



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Center for Family and Child Enrichment
(CFCE)

on May 23, 2019

Compliance Monitoring Services Provided by





CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	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	Satisfactory
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
2.08 SOGIE	Satisfactory

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care & Special Populations

3.07 Special Populations	Satisfactory
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Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 00.0%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 100.00%

Percent of indicators rated Limited: 0.00%

Percent of indicators rated Failed: 0.00%



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Lead Reviewer: Marcia Tavares

Rating Definitions

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

Satisfactory Compliance	No exceptions to the requirements of the indicator; limited, unintentional, and/or non-systemic exceptions that do not result in reduced or substandard service delivery; or exceptions with corrective action already applied and demonstrated.
Limited Compliance	Exceptions to the requirements of the indicator that result in the interruption of service delivery, and typically require oversight by management to address the issues systemically.
Failed Compliance	The absence of a component(s) essential to the requirements of the indicator that typically requires immediate follow-up and response to remediate the issue and ensure service delivery.
Not Applicable	Does not apply.

Review Team

Members

Marcia Tavares, Lead Reviewer, Consultant-Forefront LLC

Rosby Glover, Executive Director, Mount Bethel Human Services Corporation Inc.

Gabriel Medina, Regional Monitor, Department of Juvenile Justice



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Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2018).

Persons Interviewed

- | | | |
|--|--------------------------------|--|
| <input checked="" type="checkbox"/> Executive Director | 1 # Case Managers | _____ # Maintenance Personnel |
| <input checked="" type="checkbox"/> Program Director | _____ # Clinical Staff | _____ # Volunteer |
| <input checked="" type="checkbox"/> CFO | _____ # Food Service Personnel | _____ # Program Supervisors |
| <input type="checkbox"/> DMHA or designee | _____ # Healthcare Staff | 1 # Other(listed by title): Admin Asst |

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 type="checkbox"/> CCC Reports | <input type="checkbox"/> Key Control Log | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Confinement Reports | <input type="checkbox"/> Logbooks | 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 type="checkbox"/> PAR Reports | 2 # Personnel Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 2 # Training Records/CORE |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 4 # Youth Records (Closed) |
| <input type="checkbox"/> Escape Notification/Logs | <input type="checkbox"/> Sick Call Logs | 4 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input checked="" type="checkbox"/> Supplemental Contracts | _____ # Other: _____ |
| <input checked="" type="checkbox"/> Fire Drill Log | <input checked="" type="checkbox"/> Table of Organization | |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Telephone Logs | |

Surveys

- | | | |
|------------------|------------------------------|-------------------------|
| 0 # Youth | 0 # Direct Care Staff | 0 # Other: _____ |
|------------------|------------------------------|-------------------------|

Observations During Review

- | | | |
|--|--|---|
| <input type="checkbox"/> Admissions | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Confinement | <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"/> Transition/Exit Conferences |
| <input type="checkbox"/> Group | <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Treatment Team Meetings |
| <input type="checkbox"/> Meals | <input type="checkbox"/> Sick Call | <input type="checkbox"/> Use of Mechanical Restraints |
| <input type="checkbox"/> Medical Clinic | <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

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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 agency is now offering adult and child dental services. During the visit, construction was underway to add new treatment rooms for children and adults funded through the HRSA grant.

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, and intake in an intake office or in the conference room.

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
- During the past year, the provider implemented the following new programs/services:
 - FYRAC Program
 - SNAP boys and girls groups – SNAP in Schools
 - CIFTA- 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.



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- ACCESS Florida –resource for families to apply for food stamps, Medicaid/Chip, and temporary cash assistance at CFCE

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. As of the QI visit, the program had 1 vacant case manager position.

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

During the QI review, it was observed that the agency's policies and procedures do not have individual signatures of approval, just policy numbers, review/revision dates, and



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typed name of Administrator (Program Director) who reviews/revises the policies. All of the policies were reviewed during the current FY.

