



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Youth Advocate Program

on 05/24/2018

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	Limited
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
Percent of indicators rated Satisfactory: 85.71%	
Percent of indicators rated Limited: 14.29%	
Percent of indicators rated Failed: 0.00%	

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

Rating Definitions

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

Satisfactory Compliance	Non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant Forefront LLC

David Gray, Training Coordinator, Hillsborough County Children's Services

Erik Kline, Residential Supervisor, Family Resources

Persons Interviewed

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct- Care Full time | <input type="checkbox"/> Direct-Care Part Time |
| <input type="checkbox"/> Direct-Care On- Call | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <input type="checkbox"/> Counselor Non- Licensed |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Advocate | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Nurse | | |
| 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 type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input checked="" type="checkbox"/> Fire Drill Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Medical and Mental Health Alerts | 0 # MH/SA Records |
| <input checked="" type="checkbox"/> Contract Monitoring Reports | <input checked="" type="checkbox"/> Table of Organization | 4 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 6 # 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 | 4 # 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

Not Applicable

Strengths and Innovative Approaches

Rating Narrative

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

For the onsite visit, the program director reported several accomplishments the agency has achieved since the last QI review in April 2017 as follows:

- YAP completed their community garden service grant from Aetna with Potter Elementary School. The school created a gardening club and students took planted seeds home or the summer to nurture based on things learned during the gardening club
- YAP DJJ Prevention grant through "Invest in Children " was renewed to serve an additional 40 youth in Hillsborough Count and 40 youth in Pinellas County.
- YAP was awarded the SNAP contract and was renewed for an additional years with the Florida Network. Because of the grant, YAP was able to hire one full-time Program Coordinator, two full time Case Managers; and offer additional hours to advocates. YAP had a total of 6 individuals trained in the SNAP curriculum.
- YAP was awarded and renewed a contract with DJJ for Pinellas County adjudicated youth. This contract will serve a total of 72 youth.
- YAP is in the process of locating additional office space within a high risk community to:
 1. Serve youth on their site
 2. Provide additional office space for the new full time staff
 3. Seek additional funding to provide additional services to youth in the community where the office will be located and throughout Hillsborough County
- YAP has been attending summer program enrollments to recruit youth for CINS/FINS, SNAP, and Respite
- YAP has created new partnerships with the following schools: Folsom Elementary; Blake High School; and Tampa Bay Technical High School
- YAP had their COA accreditation renewed

Standard 1: Management Accountability

Overview

Narrative

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

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. Program orientation and training is an essential component of this effort. Upon hire by YAP, 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 and volunteer prior to hire/service, 5-year re-screening, and the annual completion of the Annual Affidavit of Compliance with Good Moral Character standards (Form IG/BSU-006). The CINS/FINS program policy was last reviewed 7/1/2015 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 3/13/15.

YAP requires all potential employees, contractors, and volunteers/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 Program Director 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.

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

Documentation in the three files confirmed these employees were background screened and the provider obtained eligibility clearances from the clearinghouse prior to an offer of employment. Additionally, proof of the new employees' 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 one staff eligible for the 5-year re-screening during the review period. 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.

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 December 27, 2017.

No exceptions are noted for Indicator 1.01.

1.02 Provision of an Abuse Free Environment

Satisfactory Limited Failed

Rating Narrative

The program has multiple policies and procedures in place 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 policy and procedure was revised on 8/1/2017 and was signed by the Program Director. The agency's personnel policy manual, revised March 2017, includes the provider's expectation for professionalism that prohibits threat, physical harm, derogatory, or belittling language toward youth or co-workers, and requires reporting of all incidents of known, alleged, or suspected child abuse. Grievance policy and procedures are also in place to allow youth to submit a grievance in the event their rights are violated or if they have a problem with the services/staff.

Program staff are required to adhere to a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation. Any incidents of physical, psychological abuse, verbal intimidation, use of profanity, and excessive use of force will require immediate attention by management. 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 that outlines the agency's requirement regarding behavioral expectation and reporting of abuse incidents.

