



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach County

On April 24, 2019

Compliance Monitoring Services Provided by





Quality Improvement Review

Urban League of Palm Beach – April 24, 2019

Lead Reviewer: Marcia Tavares

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

Percent of indicators rated Satisfactory: 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: 0.00%

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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Rating Definitions

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

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

Reviewer

Members

Marcia Tavares - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Gabriel Medina, Regional Monitor - Department of Juvenile Justice

Solange Solis, Quality Manager – Children’s Home Society



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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"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input checked="" type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | 1 # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | _____ # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | _____ # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | _____ # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input type="checkbox"/> Case Manager | _____ # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | _____ # Other (listed by title): _____ |
| <input type="checkbox"/> Nurse – Full time | <input type="checkbox"/> Nurse – Part time | |

Documents Reviewed

- | | | |
|---|---|---|
| <input type="checkbox"/> Accreditation Reports | <input checked="" type="checkbox"/> Table of Organization | <input type="checkbox"/> Vehicle Inspection Reports |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input checked="" type="checkbox"/> Fire Prevention Plan | <input type="checkbox"/> Visitation Logs |
| <input type="checkbox"/> CCC Reports | <input checked="" type="checkbox"/> Grievance Process/Records | <input checked="" type="checkbox"/> Youth Handbook |
| <input type="checkbox"/> Logbooks | <input type="checkbox"/> Key Control Log | 0 # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | 0 # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | 2 # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | 2 # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | 5 # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Supplemental Contracts | 3 # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Telephone Logs | _____ # Other: _____ |

Surveys

0 # Youth **0** # Direct Care Staff **0** # Other: _____

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 checked="" type="checkbox"/> Signage that all youth welcome |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Staff Interactions with Youth | |
| <input type="checkbox"/> Census Board | | |

Comments

Additional Comments regarding observations, other important findings of interest, etc.

Strengths and Innovative Approaches

Rating Narrative

The Urban League of Palm Beach County (UL) 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.

UL, located in West Palm Beach, Florida at 1700 North Australian Avenue, houses the offices for the CINS/FINS, Teen Outreach Program (TOP), and Youth and Educations programs. The offices are fully furnished and the building consists of a lobby, conference room, bathrooms, staff offices, cubicles, and kitchenette. Adequate spacing allows for family visitation, group session, or intake in a private office.

The agency offers multiple programs and services to youth and families. These services include: Youth and Education Empowerment Programs, Economic Empowerment Programs, and Community and Health Empowerment Programs. Youth and Education Empowerment Programs include: N.U.L.I.T.E.S. (Leadership training, academic support, life skills, and community service for youth ages 10-18); National Achiever's Society (NAS); Project Ready - getting African American and other urban youth ready for college, work and life; Teen Outreach Program (TOP) is a free program for youth, grades 6-12, to participate in weekly education and recreation groups that also allow youth to earn community service hours; Crime Prevention/Intervention; and the newest programs, Mentor V Program and Red Nose (alternative High School to provide soft skills. Mentor V is offered through its national agency. The program is currently serving 15 mentors in Belle Glade, Florida and operates on a model of one volunteer (mentor) per mentee. Red Nose is a nine month project funded by a private foundation to provide sot skills, work skills, vocational training, mental health counseling, and service projects for youth ages 16-21, in an alternative high school setting.

The CINS/FINS program provides a variety of services to at-risk youth residing in Palm Beach County and provides home and community based services that emphasize the importance of education, family unity, and access to community resources that aid the child/family in their effort to become self-productive. The program offers substance abuse and life skills groups, using the school model utilized by Safety Officers, once per month. Some of the topics discussed in prior groups include: relationships, communication, goal setting, values, decisions making, and peer pressure.

Aside from the ongoing Circuit 15 monthly meetings, the agency participates in a collaborative partnership meeting with several agencies such as DJJ, School District of Palm Beach, Children's Home Society, and the Palm Beach Sherriff's Office. The goal is to address the truancy issue in Palm Beach and ensure all youth providers are in communication so that no youth falls through the system of care. Three meetings were held so far this fiscal year.



