions:

No exceptions are 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 YAP agency most recent record of the policy being reviewed and approved was in 2018. The agency's Program Director is the designated signing authority for the YAP Tampa program. The YAP policy requires that all Youth Advocates complete a total of eighty (80) hours of training during their initial year and twenty-four (24) hours annually. All staff are also required to complete all required DJJ sponsored online training portal called SkillPro.

The agency procedures regarding training require that YAP complete certain trainings within 120 days of being hired. These trainings that are required to be completed are Local provider Orientation; CINS/FINS Core; Managing Aggressive Behavior or any accredited crisis intervention training approved by the Florida Network (residential only-every two years); Suicide Prevention (every year); Signs and Symptoms of Mental Health and Substance Abuse; CPR and First Aid; Understanding Youth/Adolescent Development; Child Abuse Reporting; Confidentiality; as well as Universal Precautions. Additionally, the YAP requires that this information be documented in the Initial Training Log, Annual Training Log, and YAP Development and Training Policy. This log keeps track of 80 hours of training that are due the first year of employment and the 24 hours that are due annually.

A review of all training requirements were conducted to assess the agency's adherence to the indicators training requirements. All staff members have evidence of an individual training file that included the Advocate or staff member's name, start date and a training log produced by the YAP program. The training file also contained training log hours completed in the Skill Pro system. All YAP training files are marked confidential and stored in a locked cabinet in the program office.

There was a total of six (6) YAP staff members training files that were reviewed to determine the agency's adherence to all contract training requirements. There was 1 new hire and 5 in-service staff. The one (1) new staff person was still in compliance with completing the necessary training requirement with the first 120 Days. The reviewer



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had evidence of staff members completing trainings that included CINS/FINS Core, Universal Precautions, Signs and Symptoms of Mental Health and Substance Abuse. Additionally, on-going employees also had evidence of completing DJJ online SkillPro trainings such as Suicide Prevention, Information Security Awareness, Ethics Basics, PREA, Fire Safety and Awareness, Sexual Harassment, Equal Employment Opportunity, Prevention Assessment Tools, Adolescent Development, Gang Awareness in Florida, HIPAA, and Evolv online case management tool. The review of training found that the new hire had exceeded or were on target for completing 80 hours annual training requirement. All five (5) on-going staff training files were reviewed and all 5 staff had completed or had time remaining to complete the required training topics required. All six (6) YAP agency staff members had evidence of completing CPR and First Aid training.

### Exceptions:

There were no exceptions noted for this indicator.

### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

#### Rating Narrative

The YAP agency has a policy on analyzing reporting information that addresses the basic requirements of this indicator. The policy requires the program to collect and review several sources of information to identify patterns and trends related to program clients, full-time hours report, claims, fiscal, program update, outcome surveys, monitoring investigations, and incident reports. The agency has a Performance and Quality Improvement (PQI) process that is executed throughout the year.

The YAP PQI plan's approach includes identifying and reviewing issues that need improvement through the collection and monitoring of data on a regular basis. This PQI process includes a thorough review of the data to data patterns and trends that are reviewed by management and communicated to staff and system partners in some cases. The agency's PQI procedures also require the program director to monitor and report the data to her superiors for review (Southeast Regional Director) on a monthly basis. This information is also reviewed on a bi-monthly basis with the Executive Vice President. The YAP Tampa Program Director completes a comprehensive review of the weekly service delivery activities of Advocates to review case records, Netmis data, and client count. Netmis data produced the FNYFS is reviewed with management during monthly and bi-monthly supervision. The YAP Program Director is also required to

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monitor the weekly mentoring sessions Advocates have with each individual client. The program director must review the information and submit these session activity documents on a weekly basis back to the YAP headquarters in Pennsylvania.

Additionally, the YAP Program Director reviews FNYFS Data Extracts a monthly basis. Further the YAP Program Director also reviews the FNYFS report card performance standards bi-annually.

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. A review of peer record reviews during the past six months was conducted.

The YAP agency has a Safety Committee that is responsible for the compilation, analysis, and reporting of incidents, accidents, and grievances on a monthly basis. The program director also reports incidents, on a monthly supervision report. At the time of this onsite review, the YAP agency did not report that they had any documented incidents, accidents, or grievances to report during the review period.

Customer satisfaction data is also reviewed on a monthly upon completion of the YAP surveys that are administered at intake and discharge for each client.

The YAP agency also holds regular staff meetings. A review of staff meetings documentation found that staff meetings were held monthly during the review period and there was evidence of a staff sign in sheet. The agency is not producing detailed meeting minutes or evidence of management identifying and addressing staffing, operational or agency performance problems that were identified by YAP internally which require attention within in the last year. The review was also not able to confirm that the YAP agency is informing staff about the current service delivery outcomes, issues, challenges, trends and patterns as it relates to the effective delivery of services to eligible CINS/FINS youth and families.

