



**Florida Network for Youth and Family Services
Compliance Monitoring Report for**



URBAN LEAGUE OF PALM BEACH COUNTY

1700 N. Australian Avenue
West Palm Beach, FL 33407

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for the Urban League of Palm Beach County (ULPBC) CINS/FINS program for the FY 2019-2020 on March 11, 2020 at its program office located at 1700 N. Australian Avenue, West Palm Beach, FL. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. ULPBC is contracted with 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 are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewers. Agency representatives from ULPBC present for the entrance interview were: LaTerrance Reed, Program Manager; and case managers Brice Jenkins, Willie Scott, and Myiah White. The last onsite QI visit was conducted April 24, 2019.

In general, the Reviewer found that ULPBC is in compliance with specific contract requirements. **ULPBC received an overall compliance rating of 100% for achieving full compliance with all twelve (12) applicable indicators** of the Administrative and Fiscal Contract Monitoring Tool. One of the indicators was rated not applicable as the CINS/FINS program does not have a petty cash account. There are no corrective actions cited or recommendations made as a result of the monitoring visit.

The following report represents the results of the in-depth evaluation of the provider's General Administrative performance, with all findings clearly documented. Copies of all completed tools utilized during the visit to determine these ratings will be maintained on file with the Reviewer. If any information or clarification is required, please contact Keith Carr by E-mail: keithcarr@forefrontllc.com

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 03-11-2019-2020

Agency Name: Urban League of Palm Beach County					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type : CINS/FINS Non-Residential					Region/Office: 1700 N. Australian Avenue West Palm Beach, FL 33407		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): March 11, 2020		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
DJJ Quality Improvement Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QI Peer reviewers. Provider shall participate in a minimum of one (1) on-site quality assurance review of a similar type program in another judicial circuit during each 12-month period of the contract, if requested.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The provider currently has two (2) certified DJJ-QI Peer Reviewers, Marie Sanches and LaTerrance Reed. Mr. Reed has participated in a QI Peer Review during the current FY.	
Additional Contracts a. Provider shall provide a listing of all current federal, state, or local government contracts, as well as other contracts entered into with for profit and not-for-profit organizations. Such listing shall identify the awarding entity and contract start & end dates. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- The agency provided a list of additional current contracts, ranging from local community organizations, county, foundations, banks, state, federal, and private funders. The list includes: US Department of Labor, Sate of FL Office of AG, Urban Tech, AAI, HUD, Palm Beach FAA, Palm Beach and Delray Beach CDBG, Children's Services Council, PBSO, Department of Economic Opportunity, Florida Housing Finance Corp, Florida Education Fund, City of West Palm Beach, and Palm Beach County.	

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Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through the Philadelphia Indemnity Insurance Company, for limits of coverage \$1,000,000 each \$2,000,000 aggregate, and \$5,000 medical expense coverage effective 5/27/2019-5/27/2020. Workers Compensation through Ascendant Commercial Insurance Inc. with limits of \$500,000 each/aggregate per accident or disease, effective 12/28/2019-12/28/2020. Automobile insurance through Philadelphia Indemnity Insurance Company for combined single limit of \$1,000,000. Policy effective for 5/27/2019-5/27/2020. Florida Network is listed as certificate holder.	
External/Outside Contract Compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- Per the Program Director, ULPB does not have any corrective action items cited by an external funding source.	

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a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE						
Fiscal Practice						
a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D,I- Fiscal Policies and Procedures are maintained in the agency's Fiscal Management Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. Procedures are written for at a minimum, Budgetary and Internal Control, Record Retention/Disposal, Voucher System, Accounts Payable and Receivable, Invoicing, Contracts, Check Requests, Petty Cash, Purchasing, check request, payroll, and cash receipts. The manual was revised 1/22/18 and is reviewed and/or approved every three years.
b. Agency maintains a general ledger and the corresponding source documents. General ledger must be set up to track the activity of the grant separately (standard account numbers / separate funds for each revenue source, etc.). PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- General ledger (GL) for Periods: July 2018 through June 30, 2019 and July 2019 – January 2020. The provider maintains a general ledger that is set up separately to track the activity of the CINS/FINS program, separately. The ledger includes standard chart of accounts and separate funds for each revenue