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Standard 1: Management Accountability

Overview

Narrative

UL provides non-residential community-based services for youth and their families in Palm Beach County, Florida. The CINS/FINS program is staffed by a Program Manager and 2 full time case management staff.

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 Sections 435.04 F.S. Personnel files and background screening were reviewed for two new hires since the last onsite visit.

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 UL, staff are trained to conduct screening and assessment services to eligible youth and families. Training record for each staff is maintained in a training 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 training file. Staff are regularly scheduled by the Program Director to attend upcoming trainings as well as utilized the Florida Network's training resources and SkillPro.

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

During the onsite visit it was observed that the program's policies and procedures were all documented as being effective and reviewed on 7/1/2018. There was no approval authority listed on the policies and no signatures of approval were evident.

1.01 Background Screening of Employees/Volunteers

Satisfactory

Limited

Failed

Rating Narrative

The provider has a policy, #1.01, in place for conducting DJJ Background screening, e-verify, driver's license check, as well as drug and alcohol screening for all new hires. The policy has an effective date of July 1, 2018 but does not indicate individual who authorized approval of the policy.



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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. The provider's procedures also include 5-year re-screenings for staff every 5 years from the original hire date, submission of the Annual Affidavit of Good Moral Character to the DJJ Background Screening unit by January 31st each year, as well as the requirement for fulltime Case Managers, hired after 8/1/2018, to complete HR Avatar Childcare Worker Assessment.

The personnel files for two new hires were reviewed. One of the employee's DOH is 8/15/2018 and DJJ clearinghouse background screening was approved on 12/19/2018, after the employee's hire date. The other employee's eligible screening result was received prior to employment. As of the QI visit, there was no applicable 5-year re-screening for the review period. Similarly, the program does not utilize volunteers/interns who meet the criteria for background screening. The provider submitted the Annual Affidavit of Good Moral Character to the DJJ Background Screening Unit (BSU) in November 2018 and proof of receipt on November 6, 2018 by DJJ BSU was verified by the Reviewer. E-verification documentation was available and reviewed for the two new employees, showing approval by the Department of Homeland Security for hire with the agency.

The program implemented the use of HR Avatar for case workers in August 2018. HR Avatar includes a summary, detail, interview guide, and notes sections. The assessment measured the following: cognitive ability; knowledge and skills; personality factors; emotional intelligence; work history; and simulated job tasks. The assessment provides scores for a number of important factors and competencies that are related to success on the job. Scores are presented based on their potential impact on job performance and are presented individually on a scale of 0-100. In most cases, including the overall score, higher scores represent higher expected job performance. However, for some competencies, either extreme low or extreme high scores indicate a risk of lower performance. There is an interpretation section for each competency. The product also provides expert questions to help probe specific competencies in a follow-up interview. Practice was observed for one applicable new hire during the review period and the assessment yielded a pass rate of 54%.

Exception:

The initial background screening approval for one new hire, DOH 8/15/2018, was not approved until 12/19/2018, after the employee's hire date.

1.02 Provision of an Abuse Free Environment

Satisfactory

Limited

Failed

Rating Narrative



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The program has written policy and procedures number 1.02 in place regarding the provision of an Abuse Free Environment that includes a staff code of conduct that prohibits the use of physical abuse. The program policy was effective and reviewed on July 1, 2018. In addition, the program has a separate grievance policy/procedure that was not included in their policy #1.02. The program policy meets the requirements of the indicator.

The policy requires that the program provide an environment in which youth, staff, and others feel safe, secure, and no threatened by any form of abuse or harassment. Program staff are required to adhere to the agency's ethical conduct that prohibits discrimination against provision of services, personal relationships with consumers, breach of client privacy and confidentiality, unprofessional behavior, conflict of interest, and harassment or unfair treatment. The code of conduct is provided to staff in the Employee Handbook and is reviewed during hire/orientation. Acknowledgement of receipt of the Employee Handbook was included in the employees' personnel files. The program procedures indicated program staff has been trained to identify child abuse and instructed in how to report the incidents.

