



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

Review of Center for Family and Child Enrichment

on 05/22/2018

## 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
- Gary Mogan, Regional Monitor, Department of Juvenile Justice
- Mercedes Williams, Residential Coordinator, Florida Keys Children's Shelter

**Persons Interviewed**

- |   |  |   |
|---|--|---|
| <input checked="" 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 checked="" type="checkbox"/> Case Manager            | <input type="checkbox"/> Advocate                    | <input checked="" type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse                              |  |   |
| 1 Case Managers   | 0 Maintenance Personnel                              | 0 Clinical Staff                                    |
| 0 Program Supervisors                                       | 0 Food Service Personnel                             | 0 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 checked="" 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 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       | 5 # 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                       | 5 # 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. Services offered by the Wellness Center includes: family practice; dental services; pediatric services; OB/GYN; nutritionist/dietician; behavioral/mental health; substance abuse services; case management; health screenings; immunizations; and laboratory services.

The program 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 accomplishment is its continued accreditation through the Council on Accreditation (COA) effective through June 30, 2018. 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. Some of the programmatic updates and accomplishments include:

- § The program hired two new Case Managers due to the turnover of 2 staff who left for higher paying jobs
- § During the onsite visit, the Administrative position was vacant but a potential candidate was awaiting background screening and the offer of employment was pending
- § During the past year, the provider implemented the following new programs/services:
  - § DV Respite Program
  - § CIFFTA- Culturally Informed and Flexible Family Based Treatment for Adolescents 11-18 years of age that meets weekly
  - § Seeking Safety Group, in conjunction with the University of Miami, is an evidence based treatment that works with individuals suffering from trauma and/or substance abuse.
  - § ACCESS Florida –resource for families to apply for food stamps, Medicaid/Chip, and temporary cash assistance at CFCE
  - § SNAP program is set to start in July 2018

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 fulltime case management staff, and 1 administrative assistant. At the time of the QI visit, the Administrative Assistant position was vacant.

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 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. Orientation and training is an essential component of this effort. Training records are maintained by the program manager as well as the HR office in their personnel file. Upon hire by CFCE, staff are trained to conduct screening and assessment services to eligible youth and families. 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 manager 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 and volunteer and the completion of the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006). The applicable policies and procedures are: Policy # 5.03 -Background Screening of Employees and Volunteers, revised 7/1/2017 and Policy # 5.04-Annual Affidavit of Compliance with Good Moral Character Standards, revised 7/1/2018. Background screening requirement is also included in the agency's Personnel Policies and Procedure Manual that was last revised 11/30/2017.

CFCE requires all potential employees, volunteers who work alone with youth, and interns to 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 HR department maintains personnel records for each employee including employee background screenings. 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.

Two applicable personnel files were reviewed for the background screening of employees hired in the program since the last QI review.

Documentation in the HR files supported both employees were background screened and the provider obtained eligibility clearances from the clearinghouse prior to an offer of employment. 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.

Review of the program staff roster showed there was no staff eligible for the 5-year re-screening during the review period. At the time of the review, there were also 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 is was submitted to the BSU on January 22, 2018.

No exceptions noted for this indicator.

### 1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

#### Rating Narrative

The program has a written policies and procedures in place to address the indicator 1.02, Provision of an Abuse Free Environment namely: HR Standards of Conduct; #502- Child Abuse Reporting (Revised 11/01/2017); and Grievance Procedures (Policy #4.05 (Rev. 11/30/17) and #129 (Rev. 08/2017)). These written policies and procedures are 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.

The program has an established standards of conduct for staff to ensure a safe and efficient, harmonious operation. It is expected staff will follow the standards of ethics as members of their respective profession. The policy clearly outlines unacceptable behaviors and conduct which would reflect adversely on the employee or the agency. The listed infractions could result in corrective action up to and including termination. The adopted code of conduct prohibits the use of physical abuse, profanity, threats and/or intimidation, along with delineation staff shall not deprive youth of any basic needs such as food, clothing, shelter, and/or medical care. All staff are trained on the child abuse call practice and recording documentation. A supervisor will document the unacceptable behavior and report to the executive director, who will then determine if disciplinary action is warranted.