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						source. The allocation amount for the CINS/FINS program is a percentage of general expenses.	
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	There is no petty cash account for the CINS/FINS Program.	
d. Financial records and reports are current. Includes bank statements reconciled within 6 weeks of receipt. Vendor invoices past 6 months. Invoices are submitted on a monthly basis with supporting documentation. (Disbursements/invoices are approved & monitored by management). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bank reconciliations for of the past 6 months September 2019 – February 2020 were reviewed onsite for the agency’s account with Valley National Bank (Primary Checking Acct.) and Wells Fargo Bank (Operating Acct). The reconciliations are prepared by book keeper within 2 weeks of receipt of the bank statement. Reconciliations are signed monthly by the book keeper and approved by the CFO. Vendor files are maintained in alphabetical order by the Book Keeper in a secured office within a file cabinet. The CINS/FINS cost center is billed accordingly on the invoices for these vendors.	

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e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program maintains an inventory list of 4 laptops, 4 iPads, and 4 small printers purchased in previous years with DJJ/FN Funds. No new equipment was purchased with FN funds during the current FY.	
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), <u>Employee</u> IRS Form W-2 and <u>Independent Contractors</u> IRS Form 1099 forms prior to federal requirements. ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The provider's payroll services are contracted with Paychex. Monthly automatic payment reports of Federal and State earnings paid were received and reviewed. Paychex is directly responsible for submitting W-2s and 941 forms. The statements for the Q3 and Q4 2019 were provided and reviewed, demonstrating current payments of payroll taxes.	
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- Reviewed the CINS/FINS Budget to Actual report for FY 2018-2019 and June 2019 – February 2020 of the current FY 2019-2020. The report shows a net deficit for the prior FY (\$3445) and y-t-d (\$6637) in the current FY. The budget is reviewed at board meetings and variances are discussed accordingly. The Program Directors are also responsible for completing budget worksheets	

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						monthly by documenting their expenditures. Their data is compared to the expenditures documented in the fiscal office to ensure accuracy when completing the monthly budget reports. Shared program expenditures such as utilities are itemized. The monthly budget line items for these costs are indirect administrative cost and the CINS allocation is detailed on the CINS/FINS Program Cost Worksheet.	
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D- William Washington, CPA completed the provider's Single Audit on November 8, 2019 for the period as of June 30, 2019. No Management Letter or Corrective Action is required because there were no findings required to be reported.	

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i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					Agency policy addresses safeguarding confidential information, including client information, systems, and software. The confidentiality statement is signed yearly by staff. Internet security is in place to provide firewall protection and outside access to the internet through Netopia Network system. Electronic data is backed up and saved in the cloud. Laptops that are password protected are used by program staff. Staff is prompted to change their password regularly.	

CONCLUSION

ULPBC has met the requirements for the CINS/FINS contract as a result of full compliance with all twelve (12) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. One of the thirteen (13) indicators of the tool was rated not applicable as the CINS/FINS program does not have a petty cash account. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited or recommendations made as a result of the monitoring visit.

If required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The provider's Corrective Action Plan should address the issues, corrective actions item cited, time frames and staff responsible. Responses to items cited for corrective actions are due to the Florida Network and the Florida Network Contract Manager within fourteen (14) working days of receipt of this report (See Florida Network Site for the Service Provider Corrective Action Form). The Florida Network Contract Manager will then review the response to the corrective action(s) to determine if the response adequately addresses the problem identified in the report within three (3) days. Upon approval the provider will then implement the approved measure to address the item(s) cited in the report. If the corrective action is successful in resolving the items cited in the report the contract monitor will notify the Provider in writing that the desired resolution has been achieved. Log on to the Florida Network (www.floridanetwork.org) website forms section and download the Service Provider Corrective Action Tracking Form.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach County – West Palm Beach
Non-Residential Program

March 11, 2020

Compliance Monitoring Services Provided by





Quality Improvement Review

Urban League of PBC – March 11, 2020
Lead Reviewer: Marcia Tavares

CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Limited
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	N/A
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 83.33%

Percent of indicators rated Limited: 16.67%

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/Expression	Satisfactory
2.09 Special Populations	N/A
2.10 Stop Now and Plan (SNAP)	N/A

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: 92.86%

Percent of indicators rated Limited: 7.14%

Percent of indicators rated Failed: 0.00%



Quality Improvement Review

Urban League of PBC – March 11, 2020
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.

