



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Center for Family and Child Enrichment

on 05/17/2017

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

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

Marcia Tavares, Lead Reviewer, Consultant- Forefront LLC

Abraham Greene, Case Manager, Urban League of Palm Beach County

Shakela Minns, Operations Review Specialist, Department of Juvenile Justice

Persons Interviewed

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input checked="" type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input checked="" 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 checked="" type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 2 Case Managers | 0 Maintenance Personnel | 0 Clinical Staff |
| 1 Program Supervisors | 0 Food Service Personnel | 0 Other |
| 0 Health Care Staff | | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Grievance Process/Records | <input type="checkbox"/> Visitation Logs |
| <input type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 2 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 3 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | 0 # Other |

Surveys

0 Youth 0 Direct Care Staff

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Intake | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Program Activities | <input type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Searches | <input type="checkbox"/> 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 Center for Family and Child Enrichment (CFCE) is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A, Descriptions and Specifications and Section B, Delivery and Performance and is funded with General Revenue Funds effective for July 2015 through June 30, 2019.

CFCE is located in Miami Gardens, Florida at 1825 NW 167 Street. The building houses the offices for the CINS/FINS program, accommodates some of the agency's other programs, and is also the site of the Pediatric and Family Health and Wellness Center. The offices are fully furnished and the building consists of a lobby, conference rooms, bathrooms, and staff kitchenette. Adequate spacing allows for family visitation, group session, or intake in an intake office or in the conference room.

Among the agency's accomplishments is its continued accreditation through the Council on Accreditation (COA) effective through June 30, 2019. The re-accreditation was expedited through the Pre-Commission Review Report (PCR) process because the provider did not receive any out of compliance ratings in any of the fundamental practice standards. As a leader in child welfare and children's mental health, CFCE employs more than 250 employees and reaches over 5,000 children and families each year.

The CINS/FINS program provides a variety of services to at-risk youth residing in Miami-Dade County and provides home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive. The case managers strive to assist the families in whatever ways they can and have accomplished the following during the current FY:

- In October 2017, the agency will celebrate its 40th Anniversary.
- The program was awarded Agency of the Year by the Florida Network.
- Implemented a free tutoring program through the Miami Dade Public Library system.
- Implemented Pregnant with your first baby program in partnership with the Nurse-family partnerships.
- Added a new program for defining and treating problematic sexual behavior in children through the Your Body My Body behavioral health program.
- Expanded services to 3 new schools: Riverside Elementary, North Miami Middle, and Norland Middle schools.
- The building is undergoing a full renovation which includes a new roof, repainting, and remodeling of the interior space.

CFCE is an active facilitator of community outreach events that encourage support and participation by local agencies. Each year, CFCE hosts resource fairs and fundraisers to increase awareness of its programs and services.

Standard 1: Management Accountability

Overview

Narrative

CFCE provides non-residential community-based services for youth and their families in Miami Dade County, Florida. The CINS/FINS program is staffed by a Program Director, 4 full-time case management staff, and 1 administrative assistant. At the time of the QI visit, there were two case manager vacancies.

Level 2 background screening is mandatory for employees and volunteers, working with direct access to youth, to guarantee they meet statutory requirements of good moral character as required in s.435.05, F.S. Personnel files and background screening for new direct care staff in the program were reviewed.

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

In addition to attending the local DJJ Circuit Meetings, the provider's case management staff conducts outreach activities and documents these activities in NetMIS.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure in place to address the requirements of the indicator for background screening of every employee (HR 3-revised 1/1/2014) and the completion of the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006).

A policy and procedure is required to ensure all potential employees, volunteers who work alone with youth, and interns successfully complete a Level 2 Employment Screening; pursuant to Rule 65C-14.023 and Florida Statutes, prior to an offer of employment or provision of service within the program. The program maintains personnel records including employee background screenings in individual employee files. Prior to completing a Live Scan, Human Resources will check the clearinghouse database to see if the applicant has a current background screening on file. If the prospective employee's record is not found, the agency will proceed with the submission of a Live Scan. Upon receipt of an eligible screening result, the agency will formally make an offer of employment.