The child abuse policy is inclusive of requirements for staff to address child abuse reporting, outlining the standards to ensure an abuse free environment where youth, staff and others feel safe, secure and not threatened by any form of abuse. Any staff knows or has reason to suspect a child is abused, abandoned, or neglected by a parent/guardian or other person is required to report such knowledge or reasonable suspicion to the Florida Abuse Hotline.

The program has developed a grievance process for youth to provide feedback when believed they are not satisfied with a possible resolution to a concern expressed. The procedure grants the family members or stakeholders the right to voice and file a complaint to resolve grievances in a professional timely manner.

The program maintains a log to document any abuse calls. At the time of the annual compliance review, the program had one reportable incident dated March 23, 2018. The incident was reported and accepted by the Florida Abuses Hotline classified as abuse/neglect, coupled with aggression and/or threat. The log maintained a hard copy of the incident report identifying the type of incident, persons involved, time, location, description of the incident, corrective action and follow-up, actions needed, staff review and signatures, coupled with an Our Kids hard copy print-out maintained in the log.

Although the program has developed a written policy, trains staff in the process and management of complaints and maintains a log, there has been no grievances submitted for review since the last annual compliance review.

Per the Program Director, there has not been any incidents of physical and/or psychological abuse that required management to take disciplinary actions.

No exceptions noted for this indicator.

### 1.03 Incident Reporting

Satisfactory  Limited  Failed

#### Rating Narrative

The program has a written policy and procedure in place, #5.01 (Revised 4/3/2017), to address the requirements of incident reporting to the Department of Juvenile Justice (DJJ) Central Communications Center (CCC).

The policy is designed to support the mission and vision of the program as it pertains to risk and safety, potential business, operational and property risks. The policy outlined incidents as occurrences not expected within the normal course of care/treatment or delivery of services are to be reported immediately to a supervisor. A written incident report will be generated. Reports are to identify individuals involved. All incident reports will be reported to the CCC as soon as possible, but no later than two hours.

Staff have been trained on the types of incidents which are to be reported and the required two-hour time frame from the time the incident was discovered. The written policy further requires staff to conduct a follow-up on any special task and/or instructions as required by the CCC in order to close the incident.

Although the program has developed a monthly incident reporting tracking log and has identified staff assigned to their internal Incident/Accident CQI sub-committee to review to analyze incident report data, the program has not had any instances called into the Departments CCC, in the past twelve months.

No exceptions noted for this indicator.

### 1.04 Training Requirements

Satisfactory  Limited  Failed

#### Rating Narrative

The program has developed a written policy and procedures for training, CM 10.3.1a-111 that was revised 7/1/2017, including a training plan for development of pre-service and in-service staff training.

The policy requires staff to receive training in the necessary and essential skills required to perform their specific job duty functions. The program has a current training plan submitted and approved by the Chief Executive Officer (CEO) on May 15, 2018. The provider's training plan offers on-going training opportunities for all staff covering a twelve-month cycle. Staff official training files are maintained in the personnel office, while supervisors maintain an inter-office training log for tracking purposes. New hire staff are required to complete eighty hours of training within the initial 120-days of employment.

A review of two pre-service training records found one staff to have received the mandatory training within the initial 120-days of employment and exceeded the minimum number of hours while the second new hire (DOH 4/9/18) still has additional time to complete her required training within the initial 120-days of employment.

Three in-service training files were reviewed and all three veteran staff were noted to have been in excess of their required minimum twenty-four hours of annual trainings and had time to complete outstanding training topics required.

No exceptions noted for this indicator.

### 1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

#### Rating Narrative

The program has developed a written policy and procedure (Policy 6.0, revised 7/1/17) outlining the steps to follow for the collection and review of statistical information used to identify strengths and weakness in service delivery. The agency also 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 agency has in place a continuous quality improvement (CQI) system to collect and analyze patterns and trends taking place measuring assets and areas in need of improvement whereby enhancements may be implemented and/or modified prior to corrective action. The review of the information is then compiled and provided to management staff and stakeholders. The review of the data assists in analyzing patterns and trends that are reviewed by management and communicated to staff and stakeholders.

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.