Reviewer

Members

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

Christine Calvert-Joyner, Regional Monitor - Department of Juvenile Justice

Mary E. Williams, Program Administrator - Center for Family and Child Enrichment, Inc. (CFCE)



Quality Improvement Review

Urban League of PBC – March 11, 2020
Lead Reviewer: Marcia Tavares

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, (3) Shelter Care, and (4) Mental Health/Health Services which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

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 type="checkbox"/> Program Director | <input checked="" type="checkbox"/> Program Manager |
| <input type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | <u>3</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | <u>0</u> # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | <u>0</u> # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | <u>0</u> # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | <u>0</u> # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input checked="" type="checkbox"/> Human Resources | <u>N/A</u> # 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 checked="" 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 | <u>0</u> # Health Records |
| <input checked="" type="checkbox"/> Continuity of Operation Plan | <input checked="" type="checkbox"/> Fire Drill Log | <u>0</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | <u>3</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>3</u> # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>5</u> # Youth Records (Closed) |
| <input checked="" type="checkbox"/> Fire Inspection Report | <input checked="" type="checkbox"/> Supplemental Contracts | <u>5</u> # Youth Records (Open) |
| <input type="checkbox"/> Exposure Control Plan | <input type="checkbox"/> Telephone Logs | <u>-</u> # Other: |

Surveys

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

Observations During Review

- | | | |
|---|--|--|
| <input type="checkbox"/> Intake | <input type="checkbox"/> Census Board | <input type="checkbox"/> Staff Interactions with Youth |
| <input type="checkbox"/> Program Activities | <input checked="" type="checkbox"/> Posting of Abuse Hotline | <input type="checkbox"/> Staff Supervision of Youth |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Tool Inventory and Storage | <input checked="" type="checkbox"/> Facility and Grounds |
| <input type="checkbox"/> Searches | <input type="checkbox"/> Toxic Item Inventory and Storage | <input checked="" type="checkbox"/> First Aid Kit(s) |
| <input type="checkbox"/> Security Video Tapes | <input type="checkbox"/> Discharge | <input type="checkbox"/> Group |
| <input type="checkbox"/> Social Skill Modeling by Staff | <input type="checkbox"/> Treatment Team Meetings | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Medication Administration | <input type="checkbox"/> Youth Movement and Counts | <input checked="" type="checkbox"/> Signage that all youth welcome |

Comments

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



Quality Improvement Review

Urban League of PBC – March 11, 2020
Lead Reviewer: Marcia Tavares

Strengths and Innovative Approaches

Rating Narrative

Urban League of Palm Beach County (ULPBC) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Palm Beach. The program is located at 1700 North Australian Avenue, West Palm Beach, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk.

During the past year, the program experienced the turnover of its three case manager's positions resulting in the hire of three new staff, one in May 2019 and two in August 2019. Consequently, all program staff are currently undergoing training required during the first year of hire.

Despite the staff turnover, the program has continued its outreach efforts in the community and especially with local schools. At the beginning of 2019, the program implemented school-based team meetings that are facilitated in designated schools 1-2 times per week. In addition, the program initiated a community service project that will allow middle and high school students to each earn 10 hours of community service hours twice per month.

ULPBC had its first case staffing case this year; the case staffing committee meetings are held in conjunction with CHS West Palm CINS/FINS program. Designated staff participates in the Department of Juvenile Justice Circuit meetings held on the 2nd Thursday each month.

Each year the agency conducts two main events to benefit the community: Thanksgiving turkey give-away, and Christmas gift donations. Over 250 turkeys were distributed during the turkey give-away in 2019. A significant donation of \$2000 by the Miami Dolphins and Wayne Huizinga was used to purchase and donate all the gifts listed for 4 children in a single father household.

During the onsite visit, the agency was in the process of relocating to another agency location that is at the center of the Tamarind area community in West Palm Beach. The new location is equipped with a computer center containing 20 computers. The move should be completed by March 13, 2020.

Standard 1: Management Accountability

Overview

Narrative

ULPBC is under the leadership of a Chief Executive Director, a Senior Vice President of Programs, a Youth and Education Manager of the CINS/FINS Program, and three case managers who were hired in 2019. The agency uses the ACHA Clearinghouse (CLH) for background screening of all new employees. No current staff vacancies were reported at the time of the QI visit. The program has not reported any incidents, administrative review, or current external investigation for which a corrective action plan was issued.