The program maintains personnel records for each employee including background screenings in individual files. One applicable personnel file was reviewed for the background screening of a new hire direct care staff. Additionally, proof of the new employee's employment authorization from the Department of Homeland Security was obtained through E-verify and filed and the personnel file. The staff's background screening was completed prior to the hire date.

One applicable personnel file was reviewed for five-year background screening during the review period. The five-year re-screening was completed eleven days later. At the time of the review, there were no volunteers who met the criteria for screening.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards and evidence that it was submitted to the BSU on January 10, 2017.

Exceptions:

The current policy and procedure (HR 3 revised 1/1/2014) does not address submission of Annual Affidavit of Completion with a Level 2 screening standard to the Background Screening Unit by January 31, 2017.

One in-service staff 5-year re-screening was completed 11 days later than the due date.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure in place to address the indicator 1.02, Provision of an Abuse Free Environment (Revised 1/15/2016) and process for filing of staff and/or client complaint grievance (Policy #112 & 141).

A written policy and procedure is required to ensure the program provides an environment in which youth, staff and others feel safe, secure, and not threatened by any form of abuse or harassment.

Program staff are required to adhere to a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation. Additionally, to ensure youth are not deprived of basic necessities. Any person who knows, or has reasonable cause to suspect, that a child is abused, abandoned, or neglected by a parent, legal custodian caregiver, or other person shall, reports such knowledge or suspicion to the Florida Abuse Hotline. All staff are trained to immediately report all allegations of child abuse or suspected child abuse. Upon hire, new staff receive a copy of the Personnel Policies and Procedure. All new staff sign an abuse neglect and exploitation reporting acknowledgment form during orientation.

The program also has an accessible and responsive grievance process for youth to provide feedback and address complaints. Any incidents of physical, psychological abuse, verbal intimidation, use of profanity, and excessive use of force will require immediate attention by management.

The program maintains a case file log to document all abuse reports. During the review there were no reportable incidents within the last six months. The policy addresses the agency's code of conduct which prohibits the use of fighting practical jokes, disorderly conduct, weapons on the property, transporting youth with weapons in the car, violating criminal laws, threatening, intimidating, coercing, engaging in dishonesty, inappropriate or unlawful access, use or communication, unauthorized use of agency property as well as other behaviors and practices for which the agency feels corrective action are warranted.

Additionally, the program provides each client with clear, accessible and fair avenues for lodging and resolving complaints and grievances. The staff informs youth of their rights to report abuse/neglect, rights and responsibilities, and grievance procedures during the intake process and acknowledgment in writing is received via signature of the youth, parent/guardian, and staff.

Exception:

The current policy and procedure (HR 3 revised 11/1/2015) does not address prohibiting of profanity.

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy and procedure in place to address the indicator 1.03, CCC Incident reporting (Revised 4/3/2014/policy 5.01). However, the current policy and procedure 5.01 does not address follow-up communication task/special instructions as required by the CCC in order to close the case.

The policy indicated incidents defined as occurrences not expected within the normal course of care/treatment or delivery of services will be reported immediately to the supervisor and a report will be generated. All incident reports will be reported to the CCC as soon as possible, but no later than two

hours.

The program did not have any reportable incidents within the scope of the review.

Exception:

The current policy and procedure 5.01 does not address follow-up communication task/special instructions as required by the CCC in order to close the case.

1.04 Training Requirements

Satisfactory Limited Failed

Rating Narrative

The program has a written policy and procedure to address training for all in-service staff and new staff. The policy addresses all fundamentals listed within the indicator including training required and recommended by Florida Network.

The policies and procedures fully address all of the elements required by the indicator including mandatory training hours and training topics required and/or recommended by the Florida Network. There were also procedures documenting how the program maintains training files for each staff and monitors each file on a monthly basis. The program maintains a current training plan which was submitted on May 9, 2017. The training plan consists of staff training logs, supporting agendas, and attendance documentation.