The program also has an accessible and responsive grievance process for youth to provide feedback and address complaints. The program reviews its grievance procedures with youth during intake and maintains documentation in the youth record acknowledging the youth's receipt of the grievance procedures. Initially, in the informal 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. Additionally, the PD stated that the agency's monitoring department randomly survey youth in the program to assess service satisfaction. Any issues with services are reported to the PD.

All eight 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 three new hires were reviewed. All three staff received training regarding child abuse reporting during Basic Advocacy Training (BAT) in orientation.

Since the last onsite QI visit the program has not made any calls to the Abuse Hotline and has not received any client grievances. 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 are noted for Indicator 1.02.

1.03 Incident Reporting

Satisfactory Limited Failed

Rating Narrative

The program has a policy to standardize incident reporting to ensure accuracy and detail. This policy was approved by the program director on August 1, 2017.

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

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

Once an incident has occurred, staff will fill out the incident reporting form as soon as possible. This incident report form includes information about those involved, type of incident that occurred, identifying information of participants, and a brief description of the incident.

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

The program maintains a binder which is in place to record all incidents which occur in the program. The binder has incident report logs which are filled out by the program director monthly to document any incidents which have occurred during the month.

A review of the logs for this reporting period found no incidents have occurred during the past six months which would have required reporting to the Central Communications Center (CCC). The program has not had any reportable incidents since the last annual review. The program has also not had any non-reportable incidents during this review period.

No exceptions are noted for Indicator 1.03.

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 last documented date of this policy being dated was November 1, 2017. The agency's Program Director is the designated signing authority.

The YAP policy requires that all Youth Advocates complete a total of eighty-four (80) hours of training during their initial year and twenty-four (24) hours annually. All staff are also required to register with the Florida Department of Juvenile Justices' online training portal called SkillPro. The following training must be completed within 120 days of hire:

- Local provider Orientation Training
- CINS/FINS Core training
- MAB 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
- Universal Precaution

The policy has additional attachments that include the Initial Training Log, Annual Training Log, and YAP Development and Training Policy. The YAP program also has a Training Plan policy. The training plan policy states that all staff will complete 80 hours in the first year of employment and 24 every subsequent year.

There were a total of six (6) YAP staff members reviewed in this training sample for three new hires and three in-service staff. Two of the three new staff were beyond the first 120 days of hire; the two staff had not yet received CINS/FINS Core or Universal Precaution training and one of the two did not complete training for Signs and Symptoms of Mental Health and Substance Abuse. All three new hires had exceeded or were on target for completing 80 hours annual training requirement.

Three in-service training files were reviewed and all three staff had completed or had time remaining to complete the required training topics required. Two of the three staff had no documentation of current certification for CPR and First Aid.

All staff members have an individual training file that includes the employee's name, start date and a training log produced by the YAP program. The file also contained training log hours completed in the Skill Pro system. Training files are marked confidential and stored in a locked cabinet in the program office.

Two new employees hired in excess of 120 days did not complete all the mandatory training topics. Both of them had not completed CINS/FINS core training, and one of the two did not complete training for Signs and Symptoms of Mental Health and Substance Abuse.

One of the three in-service staff's CPR and First Aid was out dated and another staff had no documentation of completing CPR and First Aid.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The agency has a general policy on analyzing reporting information that addresses the basic requirements of this indicator. The policy was last reviewed July 1, 2017 and was signed by the agency's program director. 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) Plan that was last revised in 2009. The PQI plan 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.

The agency's procedures require the program director to monitor and report the data mentioned above to the SE Regional Director on a monthly basis. This information is also reviewed on a bi-monthly basis with the Executive Vice President. The program director completes supervision weekly with case managers and advocates to review case records, NetMis data, and client count. Evidence of improvements/changes will be documented to reflect compliance and/or corrective actions implemented.

The program director is required to review all data extract provided by the Florida Network of Youth and Family Services on a monthly basis. The program director will also review the Florida Network NetMis system data. This data is provided to the program director on a monthly basis. The program director must also review the report card performance standards provided by the Florida Network at a minimum bi-annually.