Over the years the program has developed a simple process for analyzing and reporting data. The program manager is responsible for implementing the necessary activities to collect data and complete reports of targeted program information including the integrity of data entry into NetMIS and JJIS. The outcomes and trends of data analysis is communicated with staff at staff meetings and serve as a means of process improvement as well as a method of revising procedures, conducting training, or implementing corrective actions where appropriate. Review of external regulatory reports will further reflect compliance and/or corrective action implemented where appropriate.

Indicator 1.04, Training Requirements, was rated satisfactory with exceptions of some mandatory trainings not completed during the required timeframe. In addition, Indicator 1.01, Background Screening received a “Limited” rating as a result of one staff being hired prior to receiving an eligible screening result as well as none of the 3 new staff hired completed a pre-employment suitability assessment. One indicator, 1.06 – Transportation, was not applicable to non-residential programs.

All other indicators in standard one were rated satisfactory with no deficiencies.

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, three full time bachelor level 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. Staff predominantly meets with youth in schools and schedules appointment in their homes to conduct assessments and service plan reviews. 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 did not have any vacant positions. The agency is currently maintaining paper files and youth records are maintained in a neat and orderly manner.

During the reporting period, ULPBC has not provided FYRAC services to youth referred by DJJ. The agency does not provide services to any of the special populations and is not contracted to provide SNAP services.

Two indicators, 2.09 – Special Populations and 2.10 – SNAP, were not applicable during the review period for ULPBC. All of the remaining indicators in standard two were rated satisfactory with no deficiencies.



Quality Improvement Review

STANDARD 1: MANAGEMENT ACCOUNTABILITY

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard One – Management Accountability							
1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy 1.01 titled “Background Screening of Employees/Volunteers” documented the signature of the CEO with an effective date of August 1, 2019. The program has an additional policy number 5.03 titled “Background Screening” which addresses the program’s use of a pre-employment suitability assessment. A review of both policies indicated no exceptions to the requirement.	
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the program’s staff roster reflected three staff were applicable for the completion of an initial background screening and the completion of an employee suitability assessment. The program utilizes HR Avatar for pre-employment assessments. The HR Avatar childcare worker assessment is designed and configured to measure the factors that contribute most to success on the job. The assessment measures cognitive ability, knowledge and skills, personality factors, emotional intelligence, work history, and simulated job tasks. The assessment contains weighted averages and determines a passing score based on individual performance. None of the three newly hired staff members’ records contained a completed pre-employment suitability assessment and an interview with the program director indicated each of the three staff had not completed a suitability assessment. The program submitted the Affidavit of Annual Compliance with Level 2 Screening Standards form to the Department on January 31,	Exception- (Limited Rating) An interview with the program director indicated each of the three staff had not taken a pre-employment suitability assessment; however, the assessment would be administered as soon as possible. One staff member was hired on August 30, 2019; however, a determination of eligibility was not received by the Department’s Background Screening Unit until September 11, 2019. An interview with the program director reported the background screening was submitted on August 16, 2019 and it was unclear why the determination was not completed sooner. Additionally, the training record for the staff

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						2020, meeting the annual requirement. A review of the three applicable pre-employment background screenings indicated two were completed prior to hire, and one was completed twelve days after hire. Additionally, the training record for the staff member with the late background screening noted youth contact prior to the receipt of an eligibility determination.	member noted youth contact prior to the receipt of an eligibility determination.
1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care							
Provider has a written policy and procedure that meets the requirement for Indicator 1.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy 1.02 titled "Provision of an Abuse Free Environment" documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In addition to the program's policy, the program maintains a binder for grievance reporting, a binder for reports to the Florida Abuse Hotline, and has all staff sign a receipt of the program's ethical conduct standards. The program's code of conduct clearly prohibits the use of physical force, profanity, threats, or intimidation towards youth and requires management take immediate action to address incidents of alleged abuse. A tour of the program included signage inclusive of LBGTQ "safe zones", and contact numbers for the Florida Abuse Hotline and the Department's Central Communications Center. A review of the program's Florida Abuse Hotline binder showed no incidents have been reported since the last annual compliance review; however, a clearly written protocol was included within the front of the binder and a tracking log was maintained each for each month. A review of the program's grievance binder showed a clearly defined grievance protocol requiring initial grievances be handled by the program's administrative staff and appeals to be handled by the VP of Programs. The binder contained a monthly log;	No exceptions