In practice the program has a Child Abuse Hotline Log that contained instructions on how to report, a protocol for reporting abuse, the Abuse telephone number, and blank Florida Department of Children and Families (DCF) forms available; however, there was no report of child abuse since the last annual review of the program. The Child Abuse Hotline was observed posted through the program. Observations confirmed the program has a grievance box located at the entrance of the program and grievances forms available for the youth; however, there has been no grievances filed in the program since the last review. Per the Program Director, no staff has been disciplined in the past year for incidents of abuse, verbal intimidation, use of profanity, and/or excessive use of force.

Exception:

No exceptions were noted for this indicator

1.03 Incident Reporting

Satisfactory

Limited

Failed

Rating Narrative

The program has written policy and procedures number 1.03 in place regarding incident reporting. The program policy was effective and reviewed on July 1, 2018. The program's policy meets the requirements of this indicator.

The policy requires that whenever a reportable incident occurs, the program notifies the Department's Central Communications Center (CCC) within two hours of the incident, or within two hours of becoming aware of the incident. The program also completes follow-



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up communications tasks/special instructions as required by CCC to close the case and assure the incident has been fully attended to as needed. All staff are required to be trained in incident reporting.

The review of training documentation confirmed this practice that staff have received training in incident reporting. A review of DJJ Central Communications Center daily reports and the program's CCC log revealed the program has not had any CCC reportable incident since the last annual compliance review. Additionally, interview with the program director revealed there was no any incident reportable since the last annual review. In practice, the program has the Central Communications Center telephone number posted through the program.

Exception:

No exceptions were noted for this indicator.

1.04 Training Requirements

Satisfactory

Limited

Failed

Rating Narrative

The program has two policies and procedures (both number 1.04), one for first year training requirements, and other for on-going training requirements. Both policies were effective and reviewed on July 1, 2018. The program policies meet the requirements of this indicator.

The program procedures indicate that program staff access training services throughout the year from the Florida Network, local community resources and various local provided personnel approved or certified to deliver training services. The procedures requires the program to maintain an individual training record for each staff, and the program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS. Annual training for managers and supervisors ensure they keep required certifications up to date and receive training in areas that will provide skills necessary for management and supervision of staff.

In practice, the program does not have any staff member applicable for first year training requirements. A review of the two staff training records applicable to on-going training confirmed both staff members exceeded by far the minimum of twenty-four (24) hours of job related annually; one staff completed sixty-six hours and the other staff completed forty-eight hours. Both staff had completed the majority of annual required trainings with time to complete remaining topics prior to the end of their training year.

Exception:

No exceptions were noted for this indicator.

1.05 Analyzing and Reporting Information

Satisfactory

Limited

Failed

Rating Narrative

The program has policy 1.05 in place for analyzing and reporting information that addresses the requirement of the indicator; however, the current procedures do not address the annual collection, review, and reporting of customer satisfaction data. The policy's effective date is July 1, 2018 but there is no indication of the individual who authorized approval of the policy.

Brief procedures address the program's review of case records monthly by the Program Director (PD) and Licensed Mental Health Contractor; quarterly review of incidents, accidents and grievances; review of monthly NetMIS data reports; and review of the report cards issued by the Florida Network to analyze program outcomes. The procedures state new strategies may be implemented at times to meet program goals as needed. Per the current procedures, the PD along with staff and the contracted License Mental Health Counselor conduct case reviews on a monthly basis. The PD stated that the licensed professional conducts a review of the screening, intake, assessments, and service plans and signs off on the assessments. A separate case record review is conducted by the CINS/FINS staff and is documented on a 4 page case file review checklist.