Supporting documentation reflected the review of the data collected was taking place at a minimum of quarterly covering the past twelve-months. There was evidence the meetings were held in May 2018, February 2018, November 2017, August 2017 and May of 2017. The CQI Improvement Joint Council meetings minutes outlined the participants, the agenda items to be discussed, a recommendation resulting from the discussion outcomes, persona responsible and action taken. Agenda items reflected areas discussed were, but not limited to; safety and security concerns, case management, clinical performances, human resources, risk management, client satisfaction, old and new business.

The program's NetMis database shall be opened and closed by the case managers and subsequently provided to the administrative assistant within three days to guarantee the data is put in within the required time frame. The supervisor is required to review the information for accuracy.

No exceptions noted for this indicator.

### 1.06 Client Transportation

Satisfactory

Limited

Failed

#### Rating Narrative

CFCE does not allow CINS/FINS program staff to transport youth and/or their family members. A copy of their current policy was provided. Consequently, there is no practice and this indicator is rated non-applicable.

N/A for Non-residential CINS/FINS Programs

### 1.07 Outreach Services

Satisfactory

Limited

Failed

#### Rating Narrative

The program has developed a written policy and procedure encouraging and offering outreach prevention services to community members (Policy 1.01, revised 7/1/2017).

The program has established an agreement with over sixty organizations in the community regarding coordinate education, prevention, intervention, and treatment services. Outreach services include increasing community awareness offering services in the areas of alcohol and substance abuse, adolescence behavior, parenting classes, family functioning, youth educational issues, coupled with information regarding community services programs. The purpose described is to increase public awareness of the needs of troubled children, youth at risk of running away, being habitually truant and/or being beyond the control of their parent/guardian.

A review of the program's outreach activities, which were maintained in two hardbound notebooks supported staff are very involved in community projects, while networking within the local community to establish new partnerships, along with maintaining partnerships with current community members already involved with the center. The staff work closely with schools and local alternative educational centers, law enforcement, civic centers, especial events, and fairs to promote their prevention and intervention services. The programs case management staff records such events into the NetMis database. There are minutes maintained from the council meetings and other formal partnership gatherings; however, community partnerships with summer camps and outdoor presentations include a notice of the event and flyer pertaining to the function with no actual meeting minutes and/or agenda developed. The names of staff who participated in those events and brief descriptions of activities were handwritten on the announcement and/or flyer maintained in the notebooks.

The program had developed an annual outreach plan covering the 2017-2018 fiscal year with a goal to increase awareness of access to CINS/FINS services by informing the community about issues impacting runaways, truant and ungovernable youth and their families in the local area. The plan outlined the objective, the actions steps and activities, an implementation date, person responsible, coupled with information providing the status of the objective as the goal was being addressed. The program director has been delegated to represent the program at the local juvenile justice board meetings.

There are no agendas disseminated at the local juvenile justice board meetings; however, the minutes distributed to members and guests which captured membership and guest names. The goal outlined for the objective of increased participation with the local juvenile justice board is to have a representative become a member of a juvenile justice board sub-committee. The status entered on the outreach plan described the program director has attended all DJJ board meetings and has been involved in one sub-committee. Supporting documentation reflected the program director was involved in a sub-committee identified as the Equity and Advocacy Collective Committee, which conducted meetings quarterly. Further supporting records indicated the program director to have attended the juvenile justice board meetings on April 13, 2018, March 9, 2018, December 2017, while the February 2018 meeting was canceled.

No exceptions noted for this indicator.

## Standard 2: Intervention and Case Management

### Overview

#### Rating Narrative

CFCE is contracted through the Florida Network of Youth and Families to provide non-residential services to youth and their families in Miami-Dade County. Through the screening and intake process, trained staff are able to assess youth and families for eligibility of services. Case Management, substance prevention education, and group education are available as well. Aftercare planning includes youth and families being referred internally or externally to community resources.

The CINS/FINS program consists of a Program Director, four (4) full-time Case Managers, and an Administrative Assistant. Case Managers are responsible for conducting Needs Assessments, developing case/service plans, providing case management, and linking the families and youth to community resources.