A review of one new direct care staff who was hired within the scope of the review was conducted. A review of the training file showed supporting documentation of recently completed trainings. During the time of the review the new staff is still within the 120-day time frame to complete the remaining training requirements.

The training files of two in-service staff were reviewed. Both staff are currently on target with training requirements with ample time remaining to complete the remaining forty hours.

No exceptions.

1.05 Analyzing and Reporting Information

Satisfactory Limited Failed

Rating Narrative

The agency has a Continuous Quality Improvement (CQI) Manual that was last revised October 2014 that describes its philosophy and structure in place for assessing and identifying issues that need improvement through the collection and monitoring of data on a regular basis. The review of the data assists in analyzing patterns and trends that are reviewed by management and communicated to staff and stakeholders. However, the program does not have a specific policy and procedures in place for Indicator 1.05 that addresses how CINS/FINS data is collected and analyzed with regards to quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of NetMIS data reports.

Per the CQI Manual, the provider collects the required data as follows:

Case record reviews are conducted regularly, at a minimum quarterly, by the CINS/FINS program using a Concurrent Chart Review Form. The form is completed for each case reviewed by a peer. The Program Supervisor maintains copies of the completed forms and follows up for completion of deficient/missing information.

Incidents, accidents, and grievances are documented by each program and submitted to the Risk Management Committee for compilation and reporting on a monthly basis. The agency tracks and monitors

the numbers and types of incidents, reporting time frames, reviews patterns, and also reviews grievances. The Risk Management Committee meets quarterly to review the compiled reports and discuss corrective actions. This practice was verified onsite.

The CINS/FINS Program staff obtains client satisfaction surveys at case closure and enters them in NetMIS. Surveys are also conducted annually by the agency.

The program obtains FN Performance reports as provided by the Florida Network monthly and also tracks case outcome (reunification goals) on a regular basis. Data is reviewed at monthly staff meetings.

The program's Administrative Assistant conducts reviews of NetMIS data reports as they are provided by the Florida Network and reports deficiencies to staff during staff meetings.

Case record reviews are aggregated and reviewed by program staff at staff meetings. A review of 6 staff meetings and Joint CQI meetings held during the past six months supported this practice.

Risk Management and Safety committee meetings were held by the provider during the months of October 2016, November 2016, and February 2017. Data from the committee pertaining to incidents, accidents, and grievances/complaints is presented at the CQI Joint Committee meetings and were included on the agenda and in the minutes.

The reports for the last two quarters for FY 16-17 were reviewed. Evidence of meetings held in October and December 2016 and January- February 2017 was maintained by the program demonstrating review of program outcomes for CINS/FINS was reviewed along with the most recent FN Performance report at the CINS/FINS staff meetings referred to above.

Upon receipt of NetMIS data reports from the FN, the Program Director informs staff and makes the necessary corrections as needed.

Exceptions:

The agency does not have a comprehensive policy and procedures in place for Indicator 1.05 that specifically address the collection and review of quarterly case records; incidents, accidents, and grievances; annual review of customer satisfaction data; annual review of outcome data; and monthly review of NetMIS data reports. However, there is evidence of practice for each component required by the indicator.

A compilation survey report was not available during the review demonstrating that the provider completed an annual client satisfaction survey for the current FY.

1.06 Client Transportation

Satisfactory Limited Failed

[Rating Narrative](#)

1.07 Outreach Services

Satisfactory Limited Failed

[Rating Narrative](#)

The program has a written policy and procedure to encourage and offer prevention and outreach series to members of the community served. (Policy 1.07/Revised 7/1/2016)

The Program Director (PD) coordinates outreach services to provide these services to community audiences, individuals, and group with schools, information and educational activities. The services provided are related to Alcohol and Other Drug Use/Abuse, Adolescence/Adolescent Behavior, Parenting classes/Family Functioning, Youth Educational Issues, and Information about CINS/FINS and other Service

Programs. The PD attends the local DJJ Circuit 11 Board meetings when they are scheduled but per the PD, minutes are not always provided to non-board members.