Quality Improvement Review

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	Satisfactory	Deficiency Identified	Explain				
			No Eligible Items For Review	No Practice	Not Applicable		
						however, no grievances have been filed since the last annual compliance review. An interview with the program director and the program tour supported grievance forms are made accessible to youth and a locked grievance box is located by the program entrance. Additionally, parents receive a grievance reporting form during intake and the program director reported all complaints received are also offered the opportunity to file a written grievance. The program director also reported there have been no allegations of staff threatening, intimidating, or abusing youth since the last annual compliance review.	
1.03: Incident Reporting							
Provider has a written policy and procedure that meets the requirement for Indicator 1.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy 1.03 titled "Incident Reporting" documented the signature of the corporate president with an effective date of August 1, 2019. A review of both policies indicated no exceptions to the requirement.	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the Department's Central Communications Center (CCC) reports indicated there were no reports made by the program since the last annual compliance review. There were no observed incidents filed at the program which should have been reported to the CCC. A program tour indicated the CCC telephone number was posted and accessible to youth and staff. The program's policy and procedures outline the requirement of calling the CCC within two hours of a reportable incident and faxing a copy of the written incident to the Florida Network. The program maintains a binder for logging CCC incidents by month. The binder also contains a copy of a PowerPoint training on incident reporting. An interview with the program director verified the program had no incidents reported to the CCC since the last annual compliance review.	No exceptions

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
1.04: Training Requirements Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has established policy and procedure 1.04 for training requirements that meets the requirements of this indicator. The policy was signed by the CEO and is effective 8/1/2019.	
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the three first year staff training records was conducted. All three staff exceeded the eighty (80) hours of job-related training required annually. Not all of the training required during the first 120 days was completed by the three staff; all 3 did not complete Understanding Youth Development; 2 did not complete Confidentiality or Universal Precaution; and one did not complete Child Abuse Reporting. Two of the 3 staff had completed all but 1 required annual DJJ SkillPro training and 1 had time remaining to complete 7 remaining DJJ SkillPro trainings prior to July 2020. The program did not currently have any in-service direct care staff during the QI review.	Exception Not all of the trainings required during the first 120 days was completed by the three new staff as follows: <ul style="list-style-type: none"> • All 3 staff did not complete Understanding Youth Development • 2 staff did not complete Confidentiality and/or Universal Precaution training • 1 staff did not complete Child Abuse Reporting.
1.05: Analyzing and Reporting Information							
The program collects and reviews several sources of information to identify patterns and trends. Program should have sample reports of aggregated data and committee/workgroup minutes analyzing information.							
Provider has a written policy and procedure that meets the requirement for Indicator 1.05						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) The program has policy 1.05 in place for analyzing and reporting information that addresses most of the requirement of the indicator with the exception of procedures for annual collection, review, and reporting of customer satisfaction data.	Policy 1.05 indicates the program will conduct an annual review of customer satisfaction data; however, there are no procedures documented regarding the collection and review of this data. Per an interview with the program manager, peer reviews will be conducted every two



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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						The policy was approved on August 1, 2019 and signed the CEO.	months; however, the policy states quarterly, and the procedures state monthly.
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>A total of 19 youth cases were reviewed during the review period. 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. It was difficult to ascertain which staff completed the case review as the reviewer was not clearly identified and the only identification of a staff's name on the checklist appeared under "Counselor Name" which inconsistently documented both the reviewer and assigned case manager's 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. Peer reviews were conducted in the months of July, August, October, November, December 2019 and February 2020. Per the provider's procedures, peer reviews will be conducted every month; however, no peer review was conducted in January 2020. This deficiency did not result in an exception as the indicator requires quarterly case record reviews.</p> <p>The program has not had any reportable incidents, accidents, or grievances during the past year. Consequently, no reviews were necessary; however, discussions of incidents, accidents, or grievances would be included on the staff meeting agenda if applicable.</p> <p>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.</p>	No exceptions



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain
						<p>The CINS/FINS program staff obtains client satisfaction surveys at case closure and enters them in Netmis. During the onsite visit, the program completed a Client Satisfaction Survey review of 19 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.</p> <p>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 staff meetings held during the reporting period. A binder containing meeting agendas, sign-in sheets, and copies of reports supported this practice.</p> <p>Monthly staff meetings are held by the program manager with program staff and were observed to be held each month during the period July 2019-February 2020. 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. In addition to staff meetings, the agency convenes monthly manager's meetings with the senior vice president of programs and the program manager meets with the VP of programs for program updates.</p>		
1.06: Client Transportation								
Policy is established to avoid situations that put youth or staff in danger of real or perceived harm, or allegations of inappropriate conduct by either staff or youth.								
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A	NON-APPLICABLE	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is not applicable for non-residential programs.		
1.07: Outreach Services								