CFCE recently received funding to initiate two new programs that include Family/Youth Respite Aftercare Services (FYRAC) and SNAP services. Family/Youth Respite Aftercare Services (FYRAC) will be provided to youth ages 6-17 referred following a Domestic Violence arrest on a household member and/or youth on probation regardless of adjudication status at risk of violating. Services are designed for youth referred by DJJ and in need of more intense family stabilization. SNAP services is to provide a framework for teaching children and their families who are struggling with behavioral issues, effective emotional regulation, and self-control and problem-solving skills.

The provider has a Case Staffing Committee that meets to develop a treatment plan for habitual truancy, lock out, ungovernable, and runaway youth when all other resources have been explored and exhausted or upon the request of the parent(s)/guardian.

A total of nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. One (1) active file met the criteria of Domestic Violence Respite. None of the files met the criteria for Case Staffing.

### 2.01 Screening and Intake

Satisfactory                       Limited                       Failed

#### Rating Narrative

The agency has a written policy and procedures regarding their Screening and Intake Process, indicator 2.01. The policy manual was last updated on May 22, 2017. Their policy states that centralized intake services include screening for eligibility, crisis counseling and information, and referral.

The initial screening for eligibility must occur within seven (7) calendar days of referral by trained staff member using the NetMIS screening form. Youth and parent/guardians receive the following in writing during intake:

1. Available service options;
2. Rights and Responsibilities of the youth and parent(s)/guardian(s)
3. Possible options occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication); and
4. Grievance procedures.

Nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. Within all nine (9) cases, the initial screenings for eligibility had been completed within seven (7) calendar days of referral by a trained staff member using the NetMIS screening form. Nine (9) out of nine (9) files also contained signed documentation on the part of the client and parent(s)/guardian(s) confirming that they had received in writing, available service options, Rights and Responsibilities of the youth and parent(s)/guardian(s), possible options occurring through involvement with CINS/FINS services (i.e. case staffing committee, CINS petition, CINS adjudication) and Grievance procedures.

No exceptions noted for this indicator.

### 2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedures regarding the Needs Assessment, indicator 2.02. The policy manual was last updated on May 22, 2017.

Their policy states that a Needs Assessment should be initiated or attempted within 72 hours of admission if the youth is in shelter care or updated if most recent Needs Assessment is over six (6) months old. If the youth is receiving non-residential services, the Needs Assessment should be completed within two (2) to 3 (three) face-to-face contacts following the initial intake or updated if most recent Needs Assessment is over six (6) months old. Needs Assessments are completed by Bachelor's or Master's level staff and signed by a supervisor. If suicide risk component of the assessment is required (as a result of the risk screening) it must be reviewed (signed and dated) by a licensed clinical supervisor or written by licensed clinical staff.

Nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. All nine (9) files contained Needs Assessments that were completed by a Bachelor's or Master's level staff and signed by a supervisor. All nine (9) files were completed within two (2) to 3 (three) face-to-face contacts following the initial intake. None of the files were flagged for suicide risk requiring the review of a licensed clinical supervisor.

No exceptions noted for this indicator.

### 2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedures regarding the Case/Service Plan, indicator 2.03. The policy manual was last updated on May 22, 2017. Their policy states that the case/service plan is developed with the youth and family within seven (7) working days following completion of the assessment and based on information gathered from the initial screening, intake, and assessment.

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

1. Implementation of case/service plan that is developed within seven (7) working days.
2. Case/Service Plan reviews conducted by the counselor and parents/guardians (if applicable) every 30 days for the first three (3) months and every six (6) months thereafter.
3. Case/Service Plan includes identified need(s) and goal(s), person(s) responsible, type, frequency, and location of service(s), target date(s) of completion, actual completion date(s), signature of youth, parent(s)/guardian(s), counselor, and supervisor as well as date plan was initiated.

Nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. All nine (9) files contained case/service plans that were developed within seven (7) working days of the Needs Assessment, along with case/service plan reviews conducted every 30 days for the first three (3) months where applicable. Nine (9) out of nine (9) case/service plans identified need(s) and goal(s), person(s) responsible, type, frequency, and location of service(s), target date(s) of completion, actual completion date(s) (where applicable), and signatures of youth, parent(s)/guardian(s), counselor, and supervisor, as well as date plan was initiated.