1.01 Background Screening

Satisfactory

Limited

Failed

Rating Narrative

The program has written policies and procedures 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 7/1/2018 and Policy 5.04- Annual Affidavit of Compliance with Good Moral Character Standards, revised 7/1/2018. Both policies were revised by the Program Director.

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 initiate a new screening by logging on the Clearinghouse Portal 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 5/22/2018. 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 agency uses Avatar, a pre-employment assessment that uses data-driven insights to predict hiring success. Per the HR Assistant, the program has been using the tool



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since January 2019. The tool measures cognitive ability; knowledge and skills; personality factors; behavioral history; and emotional intelligence. The report includes summary, detail, interview guide, and notes sections. The tool was administered prior to the hiring of the two new staff reviewed. One applicable new staff hired was pre-assessed and received an overall rating of 62% which was accepted as suitable for the job. As of the date of the QI visit, the agency had not developed specific procedures for use of its pre-assessment tool including the type of assessment that is used, specific protocol followed, and suitability criteria/pass rate used to select candidates.

The program provided a copy of its Annual Affidavit of Compliance with Level 2 Screening Standards; however, the date of notary was missing. Also, evidence that it was submitted to the BSU prior to January 31, 2019 was not provided. Per HR assistant, the HR Manager submitted the affidavit of compliance with level 2 screening to BSU in January but did not receive acknowledgement of receipt. When followed up in April, BSU stated they did not receive the original submission; hence, the provider re-submitted the affidavit in April 2019 and provided a copy of the email sent to BSU.

Exception

There was a lack of evidence that the Annual Affidavit of Compliance was submitted timely to the BSU as required. The agency was unable to locate evidence that the Annual Affidavit of Compliance was received by the BSU by the required date of January 31, 2019. Due to not receiving confirmation from the BSU, the provider stated they re-submitted the affidavit in April 2019 and provided a copy of the correspondence that this was sent to the BSU.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative

The program has written policies and procedures in place to address the indicator 1.02 Provision of an Abuse Free Environment as follows: HR Standards of Conduct; Policy #502- Child Abuse Reporting; and Grievance Procedures (Policy #4.05-revised 11/20/17). 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 established standards of conduct for staff to ensure a safe, efficient, and harmonious operation. It is expected that 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.



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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 that 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 this documentation. A supervisor will document the unacceptable behavior and report it 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 that 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.

In practice, the agency's Standard of Conduct policy is provided during orientation and prohibits the use of physical abuse, threats, intimidation and several other acts of unacceptable behaviors. Additionally, postings of the Florida Abuse Hotline are observed in conspicuous places throughout the building.

According to training records, all staff have been trained on child abuse reporting as recommended. A review of the documentation provided by the agency revealed that there were no calls to the abuse hotline.

In interviewing the Program Director, incidents of physical and or psychological abuse, verbal intimidation use of excessive force, etc. would be immediately dealt with by a supervisor. There were no incidents noted of any occurrences.

The agency has a written procedure for Grievances and has a box located in the front office for grievances to be processed. However, it is not locked as it is used by all of the programs housed in the building. They also provide the capability for grievances to be filed online or directly with the supervisor of the program. The written policy provides for specific steps with timelines for responses with the final decision being made by the CEO. No grievances were filed during the review period.

Exception

No exceptions were noted for this indicator.



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1.03 Incident Reporting

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has a written policy and procedure in place, #5.01 (Revised 7/1/2018 by the PD), 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.

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 and analyze incident report data. However, the agency provided evidence of no incidents being filed during this review period.

Exception

No exceptions were noted for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has developed a written policy and procedure for CINS/FINS Annual Training Plan, 6.04, that was last revised by the PD 7/1/2018.

The policy requires staff to receive training in the necessary and essential skills required to perform their specific job duty functions. The provider's training plan offers on-going



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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 during the first year and mandatory training within the initial 120-days of employment. After the first year, staff is required to complete 40 hours annually.