The Florida Network distributes monthly Netmis data reports which are reviewed by the PD and discussed with staff during staff meetings; corrective actions are implemented if needed. The PD reviews incidents, accidents, and grievances quarterly and discusses the trends at staff meetings. Upon receipt of the six-month report card from the Florida Network, the PD reviews the program outcomes with staff and makes improvements as needed.

A total of 30 youth cases were reviewed during the review period. Peer reviews were conducted in the months of October and December 2018 as well as January and February 2019. Per the provider's policy, peer reviews will be conducted monthly but this did not occur in November 2018 or March 2019. Each case reviewed is documented by staff on a four-page checklist entitled Non-Residential CINS/FINS Case File Checklist. Areas of deficiency are noted in the comments section of the form for the appropriate area of the case reviewed. The checklist has a supervisor's signature line to be signed (at discharge) but it was not observed to be signed or dated for the majority of case reviews reviewed by the Reviewer. It was difficult to ascertain which staff completed the case review as that information was not clearly identified and the only identification of a staff's name on the checklist appeared under "Counselor Name". Peer reviews are discussed at the monthly staff meetings. A copy of the peer reviews completed is maintained in a binder by the PD.



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The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary; however, there were no discussions of incidents, accidents, or grievances on the staff meeting agendas indicating a review/discussion with staff should they occur.

The program obtains a report card every six months from the Florida Network. Per the PD, the report card data on program performance is reviewed at staff meetings upon receipt. There was evidence of discussion of outcomes at staff meetings and a copy of the report card for July 1, 2018-January 31, 2019 was furnished to the reviewer.

The CINS/FINS program staff obtains client satisfaction surveys at case closure and enters them in Netmis. On April 20, 2019, the program completed a Client Satisfaction Survey review of 20 respondents. Upon reviewing the surveys, each family indicated they were satisfied with services offered by ULPBC and would also refer other youth if needed in the future. The program director indicated another survey review will be conducted at the end of the calendar year.

The program obtains monthly Netmis data reports from the Florida Network of program outputs and outcomes. Per the program director, the report on program performance is reviewed at staff meetings upon receipt. There was evidence of discussion at all of the staff meetings held monthly for the period October 2018-April 2019. A binder containing meeting agendas, sign-in sheets, and copies of the reports attached supported this practice.

Monthly staff meetings are held by the program director with program staff and were observed to be held each month during the period October 2018 – April 2019. Agendas for the staff meetings include a review of the monthly FN Netmis data as well as issues related to NetMIS, peer record reviews, and programmatic deficiencies identified.

Exceptions:

The program's current policy and procedures 1.05 do not include procedures for the annual collection, review, and reporting of customer satisfaction data.

Per the provider's policy, peer reviews will be conducted monthly but this did not occur in November 2018 or March 2019. Peer record review documentation indicated at the top of the form did not clearly identify staff conducting peer review versus the assigned case manager. The dates on the checklist are dates of the file peer review, which is important to document; however, the space is intended to document intake date but neither this date nor the discharge date is noted where indicated on the checklist. The checklist has a supervisor's signature line to be signed (at discharge) but it was not observed to be signed or dated for the majority of case reviews reviewed by the Reviewer.

Monthly staff meetings are held to review program information and findings related to data the program collects and reviews. Although there were no incidents, accidents, or



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grievances during the review period, there was no evidence of any relevant discussion at the staff meetings held.

1.06 Client Transportation

Satisfactory Limited Failed Not Applicable

Rating Narrative

This indicator is rated N/A for Non-residential programs

1.07 Outreach Services

Satisfactory Limited Failed

Rating Narrative

The program has policy and procedure number 1.07 regarding outreach services. The policy was effective and revised on July 1, 2018.

The policy requires the program to participate in the local Department of Juvenile Justice (DJJ) board and council meetings to ensure CINS/FINS services are represented in a coordinated approach to increase public safety by reducing delinquency through effective prevention, intervention, and treatment services. The CINS/FINS director is responsible for attending the DJJ Board and Council meetings. All the CINS/FINS staff advocate for the effective use of the CINS/FINS services and update leadership on the meetings. The case managers keep a log on all their outreach efforts which they conduct on a consistent basis and enter into NetMIS.