### **Exception**

The YAP has created various methods of tracking and documenting the delivery of services by individual Advocates and the agency's overall performance. The YAP agency has a large number of documents that it reviews as a part of its internal ability to document and review the services that it delivers. However, YAP does not have documentation of its internal ability to demonstrate that it is detecting program services (case file accuracy and completion), staffing, data entry and other issues throughout the year. The agency does not have evidence of documenting its detection of issues, addressing the issues with a documented plan (meeting minutes, action plans, strategic



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plans), implementing the plan and having a record of the results to determine if the proposed plan worked effectively or not.

### 1.06 Client Transportation

Satisfactory                       Limited                       Failed                       Not Applicable

#### Rating Narrative

The YAP agency does permit YAP Advocates to transport eligible CIN/FINS youth and/or their family members in their personal vehicles. The YAP Advocates must furnish proof of proper automobile liability limits and proof of insurance. A copy of their current policy was provided regarding this was reviewed onsite. This indicator is not applicable for non-residential CINS/FINS service providers.

#### **Exception**

No exceptions noted.

### 1.07 Outreach Services

Satisfactory                       Limited                       Failed                       Not Rated

#### 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.

The program director attends the local DJJ board and council bi-monthly meetings for the thirteenth circuit. The YAP procedure for Outreach include references on strategies that the program staff are encouraged to attend and participate in community events, work groups, and meetings to include the local DJJ board and council meetings.

The program gives out reports to the board and counsel on the service they provide each month. 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 to include the Florida State fair day for students, Youth Advocate program for Potter Elementary School, and Beyond Institute Center. Circuit



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Thirteen Juvenile Justice Circuit Advisory Board Meetings (held on the fourth Friday of every other month) is attended by designated program staff.

### Exceptions:

There are no exceptions documented for this indicator.

## Standard 2: Intervention and Case Management

### Overview

#### Rating Narrative

The YAP Tampa program also offers non-residential counseling services. These services include referring youth to community resources, on-going counseling and educational assistance. The YAP program provides centralized intake and screening during regular business hours five (5) days per week to eligible youth and their families.

Trained YAP advocates 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, as well as, 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 Centralized Intake & Screening services in accordance with indicator 2.01 and states that centralized intake will be available 8



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hours a day, five days a week to eligible youth and their families. It was last reviewed and revised on 7/1/14 by the Program Director.

Eligibility Screening shall be completed within 72 hours of receiving referral, five days a week access to staff who will determine eligibility for SINS/FINS services, provide intervention for crisis situations and initiate the assessment process. Additionally, the policy and procedure states that staff is available 24 hours, 7 days a week to the families they are assigned to.

Youth and parents/guardians receive the following in writing: Available service options, Client Bill of Rights and Responsibilities, and Grievance Procedures. The following is also available to the youth and parents/guardians: Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication).

Five files were reviewed. Of the five files reviewed, all parents/guardians received available service options, right and responsibilities of youth and parent/guardian, grievance procedures and HIPPA Privacy Regulations.

One file (JL) did not have a date of referral on the form, but administrative notes indicated there was contact made as early as 8/7/18 though intake did not occur until 9/19/18. Notes did show attempts to contact family but did not explain why the Intake did not occur on the originally scheduled date of 9/4/18.

### Exceptions:

No exceptions are documented for this indicator.

## 2.02 Needs Assessment

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a written policy on Needs Assessment in accordance with indicator 2.02. It was last reviewed and revised on 7/1/14 by the Program Director.

The Needs Assessment shall be done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old. Needs Assessment conducted by Bachelor's or Master's level staff member. Needs Assessment includes a supervisor review signature upon completion. If the youth is identified with an elevated risk of suicide as a result of the Needs Assessment, the youth will be referred for an



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assessment of Suicide Risk conducted by, or under the direct supervision of, a licensed mental health professional.

The reviewer found a pattern in the client files reviewed onsite. In a total of five (5) Needs Assessments, there was no evidence of credentials being regarding the documentation of signatures of the staff completing the assessment. Therefore, it was not apparent, if the person completing the assessment had a Bachelor's or Master's degree as required per policy. Additionally, the person reviewing the assessment did not include a title or credentials. This resulted in it being unclear of the if supervisory reviews were being conducted as required per policy.

### Exceptions:

No exceptions are documented for this indicator.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy on Case/Service Plan in accordance with Indicator 2.03. It was last reviewed and revised on 7/1/14 by the Program Director.