The program has established an agreement with over sixty organizations in the community regarding coordinate education, prevention, intervention, and treatment services. Inter-agency agreements are utilized by CFCE to build strong community partnerships and collaborations, ensuring youth and their families served receive appropriate services.

The provider's case management staff also conducts outreach activities and documents these activities in NetMIS. Outreach includes presentations in schools and community agencies, events, fairs, law enforcement as well as dissemination of printed materials informing the community of CINS/FINS as an effective prevention and intervention service.

A schedule of the 2017 meetings held for Judicial 11 Circuit Advisory Board (CAB) was reviewed for January-May. The PD indicated attendance to two of the four applicable meetings; the April meeting was canceled. Evidence of attendance was not maintained such as meeting minutes or sign in sheet. Per the PD, a copy of the sign in sheet is not provided to guests; however, the minutes do list the names of all in attendance.

Exception:

The provider did not have a representative at two of the four applicable DJJ CAB meetings held. The current policy and procedure (Policy 1.07/Revised 7/1/2016) does not indicate a representative shall be present to represent the program at CAB meetings in the event of the Program Director's absence.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

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

The CINS/FINS program consists of a Program Director, four full-time Case Managers, and an Administrative Assistant. The Case Manager are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services.

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

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

It has been noted that policy 2.01 was revised on 7/1/16, and now the written policy encompasses all required areas.

During the intake, program staff determines service needs by completing the CINS/FINS Intake Assessment and Needs Assessment. Youth and families are informed of the services to be provided and given pertinent information about their rights and responsibilities, agency grievance procedures, and possible actions occurring through involvement with CINS/FINS. A signed acknowledgement of receipt is maintained in the file.

All 7 client files were found to be compliant in regards to eligibility screenings completed within 7 calendar days of referral, and were found to contain all required documentation (ex. Rights & Responsibilities, Grievances, Rights and Responsibilities, Etc.).

All 7 case files specified that youth and family were provided with available service options, rights & responsibilities, potential actions which could occur through involvement with the CINS/FINS services, and grievance procedures in writing. In addition, all families received a “Parent Handbook” at time of Intake that describes the CINS/FINS program in detail and all courses of action as a participant in the program.

There were no exceptions identified.

2.02 Needs Assessment

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed Policy and Procedure 2.02 which specifically addresses the requirements of the Indicator 2.02. It has been noted that Policy 2.02 was revised on 7/1/16.

The following procedures are being utilized by the agency to ensure implementation of the policy:

The program will ensure that all clients shall have a “Needs Assessment” which will include a minimum of the following: demographic information, dates of assessment, who was present for the assessment, reason for referral, family assessment, drug history, suicide-risk, psychiatric history, peer relationships, educational status, case manager impressions, and required case manager and supervisor’s signatures.

Needs assessments are completed by case managers during the first face-to-face contact with the youth/family. At that time, the case manager will complete a suicide risk assessment. If the youth presents a suicide risk as a result of the suicide risk assessment, the staff will immediately refer the youth/family to the program’s mental health licensed provider.

The current sample size of 7 random client files was reviewed to assess the completion of a “Needs Assessment”. All 7 files reviewed indicated that the Needs Assessment was completed within the 3 days of the intake (as required by policy), most were completed on the same day as the intake. It was verified with the human resources director, that all case managers hold a Bachelor’s level degree, and the Needs Assessments were completed and signed by these staff members.

Exception:

In one youth record, a supervisor’s signature was missing from the last page of the Needs Assessment form.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed Policy and Procedure 2.03 which specifically addresses the requirements of the Indicator 2.03. It has been noted that Policy 2.03 was revised on 7/1/16.

The following procedures are being utilized by the agency to ensure implementation of the policy:

A service plan will be developed by the provider staff, youth and family members. The service plan will be personalized based on the needs of the youth, the objectives are established, and appropriate services will be identified. Reasonable time frames as well as persons responsible will be determined for the initiation and completion of services. This plan shall be developed with the family within 7 working days following the completion of the assessment. The service plan will be signed by youth, family member, local provider staff, and local supervisor and will be documented on the service plan. The case manager shall review with youth and family at 30, 60, 90 day reviews for progress on stated goals.