In practice, the review of the program's Circuit 15 meetings log found the program director consistently attended the Juvenile Justice Circuit Board meetings, and the program maintains copies of the meetings minutes and agendas. The minutes include the list of attendees and clear information related to the topics and discussions for each meeting as well as documentation related to the 5 Judicial Circuit Juvenile Divisions Meetings. The program also has a CINS/FINS Interagency Agreements and Agency Referrals log that was reviewed. The log contains a list of community partners and referral Agencies to enhance the provision of services to the youth. In addition, the program has a CINS/FINS Outreach Log who contains information of several outreach activities including community meetings and forums, job fair and other local and/or applicable events.

Exception:

No exceptions were noted for this indicator.



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Standard 2: Intervention and Case Management

Overview

Rating Narrative

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

The CINS/FINS program consists of a Program Manager and two fulltime Case Managers, and a contracted licensed professional. The Case Managers are responsible for completing assessments, developing case plans, providing case management services, and linking youth and families to community services. The licensed contractor reviews and approves all needs assessments as well as assessments of suicide risks and serves as a clinical consultant for case reviews. During the QI visit, the program had one fulltime case manager vacancy.

As needed, UL 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. Case staffings are held in collaboration with Children’s Home Society (CHS) West Palm. No case staffing requests were made in the past year by ULPBC staff or parent/guardian.

During the QI review, 8 client files were reviewed for 3 open and 5 closed youth records.

2.01 Screening and Intake

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy that addresses the screening and intake process, which is Policy # 2.01– Screening & Intake, effective and previous review date of July 1, 2018.



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The program's procedure is to have a staff member, who is a trained and local provider, screen each child and family and complete the Florida Network approved NETMIS screening form to determine eligibility, presenting problems, and referrals to other programs or services. Services will be provided upon referrals from parent, guardian, legal custodian, school, law enforcement or other referral source provided referrals meet requirements (habitual truancy governed by Florida statute, referral for ungovernable and/or runaway behaviors voluntarily accepted by family seeking services). Centralized Intake is comprised of 3 parts: Screening for Eligibility, Crisis Counseling and Information and referral. NETMIS screening form is begun within 7 working days of referral and appropriate referrals are made based on immediate needs identified. Written documentation shall substantiate findings and actions taken. The child's legal status is determined by consulting with local DJJ or DCF to determine status within child welfare or juvenile justice system. This status check is to determine eligibility, conduct preliminary assessment, determine further screening need, and provide referral or service, as appropriate. All screenings are reviewed for completeness and appropriate intervention. NETMIS Screening Form is used to document this service.

A review of 8 records (3 open, 5 closed) showed eligibility screening was within the required timeframe of 7 working days from referral date. Youth/family received the following in writing: available service option, rights/responsibilities of youth and parents or guardians, and Parent & Guardian Brochure. Per Program Director, each child/family that participates in services, receives a parental packet. Program Director provided a copy of the CINS/FINS parental packet given to client and family at intake. Case notes do not specify parental packet is given. Receipt of Program Information Form does not have CINS/FINS parental packet listed.

Exception:

Since parental packet contains copy of grievance form and Florida Network brochure, there is no way to verify through written documentation that client and family receives information regarding possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) and grievance procedures as receipt is not acknowledged by youth/family and not documented the case notes.

2.02 Needs Assessment

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy # 2.02 – Needs Assessment, with effective and review date of July 1, 2018. There is no indication of who reviewed the policy.



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The program's policy states the reason for a Needs Assessment and notes it should be completed within two to three face-to-face contacts following initial intake if receiving in nonresidential services or updated if most recent Needs Assessment is over six months old. Additionally, the program's policy states Needs Assessments are completed by Bachelor's or Master's level staff and signed by a supervisor. In cases where the suicide risk component of the assessment is required because of the suicide risk screening, it must be reviewed, signed and dated by a licensed clinical supervisor or written by licensed clinical staff. Page 2 of the policy details a lengthy procedure that appears to refer to screening and intake process but page 3 states the requirement of completing a "Psychosocial" Assessment within 2 to 3 face-to-face contacts following the initial intake or updated if most recent "psychosocial" is over six months old for nonresidential services.