The Case/Service Plan is developed within 7 working days following the completion of the assessment. The Case/Service Plan includes the following:

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 5 files were reviewed (1 open, 4 closed). All files had a case/service plan that was developed within 7 working days of the Needs Assessment, all 5 files had



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case/service plans which included individualized and prioritized needs and goals identified by the Needs Assessment.

### Exception:

Four of the five (5) service plans included service type, frequency, location and person responsible. One service plan did not have any of this information on it.

All five (5) service plans had target dates for completion but only two (2) of the five (5) files had the actual dates of completion documented, despite being closed files.

All five (5) service plans had signatures for youth, parent/guardian and counselor/case manager. Three of the five service plans did not have a supervisor signature.

None of the 5 files had parent signature on reviews as required per policy.

This indicator is being rated a Limited due to the program having issues noted in their 2018 review about missing info in files. The program stated at that time that a corrective action plan had already been developed due to address this issue, but it appears information continues to be missed throughout the majority of the files as evidenced by those reviewed today.

### 2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy on Case Management and Service in accordance with Indicator 2.04. It was last reviewed and revised on 7/1/12 by the Program Director.

The process of YAP case management/service delivery includes: establishing referral needs and coordinating referrals to services based upon the ongoing assessment of the youth's/family's problems and needs; coordinating service plan implementation; monitoring youth's/family progress in services; providing support for families; monitoring out-of-home placement if necessary; referrals to the case staffing committee as needed to address the problems and needs of the youth/family; accompanies youth and parent/guardian to court hearings and related appointments; refers the youth/family for additional services when appropriate; provides case monitoring and reviews court orders; provides case termination; and provides 30 day, 60 day, and 12 month follow up on youth and family.



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A total of 5 files were reviewed. All 5 files had a case manager assigned.

None of the 5 files reviewed needed out-of-home monitoring, referrals to case staffing or accompanying to court hearings.

### **Exception:**

Two (2) of the five (5) files had been closed for over 30 days but there was no evidence of follow up in the files.

Two (2) files did not have a discharge summary completed despite being closed, per the notes and staff report on site, 30 days prior.

Three (3) of the files did not have any supervisory review or notes in them.

### **2.05 Counseling Services**

Satisfactory

Limited

Failed

#### Rating Narrative

The agency has a written policy on Counseling Services in accordance with Indicator 2.05. It was last reviewed on 7/1/14 by the Program Director.

Youth presenting problems will be addressed in the Needs Assessment and Case/Service Plan. Case notes maintained for all services provided and documents youth's progress.

The program reports having an on-going internal process that ensures clinical reviews of case records and staff performance. Youth and families receive services in accordance with the Case/Service Plan. Program provides individual/family case management/mentoring services.

A total of 5 files were reviewed. All 5 files had a Needs Assessment that addressed the youth's presenting problems and a Case/Service Plan. Case notes were maintained for all services provided and documented the youth's progress as well as communication with the family.

The agency does not offer counseling; however, partnerships have been established to provide counseling services with the local agencies and other CINS/FINS providers.

### **Exception:**

No exceptions are documented for this indicator.



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Lead Reviewer: Keith Carr

### 2.06 Adjudication / Petition Process

Satisfactory                       Limited                       Failed                       Not Applicable

#### Rating Narrative

The agency does have a written policy on Adjudication/Petition Process that adheres to the general requirements of Indicator 2.06. The YAP policy became effective July 1, 2009 does not appear to have been reviewed and updated by the agency since the aforementioned date.

The procedure requires the agency to meet monthly with designated juvenile justice, school, court, law enforcement and human services 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. Further the agency is required to organize, develop input from all parties and incorporate services that the client needs into a treatment/service plan on an intermittent basis.

The reviewer interviewed the YAP Program Director. At the time of this program review, the Program Director reported that the agency has not had any case staff clients either through a request by a parent or other source. Therefore, there have not been any case staffing session examples available for review.

#### **Exception:**

No exceptions are documented for this indicator.

### 2.07 Youth Records

Satisfactory                       Limited                       Failed

#### Rating Narrative

The YAP agency has a detailed policy on Youth Records. The current policy adheres to the general requirements and is in accordance with Quality Improvement Indicator 2.07. At the time of this onsite program review, all youth records reviewed onsite were marked “confidential” and kept in a secure room or locked in a file cabinet that is marked “confidential”. The YAP advocates transport youth records and all records are secured in an opaque container marked “confidential”. Further, records were found to generally be in a neat and orderly manner.



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A review of general file storage found that all files are secure in a cabinet and that the agency has a secure area where all files are kept. All files reviewed onsite were marked confidential. All client records being used outside of the main office are locked in an opaque container marked confidential, and the records are maintained in a neat and orderly manner.