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

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

A review of peer record reviews during the past six months was conducted. The Reviewer did not find a practice in place where staff were involved in reviewing records. It was evident that the PD and program coordinator have a schedule to review case files on a weekly basis. Monthly calendar schedules were provided for February – May 2018, showing weekly supervision. It was observed that documentation of supervisory reviews was missing for the months of November-December 2017 and March-May 2018. The PD indicated that the documentation including a review tool was inconsistent and recently discontinued due to staffing needs. Per the PD, a revised client file checklist will be utilized going forward for peer record reviews.

The provider 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, if any, on a monthly supervision report that is reviewed with the Executive Vice President bimonthly and SE Regional Director monthly. There were no incidents, accidents, or grievances to report during the review period.

Customer satisfaction data is compiled monthly upon completion of the YAP surveys

that are administered at intake and discharge for each client. A longitudinal report entitled YAP Advocacy Outcomes Totals, documenting the responses of youth in the program, is prepared monthly and reviewed at staff meetings

Data regarding client outcomes is entered weekly in the Outcomes Measurement Program and an annual report of the findings is generated. The program provided a copy of the Outcomes Report for the CINS/FINS program for FY 2016-2017. The report captures significant information both in narrative and graphics regarding demographics, living situation of youth at entry, length of stay, living situation at discharge, and program outcomes.

Netmis data received by the PD from the FN is reviewed with management during monthly and bi-monthly supervision.

At the time of this review, the PD informed the reviewer of a corrective action plan that was recently implemented as a result of deficiencies identified regarding documentation in the client files.

Reviewer did not find a practice in place where staff are involved in conducting peer review of case records. Although supervisory reviews are conducted on a weekly basis, it was observed that documentation of these reviews was missing for the months of November-December 2017 and March-May 2018.

Staff meetings were held monthly during the review period and a sign in sheet was available for each but there were no meeting agenda or minutes to document whether or not staff are informed of the findings, patterns, or trends identified as a result of the agency's data collection activities

1.06 Client Transportation

Satisfactory
 Limited
 Failed

Rating Narrative

YAP allows CINS/FINS program staff to transport youth and/or their family members in their own vehicles provided they maintain minimum liability limits and proof of insurance. A copy of their current policy was provided.

However, this indicator is not applicable for non-residential providers.

1.07 Outreach Services

Satisfactory
 Limited
 Failed

Rating Narrative

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

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

Documentation of outreach activities for the past 6 months was reviewed. Documentation in the form of agendas and sign-in sheets for the Florida Department of Children of Children's Services Community Fair day 3/24/2018 was provided. 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 Thirteen Juvenile Justice Circuit Advisory Board Meetings (held on the fourth Friday of every other month) is attended by program staff.

No exceptions

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The YAP program provides centralized intake and screening during regular business hours five (5) days per week to youth in Tampa, Florida. The program also offers non-residential counseling services. These services include referring youth to community resources, on-going counseling and educational assistance. Trained advocates/youth care workers are responsible for completing all applicable admission/screening paperwork, orientating youth to the program and providing necessary guidance. They specifically are assigned clients and provide direct mentorship and relationship building services to each client. The non-residential services generally include individual and family services. Case management and substance abuse prevention education and referrals linking youth and families to available community services are also offered. Referral and aftercare services begin when the youth are admitted for services. The YAP program also coordinates the Case Staffing Committee, a statutorily-mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing process can also involve the program working with the local case staffing committee that recommend filing of a CINS Petition with the court as needed.

2.01 Screening and Intake

Satisfactory Limited Failed

Rating Narrative

The agency has a written policy on Screening and Intake services in accordance with indicator 2.01. It was last reviewed and revised on 7/1/14 by the Program Director.

Eligibility Screening shall be completed within 7 calendar days of referral. Youth and parents/guardians receive the following in writing: Available service options, Rights and Responsibilities of youth and parents/guardians, and Parent/Guardian Brochure.

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), and grievance procedures.