Eight files were reviewed (3 open, 5 closed), none of which identified an elevated risk of suicide. All Needs Assessments were completed within the required timeframes and conducted by Bachelor's or Master's level staff and signed by a supervisor. A couple of files had dates of psychosocial initiated, but didn't list all dates of assessment. Two files had counselor's signatures that happened after supervisor's signatures as follows: File #1, intake date 03/29/19 states Psychosocial was completed on 04/12/19 and was signed by counselor on 04/22/19 and by the supervisor on 04/19/19. File #2 was signed 10/26/18 by the counselor and 10/18/18 by the supervisor.

The term counselor was found on a couple of document signature lines (Needs Assessment and Discharge Summary). Since the program hires case managers, the titles are misleading. Program Director was informed of issue and will be making changes to update forms to replace counselor with case manager.

Exception:

Throughout the files, when referencing the Needs Assessment, documentation referred to the assessment as a Psychosocial Assessment. Assessments are called Needs Assessments, unless completed by a licensed staff, which would make the assessment a Psychosocial Assessment. Program Director was informed of the issue.

2.03 Case/Service Plan

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy # 2.03 –Case/Service Plan, with effective and review date of July 1, 2018. No indication of authority who reviewed policy was indicated.

The program's procedure is for staff to develop the service plan on their provider-approved form. The plan is developed and agreed upon by CINS/FINS staff, youth, and available family member(s)/legal guardian. It is based upon information gathered from initial screening, intake and assessment. The needs of both the youth and family are



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prioritized and the objectives are established and appropriate services and providers are identified. Program manager has developed interagency provider agreements with local service providers to ensure linkage to identified services. Reasonable time frames and responsible person will be identified for the initiation and completion of services. Staff must develop plan with youth and family within 7 working days following completion of needs assessment. Service plan will be signed by youth, parent/legal guardian, local provider staff and local provider supervisor. When youth, parent/guardian is not available for signatures, this is documented on the service plan. Page 1 of the program's policy states, "When the youth and/or parent/guardian are not available to sign the case/service plan, this shall be documented on the case/service plan and in the progress notes," which mirrors Florida Network Quality Standard #2.03 Case/Service Plan. But on the program policy section titled procedures (page 2), the policy does not reference documentation on the progress note, only stating, "When the youth, parent/guardian are not available for signatures, this shall be documented on the service plan." The counselor and family, if available, shall review the service plan at minimum during 30, 60 and 90-day reviews for progress toward stated goals. Service plans should include: 1- identified need(s); 2- goal(s); 3- type of service(s); 4- frequency of service(s); 5- location of service(s); 6- person(s) responsible; 7- target date(s) for completion; 8- actual completion date(s); 9- signature of client, parent/guardian, counselor and supervisor; 10- date the plan was initiated.

A total of 8 youth records were reviewed: 5 closed files and 3 open files. All files contained case/service plans which were completed within the required time frame. All service plans reviewed included identified needs, goals, type(s) of service, frequency, location, person(s) responsible, target date(s) for completion, and actual date(s) of completion. Two files reviewed were missing signatures: one was missing parent/guardian signature for 30 day review; second file did not have the supervisor's review signatures for service plan. In both cases, there was no documentation on service plan and/or in case notes as to why signatures are missing.

Exception:

Timely service plan review dates were not observed in four of the eight files reviewed:

File #1, service plan review due by 03/27/19 but was completed on 03/29/19.

File #2, service plan review due by 01/14/19 was completed on 01/30/19 and service plan review due by 02/13/19 was completed on 02/19/19.

File #3, service plan review due by 12/14/18 was completed on 12/17/18; service plan review due by 01/13/19 was completed on 01/30/19; and service plan review due by 02/12/19 was completed on 02/19/19.