### Exception:

No exceptions are documented for this indicator.

## 2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

The YAP agency ensures that all youth that they serve are provided a safe environment and therapeutic case planning regardless of the youth's actual or perceived sexual orientation, gender identity, or gender expression (SOGE).

The agency has a policy called youth sexual orientation, gender identity, gender expression. The policy was the last reviewed and signed by the agency program director on July 1, 2018. The agency created the policy to be in adherence with the Florida network's SOGE policy. The purpose of this policy is to provide a safe environment and provide therapeutic case planning for all new to regardless of actual or perceived sexual orientation, gender identity, or gender expression.

Procedures regarding the YAP agencies capital SOGE policy include the following standards of service:

1. Youth will be addressed by their preferred name and gender pronouns;
2. Staff members are prohibited from discussing the youth sexual orientation, gender identity, or gender expression with other youth and services without the documented consent from the youth.
3. All staff, Service providers, and volunteers are prohibited from engaging in any form of discrimination or harassment of you based upon the actual or perceived sexual orientation, gender identity, or gender expression.
4. Staff members will report to the capital CCC (Central Communications Center)



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All allegations of harassment or abuse by staff or you have any youth based on the actual or perceived sexual orientation, gender identity, or gender expression.

5. Harassment, verbal abuse, or intimidation by staff towards any youth based on the youth center orientation, gender identity, or gender expression must be reported to the DCF. Abuse Hotline. 1-800-96 ABUSE (1-800-962-2873)

6. All staff, Service arrive, and volunteers are prohibited from attempting to change a youth's sexual orientation, gender identity, or gender expression, including, but not limited to referrals for conversion therapy, or similar interventions.

7. All staff, service writers, and volunteers who have intentional contact with youth will have knowledge of this policy and the terms referred to within this policy.

8. If staff need a specialized support or services relative to their sexual orientation, gender identity, or gender expression, the service advisor is required to refer the youth to services, or request assistance from the Florida Network and identify a qualified resource and provide us.

9. Areas in which youth reside or are served will have signage indicating the program is a safe space for all youth regardless of actual or perceived sexual orientation, gender identity, and gender expression.

The YAP agency SOGE policy also includes a glossary of terms at the end of the procedures section of this policy that define terms used within the policy.

Additionally, the YAP agency utilizes the national LGBTQ framework for all agency supervisors to use in managing the incorporation of the national SOGE policy in its respective local offices located throughout the nation. The YAP national office headquartered in Pennsylvania, created a framework to incorporate this work environment approach into their policies and practices with regard to LGBTQ youth, families and staff to ensure we are promoting safe, inclusive, and respectful environment that positions and all YAP staff persons that are in touch with the agency in an effort to deliver services to their fullest potential.

### **Exception:**

No exceptions are documented for this indicator.

## **Standard 3: Shelter Care and Special Populations**

### **Overview**

### Rating Narrative



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### 3.07 Special Populations

Satisfactory

Limited

Failed

Not Applicable

#### Rating Narrative

The YAP agency has a special populations policy. The policy was the last reviewed and approved by the agency's program director on July 1, 2017. The purpose of the policy is to ensure that staff provide individualized services for the designated period to youth and families according to Ford and Network standards. Special populations services include staff secure services and services to domestic minor sex trafficking services. The services also include staff secure shelter services that are designed to serve court ordered youth who have been held in contempt for the team running away or are locked out of their home due to a history of conflict and/or ungovernable behavior.

Procedures regarding staff members execution of the special population policy are as follows. The YAP policy requires that the youth eligible for staff secure placement be adjudicated as a CINS/FINS youth. Part of agency procedures include the steps for youth to be referred to staff secure for service. These requirements state that the youth must have met the legal requirements outlined in Chapter 98 of the Florida State statutes, for being formally court ordered into staff secure services; youth must not have any medical or dental health issues that would make the placement in the staff secure facility unsafe or an appropriate; youth are not currently homicidal or suicidal.

At the time of this program review, the agency did not have any examples of youth that met the domestic minor sex trafficking, staff secure youth, intensive case management, and probation respite statuses or profiles.

Per an interview with the Program Director, the agency had a youth that met FYRAC criteria and was deemed eligible to receive services. However, the youth failed to make any of the appointments set for them to begin receiving services. The agency is prepared to screen and deliver services to youth that meet criteria for FYRAC. At the time of this onsite program review, the program does not have any available samples of FRYRAC youth to review and assess their adherence to the requirement of this indicator. Consequently, indicator 3.07 is rated as not applicable.

#### **Exception:**

This indicator did not possess any examples for review, and therefore there were no exceptions documented for this indicator.