Eight files were reviewed, four open and four closed. Of the eight files reviewed, all parents/guardians received available service options, rights and responsibilities of youth and parents/guardians, parent/guardian brochure, grievance procedures, and HIPPA procedures. Seven of the eight files all had screenings done within 7 calendar days of referral. One of the files was outside the 7 days but this was due to mom not answering phone calls or voicemails. The attempt to contact is documented in the youth's file.

Further, the YAP program also has program measures in place to verify that the program is capable of addressing clients with CINS/FINS needs related to providing Case Staffing committees, CINS Petitions CINS Adjudication.

No exceptions

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

A total of 8 files were reviewed (4 open and 4 closed). Of the 8 files reviewed, all of the needs assessments were initiated and completed on the first day of the face-to-face contact; none were identified with an elevated risk of suicide.

One of the 8 files reviewed did not have the needs assessment done by a Bachelor or Master level staff and did not include a supervisor review signature upon completion.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency does have 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 of the Psychosocial 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 8 files were reviewed (4 open, 4 closed). Seven of the 8 files had a case/service plan which included individualized and prioritized needs and goals identified by the needs assessment. Six of the 7 service plans included service type, frequency, and location as well as persons responsible. All 7 service plans included target dates for completion. All closed files had actual completion dates on the case/service plan. Five of the 7 service plans had a youth signature on the case/service plan; four of the 7 service plans had a parent/guardian signature; five of the 7 service plans had a counselor signature; and 6 of the 7 service plans had a supervisor signature.

One of the 8 files reviewed did not have a case/service plan.

Another case/service plan did not have a completion date, service type, frequency, location, or youth, parent, counselor, and supervisor signature. Although all the service plans had a date of completion, six of the 7 service plans did not have a date the plan was initiated.

The Program Director did implement a corrective action plan due to missing signatures and other deficiencies from reviewing the program files. The CAP was implemented prior to this QI Review.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative

The agency does have 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; provides support for families; monitor out-of-home placement if necessary; referrals to the case staffing address 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.

A total of 8 files were reviewed (4 open, 4 closed). All 8 files had a Counselor/Case Manager assigned. All eight files had established referral needs; coordinated referral services; coordinated service plan implementation; monitored youth/family progress; provided support for families; provided case monitoring; and the four closed files provided case termination notes.

None of the 8 files reviewed needed out-of-home monitoring, referrals to case staffing, accompanying to court hearings and related appointments.

None of the 8 files had documentation where 30 or 60-day phone calls were made.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency does have 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 counseling services provided and documents youth's progress. The provider has an on-going internal process that ensures clinical reviews of case records and staff performance. Youth and families receive counseling services in accordance with the Case/Service Plan. Program provides individual/family counseling. Group counseling sessions consist of at least 30 minutes, have a clear facilitator, clear and relevant topic, and an opportunity for youth engagement.

A total of 8 files were reviewed (4 open, 4 closed). All 8 files had a needs assessment that addressed the youth's presenting problems. One of the 8 files did not contain a service plan. Case notes were maintained for all services provided and clearly documents the youth's progress. Youth and families receive services in accordance with the Case/Service Plan.

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

No exceptions

2.06 Adjudication/Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The agency does have a written policy on Adjudication/Petition Process in accordance with Indicator 2.06. It was effective 7/1/09 but has not yet been reviewed or revised by the Program Director.

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

During this review period there has not been any case staffing requested or held by the program

No exceptions

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency does have a written policy on Youth Records in accordance with Indicator 2.07. It was last reviewed and revised on 7/1/14.

All youth records are to be marked "confidential" and kept in a secure room or locked in a file cabinet that is marked "confidential". When in transport, all records are locked in an opaque container marked "confidential". All records are maintained in a neat and orderly manner.

After review of the record keeping location it was found that of the 8 files reviewed (4 open, 4 closed) all files were marked confidential, when in transport, all records are locked in an opaque container marked confidential, and the records are maintained in a neat and orderly manner.

The room or file cabinet where the records were kept was not marked "confidential".

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](#)