File #4, service plan review due by 12/27/18 was completed on 12/28/18.

2.04 Case Management and Service Delivery

Satisfactory

Limited

Failed

Rating Narrative



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The program has a written policy # 2.04 for Case Management and Service Delivery, effective and review date of July 1, 2018. There is no indication of who reviewed the policy.

The program's procedure is to supply each client a counselor/case manager who follows client's case to ensure delivery of services through direct service or referral. Case management process includes: establishing referral needs and coordinating referrals to services based upon ongoing assessment of child's/family's problems and needs; coordinating service plan implementation; monitoring child's/family's progress in services; providing support for families; monitoring out of home placement, if necessary; referrals to the case staffing committee; recommending and pursuing judicial intervention in selected cases; accompanying client and parent to court hearings and related appointments; referral to additional services, if necessary; continued case monitoring and review including court orders; case termination with follow-up.

A total of 8 records were reviewed (3 open, 5 closed). All files reviewed coordinated service plan implementation, monitored youth and/or family's progress in services and provided support for families. No monitoring of out of home placement or referrals to case staffing committees were applicable. There were no court hearings or court orders appropriate for files reviewed.

The five closed files contained case termination notes and 30 and 60-day follow up information.

Exception:

No exceptions were noted for this indicator.

2.05 Counseling Services

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy # 2.05, Counseling Services, with effective and review date of July 1, 2018. There is no indication of who reviewed the policy.

Nonresidential services are therapeutic community based services providing intervention necessary to stabilize family in event of crisis, keep families intact, minimize out of home placement, provide aftercare services for youth returning from shelter and prevent of families in delinquency and dependency systems. The program's procedure outlines how youth access services, the target of at-risk youth, identifies the provider of services and the provider's processes for suicide risk assessment and needs assessment. Services are provided by local service providers through contract with the Florida Network.

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A total of 8 records were reviewed (3 open, 5 closed). Reviewed files did identify and address youth's presenting problems in the Needs Assessment. Six of the eight files included case plans that addresses all of the needs identified in the needs assessment. One file indicated anger and fighting but no service plan goal for anger or appropriate coping skills was implemented. The goals were curfew, failing grades and substance abuse education. Similarly, another file referenced client focusing on future college and thinking and planning for long term and also peer influencing but the case plan does not address any of these items. However, case notes did have several conversations regarding college, participating in a college visit, and joining positive peer groups.

All eight files reviewed maintained case notes demonstrating applicable counseling services were provided and youth's progress. The program manager conducts file reviews monthly with staff and the licensed contractor conducts clinical reviews of assessments.

Exception:

No exceptions were noted for this indicator.

2.06 Adjudication / Petition Process

Satisfactory

Limited

Failed

Rating Narrative

The program has policy and procedure number 2.06 regarding adjudication/petition processes. The policy was effective and revised on July 1, 2018. The policy meets the requirements of the indicator and indicated the program is expected to comply with requirements and procedures outlined in the Florida Network's Policy and Procedures for CINS/FINS. Program staff initiates case staffing as needed and/or requested.

The procedures required the program case managers to work with the family to establish the time and location of the case staffing committee meeting. This committee meeting needs to be convenient for the youth and family to participate. The youth, family, and case staffing committee are contacted within a minimum of five working days to confirm the scheduled time of the meeting. The committee will assess the needs and progress of the youth and family and make a series of recommendations that include the filing of a CINS petition, additional services, and/or referral to other providers. In addition, within seven days of the case staffing committee meeting, staff will make sure a written report is provided to the parents/guardians of the youth outlining the recommendations and the reasons behind them. As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services. The program's CINS/FINS staff will make every effort to carry out these procedures on a timely matter.



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In practice, interview with the program director and review of the program's CINS/FINS Case Staffing log revealed the program has not had any case staffing since the last review. As a result, there is no practice to evaluate for this indicator.

Exception:

No exceptions were noted for this indicator.