A review of training files for one 1st year staff and one In-service staff showed that they each had completed the required hours of training including the trainings required in Skill Pro. The 1st year staff had completed a total of 131.8 hours of training and all but one of the mandatory topics to be completed in the first 120 days. The staff's first year ended 4/9/2018 but had not yet completed Understanding Adolescent Development training. The in-service staff completed 100 hours of training and still has time to complete the Fire Safety training required every 2 years.

The Reviewer found that training documents were not readily accessible as they were located in different areas. Staff training logs, Human Resources, and individual staff maintain their own training logs. Even though training was completed during orientation, they were not listed out as separate trainings and it was difficult to locate specific training requirements. For example, confidentiality and sexual harassment trainings were covered during orientation but were not listed out separately on the Training Transcript.

Exception

One new staff recently completed the first year of employment but had not completed Understanding Adolescent Development training which is a mandatory training to be completed during the first 120 days of employment.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has developed a written policy and procedure, Policy 6.0, revised 7/1/18 by the Program Director, 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.



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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.

Case record reviews are aggregated and reviewed by program staff at staff meetings. A review of Joint CQI meetings held during the two quarters included a report of cases reviewed during the peer record review process. A total of 77 records were reviewed in Q2 and 84 in Q3. The program indicated a compliance rate of 100% for key indicators reviewed for each quarter.

Risk Management and Safety Committee meetings are held separately by the provider on a quarterly basis as follows: 1) Risk Management: 12/19/19, 2/25/19, and 5/1/19; and, 2) Safety: 10/31/18, 1/24/19, and 3/21/19. Data from the committee pertaining to



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incidents, accidents, and grievances/complaints is presented at the CQI Joint Committee meetings and were included on the agenda and minutes.

Outcomes are reviewed and reported quarterly during the CQI Joint Committee meetings. The reports for the last two quarters for FY 18-19 were reviewed. Evidence of meetings held was verified as follows: 12/27/18, 1/31/19, 2/28/19, 4/1/19, and 4/25/19. The outcomes for CINS/FINS were reviewed at these meetings, reporting 27% and 29% of goals met for the second and third quarters of FY 2018-2019, respectively. The program also reviews outcomes data submitted via the Florida Network’s (FN) Report cards semiannually as well as monthly FN Performance reports at the CINS/FINS staff meetings held monthly. Agendas and sign in sheets are maintained for staff meetings.

Client satisfaction surveys are entered into Netmis by program staff and analyzed at least annually. The most recent analysis was completed 5/16/19, reporting 80% of 143 clients surveyed who are satisfied with services received and would return if needed.

Upon receipt of Netmis data reports from the FN, the Program Director informs staff and makes the necessary corrections as needed. The CQI Joint committee implements corrective actions and identifies individuals responsible for items needing attention based on weaknesses identified.

Exception

No exceptions were noted for this indicator.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

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.

1.07 Outreach Services

Satisfactory Limited Failed Not Rated

Rating Narrative



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The program has developed a written policy and procedure for outreach prevention services to the community, Policy 1.01, revised by the PD on 7/1/2018.

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.

The program has an annual outreach plan for the current FY with a goal to increase awareness of 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 captures members and guests in attendance.

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. Program staff works 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.

Exception

No exceptions were noted for this indicator.



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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 receives funding for special populations that include Family/Youth Respite Aftercare Services (FYRAC) and also provides 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 eight (8) non-residential cases were reviewed for four (4) active cases and four (4) terminated cases.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy number 2.01 regarding screening and intake reviewed by the program director (PD) on July 1, 2018. This policy and procedure found to meet the requirements of this indicator.



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The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS. The procedure requires the youth initial screening for eligibility must occur within seven calendar days of referral by a 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.

In practice, the review of four active and four closed youth case management records found that in all the cases the youth eligibility screening was completed within seven calendar days of the referral. The review of the records also confirmed youth and parents/guardians received in writing information of their rights and responsibilities, possible actions occurring through involvement with CINS/FINS services, and grievance procedures information.

Exception

No exceptions were noted for this indicator.