The current sample size of 7 random client files was selected to assess the Case/Service Plan service delivery requirements. All 7 client files were found to be in compliance with the general requirements of this indicator. The 7 files contained documented evidence of completed Individualized Service Plans in the intake and assessment phase of the service delivery process. Service plans were found to be developed the same day as the intake which exceeds the requirement of within 7 days. Plans were individualized and included service type, location, frequency, person(s) responsible, and target and completed dates. The case plans also included signatures of youth, parent, counselor, and supervisor consistently in all 7 files reviewed. Plans also included timely 30 and 60 day reviews where applicable.

There were no exceptions identified.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a detailed Policy and Procedure, which specifically addresses the requirements of the Indicator – 2.04. It has been noted that Policy 2.04 was revised on 7/1/16.

Service coordination on behalf of clients includes: information gathering, supportive linking, advocating, coordination and monitoring of services, and case review and termination with appropriate referrals when the local provider's direct services is no longer needed. At a minimum, each client is assigned a case manager who will follow that client's case and ensure delivery of services through direct provision or referral.

All 7 files reviewed were found to be in compliance with the general requirements of the indicator. Five of five applicable files reviewed established a need for Mental Health services to properly address the needs of the family; appropriate referrals were made and documented in these files. All 7 files showed ongoing assessments and follow-up by the case managers who coordinated service plan implementation, monitored progress of the youth/family, and provided ongoing support to family. None of the clients were in need of out-of-home placements or had to be referred to a case staffing committee.

There were no exceptions identified.

2.05 Counseling Services

Satisfactory Limited Failed

Rating Narrative

The agency has a detailed Policy and Procedure which specifically addresses the requirements of the Indicator – 2.05.

Non-residential referrals are accepted from school officials, social workers, law enforcement, and self-referrals. The service provider will initiate a needs assessment and complete it within the first three face-to-face sessions with family. At a minimum, the staff conducts a thorough process of screening and assessment, and, if necessary, linkages with additional services may be necessary.

The current sample size of seven client files was reviewed to assess the “Counseling Services” service delivery is in compliance. All 7 Files reviewed were found to be in compliance with the general requirements of the indicator and contained documented evidence of the youth/family receiving counseling services in accordance with the stated case plan, and case plan reviews. All client files reviewed displayed case notes were recorded accurately for all counseling sessions provided and documented youth’s progress. In addition, all files indicated an ongoing internal process for clinical reviews of case records and staff performance.

There were no exceptions identified.

2.06 Adjudication/Petition Process

Satisfactory Limited Failed

Rating Narrative

The agency has a policies and procedures, # 4.06- Adjudication Services and 4.07-CINS/FINS Petition Process, that were last revised 7/1/2015 and 7/01/2012, respectively. The procedures address the requirements of the indicator.

During the QI review, the Program Director indicated there has not been a need to staff any cases in the past year and consequently, there is no evident practice.

There were no exceptions identified.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has a policy and procedure #206 for Case File Access, revised 9/23/2013, that addresses accessing case records and securing storage in locked cabinets. In addition, policy and procedure #207 addresses marking the records "confidential" and transportation of records in locked, opaque containers marked confidential.

The provider does have other policies and procedures regarding client confidentiality, case record retention and destruction. Client records are maintained in file folders that are marked confidential and stored in locked file cabinets located next to the desk of each program staff.

The current sample size of seven (7) random client files was selected to assess youth records requirements. All seven files were found to be in compliance with the indicator and were marked confidential. Client files are maintained in a secured and locked file cabinet that is not accessible to unauthorized staff.

All staff transport files in black solid opaque cases that are marked confidential and are not accessible to unauthorized parties. The cases are equipped with combination locks. All files are maintained in a neat and orderly manner so that staff can quickly and easily access information.

There were no exceptions identified.

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