2.07 Youth Records

Satisfactory

Limited

Failed

Rating Narrative

The program has a written policy for maintaining confidential records, which is Policy # 2.07 – Youth Records, effective and review date of July 1, 2018. There is no indication of who reviewed the policy.

The program's procedure is to maintain confidential records for each youth containing pertinent information involving the youth and their treatment at the program. All records are to be marked "confidential" and kept in a secure room or locked in a file cabinet that is marked confidential, accessible to program staff. For all records that are transported, the records are locked in an opaque container that is marked confidential. All youth records should be maintained in a neat and orderly manner so that staff can quickly and easily access information. Staff has a working knowledge of the policy.

A tour of the facility showed that nonresidential records are located behind a secure door in a locked cabinet. The filing cabinet has confidential stickers on each drawer of the filing cabinet. An opaque briefcase with a combination lock is used to transport records. There is a confidential sticker located on the front and back of the briefcase.

A review of 8 records (3 open, 5 closed) showed that client records are neat, orderly and stamped confidential. Open records use light green folders, closed records use blue folders.

Exception:

No exceptions were noted for this indicator.

2.08 Sexual Orientation, Gender Identity, Gender Expression

Satisfactory

Limited

Failed

Rating Narrative

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The program has a written policy 2.08 to ensure a safe and therapeutic environment for youth regardless of sexual orientation, gender identity, and gender expression. The policy was effective on 07/01/2018 but there is no approval authority indicated.

Per the agency's procedures, In order to ensure all youth feel respected, valued and safe regardless of their sexual orientation, gender identity, or gender expression ULPBC will ensure that:

- 1) Youth will be address by their preferred name and gender pronouns
- 2) This name and pronouns will be the name used on the census board and all outward facing documents
- 3) All staff, volunteers and service providers have knowledge of FN policy 5.08 and the terms defined therein
- 4) Youth needing additional supports will be identified by the youth's case manager are referred to qualified resources
- 5) No youth in care will be housed separately solely based upon their gender identity or gender expression
- 6) During intake the youth's gender identity and expression and choice will be considered and documented for making room choices.
- 6) All youth are given hygiene products, undergarments, and clothing that affirm their gender identity or expression.
- 7) The program will have signage placed in common areas indicating all youth are welcome regardless of sexual orientation, gender identity and gender expression

During a tour of the facility, two "LGBTQ" flyers were posted on a board in the common hallway of the building adjacent to the kitchen and in the PD's office. Similar signage indicating that all youth are welcome and should feel safe regardless of sexual orientation, gender identity, and gender expression was not observed to be visibly located in other common areas of the facility such as the lobby, conference room or multi-purpose room.

The program did not have possession of brochures to provide education and information about LGBTQ. No brochures were on display at the program facility to be available to distribute to youth as needed.

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. None of the two in-service staff had reviewed the SOGIE policy guidelines outlined in FN policy 5.08; however, one of the two staff has evidence of completing LGBTQ. There were no interns/volunteers in the program working directly with youth in need of similar training.

Exception:

The program did not have possession of brochures to provide education and information about LGBTQ. No brochures were on display at the program facility to be available to distribute to youth as needed.

None of the two in-service staff had reviewed the SOGIE policy guidelines outlined in FN policy 5.08 as required; however, one of the two staff has evidence of completing LGBTQ.

Standard 3: Shelter Care and Special Populations

Overview

Rating Narrative

The Urban League of Palm Beach 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.

3.07 Special Populations

Satisfactory

Limited

Failed

Not Applicable

Rating Narrative

The program has written policies and procedures 3.07 for services to Family/Youth Respite Aftercare Service (FYRAC) population effective July 1, 2018 but there is no approval authority indicated.

The program is contracted to provide 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. 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 for CINS/FINS. 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, 60 minutes per session

The program did not have any applicable Family/Youth Respite Aftercare Services (FYRAC) youth served during the review period.



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Exception:

No exceptions were noted for this indicator.