2.02 Needs Assessments

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy number 2.02 regarding needs assessment reviewer by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The procedure mandates the agency complete a needs assessment for all youth receiving services that's initiated within seventy-two hours of admission 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.

In practice, the review of four active and four closed youth records revealed the agency completed an extensive needs assessment for each youth in the program within the required time frame. Each assessment was conducted, completed, signed, and dated



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by a bachelor level staff member and was reviewed, signed and dated by the program director (PD). In none of the applicable active records reviewed youth was identified with an elevated risk of suicide.

Exception

No exceptions were noted for this indicator.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy number 2.03 regarding case/service plan reviewer by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

The procedure requires the program develop a case/service plan with youth and family within seven working days following completion of the assessment. The plan needs to be developed based on information gathered during the initial screening, intake, and assessment. The plan needs to be reviewed by the case manager and parent/guardian every thirty days for the first three months, and every six months thereafter.

Case/Service Plan must include: 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.

The review of four active and four closed youth records found all were developed within seven working days of the needs assessment. Each plan reviewed was individualized and contained prioritized needs and goals, indicate the service type, frequency and location, persons responsible, target date for completion, and signed and dated by youth, parent/guardian, case manager and program director.

Exception

No exceptions were noted for this indicator.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative



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The agency has written policy number 2.04 regarding case management and service delivery reviewed by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

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.

The review of four active and four closed youth case management records validated that in each case a case manager was timely assigned and that the case manager establishes referral needs and coordinate the referral of the services based on the youth and family needs. The case managers also coordinate the implementation of the service plan, monitor the youth and family progress in services, and provide on-going support to the family, as needed. Documentation of these activities were well noted in the progress notes.

Exception

No exceptions were noted for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy number 2.05 regarding counseling services reviewed by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.



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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.

In practice, the review of four active and four closed youth case management records found the agency provides therapeutic community-based services designated to provide the intervention necessary to stabilize the family and keep the family intact. All the four youth records reviewed documentation validated youth received individual therapy and family therapy provided in the youth's home, community locations or the agency office. Documentation reviewed and staff interviews indicated the agency regularly provides anger management, medication management, substance abuse, and family topics groups. The documentation of the youth records reviewed reflected coordination between presenting problems, psychosocial assessments, youth's case/service plan reviews, case management, and follow-ups. The agency adheres to all laws regarding youth and family information confidentiality.

Exception

No exceptions were noted for this indicator.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The agency has written policy number 2.06 regarding adjudication/petition process reviewer by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

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



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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.

In practice, interview with the program director (PD) and documentation reviewed indicated there has not been a request or need to staff any cases during the scope of this review period. Consequently, there is no practice; however, documentation reviewed confirmed the agency has a CINS/FINS Staffing Committee in place, and notification letter to be completed for meetings, as needed.

Exception

No exceptions were noted for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The agency has written policy number 2.07 regarding youth records reviewer by the program director (PD) on July 1, 2018. The policy is in compliance with the requirements outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.

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. The procedure requires each youth record be marked "confidential" and kept in a secure room or locked in a file cabinet 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. All records that are transported are locked in an opaque container that is marked confidential and all records to be maintained in a neat and orderly manner so that staff can quickly and easily access information.

In practice, observation confirmed all agency youth records are marked "confidential", kept in a secure locked file cabinet marked confidential, transported as required, and maintained in a neat and orderly manner. Observation of the container used to transport youth records revealed case record are transported in a locked opaque container that is

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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.

Exception

No exceptions were noted for this indicator.

2.08 SOGIE

Satisfactory

Limited

Failed

Rating Narrative

The agency implemented Sexual Orientation, Gender Identity, and Gender Expression (SOGIE) policy 5.08 effective 7/1/18 to ensure that all youth are provided a safe environment and therapeutic case planning regardless of the youth's actual or perceived sexual orientation, gender identity, or gender expression. Policy 5.08 was approved by the Program Director.