No exceptions noted for this indicator.

### 2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency has a written policy and procedures regarding the Case Management and Service Delivery, indicator 2.04. The policy manual was

last updated on May 22, 2017. Their policy states the CINS/FINS youth served are assigned a counselor/case manager who will follow the youth's case and ensure service delivery if services through direct provision or referral.

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 youth is assigned a counselor/case manager who will follow the youth's case and deliver services through provision or direct referral. The process of case management includes but is not limited to: establishing referral needs and coordinating referrals to services based on the on-going assessment of the child's/family 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 case staffing committee as needed, 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, continued case monitoring and review including court orders, and case termination follow up.

Nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. Nine (9) out of nine (9) cases had Counselors/Case Managers assigned who demonstrated that they monitored youth/family progress and showed evidence that family received support. For eight (8) applicable files, referral needs were established and coordinated. None of the cases required out of home placement, referrals to case staffing committee as needed, recommending and pursuing judicial intervention, accompanying youth and parent/guardian to court hearings and related appointments, at the time.

No exceptions noted for this indicator.

## 2.05 Counseling Services

Satisfactory
  Limited
  Failed

### Rating Narrative

The agency has a written policy and procedures regarding the Counseling Service, indicator 2.05. The policy manual was last updated on May 22, 2017.

Their policy states that youth and families receive counseling services in accordance with youth's case/service plan to address needs identified during the assessment process. All case files will include coordination between presenting problems, needs assessment, case/service plan, case/service plan reviews, case management, and follow-ups. The provider maintains: individual case files on all youth and adhere to all laws regarding confidentiality; chronological case notes on the youth's progress; and ongoing internal process that ensures clinical reviews of the case records, youth management. In addition, staff performance regarding CINS/FINS.

Nine (9) non-residential cases were reviewed for five (5) active cases and four (4) terminated cases. Nine (9) out of nine (9) files reflect coordination between presenting problems, needs assessment, case/service plan, case/service plan reviews, case management, and follow-ups. Nine (9) out of nine (9) files were individually maintained and adhere to all laws regarding confidentiality. All nine (9) files contained notes that were maintained chronologically with progress being documented. All nine (9) cases provided documentation that clinical reviews of case records were conducted. Group sessions do not apply to this population of youth.

No exceptions noted for this indicator.

## 2.06 Adjudication/Petition Process

Satisfactory
  Limited
  Failed

### Rating Narrative

The agency has multiple policies and procedures namely: 4.06- Adjudication Services (revised 7/1/15), 4.07-Adjudication/Petition Process (revised 5/22/17), and 117-Case Staffing Committee (revised 4/1/17). All of the policies and procedures reviewed were found to meet the

requirement of the indicator.

Per the agency's procedures, a case staffing is held if the youth/family have not made substantial progress in meeting goals; the family/youth will not participate in services selected; the family/youth is not in agreement with the services or treatment offered; and/or the program receives a written request from the parent/guardian or any other member of the agency or committee. Upon request for case staffing, a case staffing is scheduled and the youth/family as well as the case staffing committee will be notified of the scheduled meeting within five working days of the request for the meeting that will convene within 7 working days of the request for staffing. Recommendations made by the committee will be provided to the youth/family within 7 working days of the meeting. The case staffing committee will include, at a minimum, a representative from the youth's school district, a representative from the Department of Juvenile Justice, and the CINS/FINS case manager.

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

No exceptions noted for this indicator.

## 2.07 Youth Records

Satisfactory

Limited

Failed

### Rating Narrative

The agency has a policy and procedure #2.07 for Youth Records that was last revised 5/22/2017. The policy and procedures address the confidential labeling of all youth records, secure storage in locked cabinets, file maintenance, and secure/confidential transport.

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 next to the desk of each program staff as well as larger sized program file cabinets, located in the office, for the storage of closed files.

The current sample size of eight (8) random client files reviewed was observed to assess youth records requirements. All eight 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. Each case manager has a file cabinet to securely store active files. In addition, the program has an additional 6 vertical file cabinets for closed files. All file cabinets are labeled confidential.

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.

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