Per the agency's procedures:

1. Youth will be addressed by the name and pronouns which align with their gender identity
2. Staff is prohibited from discussing youth's sexual orientation, gender identity, or gender expression with other youth in services without the documented consent from the youth orientation, gender identity, or gender expression
3. All staff, service providers, and volunteers are prohibited from engaging in any form of discrimination or harassment of youth based upon their actual or perceived sexual orientation, gender identity, or gender expression
4. Staff will report to the CCC (Central Communications Center) all allegations of harassment or abuse by staff or youth of any youth based on their actual or perceived sexual orientation, gender identity, or gender expression
5. Harassment, verbal abuse, or intimidation by staff towards any youth based on the youth's sexual orientation, gender identity, or gender expression must be reported the DCF Abuse Hotline. 1-800 96 ABUSE (1-800-962-2873)
6. All staff, service providers, and volunteers are prohibited from attempting to change a youth's sexual orientation, gender identity, or gender expression,

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including, but not limited to referrals for conversion therapy, or other similar interventions

7. All staff, service providers, and volunteers who have intentional contact with youth will be aware of the terms utilized with this policy
8. Youth in need of specialized support are referred to qualified resources if assistance is required in doing so, the agency will ask for assistance from the Florida Network
9. Areas in which youth reside or are served will have signage indicating the program is a safe place for all youth regardless of sexual orientation, gender identity, and gender expression (Residential Specific)
 - a) Youth's preferred name and gender pronouns are utilized in the logbook and all public-facing documents and census boards.
 - b) Youth are placed in a room aligning with their gender identity
 - c) All room assignment decisions will be made on a case-by-case basis taking into consideration safety and security of all youth in the shelter.
 - d) Youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression.
 - e) Youth will be provided hygiene products, undergarments, and clothing will be provided that affirms the youth's gender identity/expression.

During a tour of the facility, LGBTQ posters were posted in the staff offices as well as in the lobby indicating that all youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression. The program also copies of the National Runaway Safeline available in English and Spanish entitled "Being Out, Being Safe" to provide education and information about LGBTQ as needed. These brochures were kept in the staff office area.

The program did not serve any youth who met the criteria for the indicator; therefore, the reviewer was not able to assess practice with regards to youth preferences and case planning. Documentation maintained in the training file of one new staff and all program staff were trained and informed of the FN policies and procedures including policy 5.08 during a staff meeting held 3/15/19.

Exception

No exceptions were noted for this indicator.



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Standard 3

Overview

Narrative

CFCE is a non-residential program that provides services to special populations who meet the criteria for Family/Youth Respite Aftercare Services (FYRAC). Youth who receive FYRAC services may be referred following a residential shelter stay, an arrest, or from DJJ for a DV arrest or Probation officer for youth on probation. All FYRAC referrals must have prior approval from the Network Office.

Indicator 3.07 – Special Populations

Satisfactory

Limited

Failed

Rating Narrative

The program has written policies and procedures 4.11 and 4.12 for services to Family/Youth Respite Aftercare Service (FYRAC) population. The policy was effective 8/1/17 and was last reviewed by the program director on 8/1/2019.

Youth who receive FYRAC services may be referred following a residential shelter stay, an arrest, or from DJJ for a DV arrest or Probation officer for youth on probation. All FYRAC referrals must have prior approval from the Network Office. Youth and family may participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, unless an extension is granted by DJJ circuit Probation staff. All intake and case files must adhere to Florida Network policies: 2.01, 3.00, 3.01, 3.02, 3.021, 3.03, 4.03, and 4.04. Deliverables may be met by one or a combination of the following:

- Intake and initial assessment session
- Life Management Sessions for sixty (60) minutes in length.
- Individual Sessions
- Group Sessions

In practice, interview with the program director indicated there has not been any eligible youth referred for FYRAC services during the scope of this review period.

Consequently, there is no practice; however, documentation reviewed confirmed the agency has an applicable policy and procedures in place.

Exception

No exceptions were noted for this indicator.