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
<p>The agency participates in local DJJ board and council meetings to increase public safety by reducing juvenile delinquency through effective prevention, intervention and treatment services and ensure CINS/FINS services are represented in a coordinated approach.</p>							
Provider has a written policy and procedure that meets the requirement for Indicator 1.07	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)					<p>Program policy 1.07 titled "Outreach Services" documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement</p>	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>An interview with the program manager reported he is the designated attendee for all DJJ board and council meetings. The program director also reported participation in school board meetings and joint staffing with Children's Home Society. The program maintains a binder with thirteen community partner MOU's and reported twenty-seven total community partners. Additionally, the program maintains a binder documenting community events and participation in the Department of Juvenile Justice board and council advisory meetings within Circuit 15. Reviewed sign-in sheets and meeting agendas supported the program manager participated in a total of twelve DJJ meetings since the last annual compliance review. Additionally, the program's NetMIS community outreach report documented twenty-seven events were attended by the program since July 1, 2019. The program is currently in the process of relocating to another location located nearby. The program's manger reported the new location will provide additional access to youth served and community services. The program also hosted two holiday events since the last annual compliance review and reports nearly 650 families were served between the Thanksgiving and Christmas events.</p>	No exceptions

Quality Improvement Review

STANDARD 2: INTERVENTION AND CASE MANAGEMENT

Quality Improvement Indicators	Rating					Review Based Upon Document Source: Interview/Surveys, Observation, and/or Type of Documentation Summarize Findings Based on Completed Worksheets	Notes Explain Exception, Failed, or Not Applicable Indicators: (Attach Supportive Documentation)
	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Standard Two – Intervention and Case Management							
2.01: Screening and Intake The agency has a written policy that addresses the screening and intake process, which is Policy # 2.01							
Provider has a written policy and procedure that meets the requirement for Indicator 2.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.01 – Screening & Intake documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of (10) case files was conducted for (5) open and (5) closed cases. All screenings were completed and signed within the (7) days. 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. The program centralized intake is comprised of 3-parts: screening for eligibility, crisis counseling and information and referral. All ten files contained documentation supporting parents and guardians receive the parent handbook, as well as the CINS/FINS brochure, which includes information for parents and youth regarding available service options, rights and responsibilities of youth and parent, parent/guardian brochure, possible actions through CINS/FINS Services, and grievance procedure. The parent handbook included the grievance form.	No exception
2.02: Needs Assessment The agency has a written policy that addresses the needs assessment process, which is policy # 2.02							

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 2.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.02 – Needs Assessment documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 5 closed and 5 open non-residential files were reviewed. All 10 needs assessments were initiated at intake and completed within 2 to 3 face to face contacts after initial intake. All 10 needs assessments were conducted by a Bachelor level staff member and approved by a licensed professional. Based on the Needs Assessment there were no youth placed on an elevated risk of suicide. Throughout the files, forms titled Psychosocial Assessment are used and are completed by the case managers but the agency has a licensed contracted person to review and approve the assessments. Since they are completed by the case managers, the program should change the name title on the forms to Needs Assessment. This deficiency does not result in an exception.	No exceptions
2.03 Case/Service Plan The agency has a written policy that addresses the Case/Service Plan Procedure, which is policy # 2.03							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.03 – Case/Service Plans documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Throughout the (10) files reviewed the service plans were completed within the required time frame, and all service plans included identified needs, goals, and types of services, and frequency, location, persons responsible, target dates.	No exceptions

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						Each case/service plan included individualized and prioritized needs and goals identified by the need's assessment. The created case plans also included service type, frequency, location, persons responsible, target dates for completion, and signatures of youth, parent/guardian, counselor and supervisor. In addition, the date the plan was initiated was included in all 10 cases and were reviewed for progress by counselor and youth/parent every 30 days for the first 3 months and every 6 months afterwards.	
2.04: Case Management and Service Delivery							
The agency has a written Policy and Procedure that addresses the Case Management and Service Delivery							
Provider has a written policy and procedure that meets the requirement for Indicator 2.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.04 – Case Management and Service Delivery documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 5 closed and 5 open non-residential files were reviewed. In each of the files reviewed there was an assigned case manager. Within each of the files there was clear evidence that referrals were made for the youth and family based on needs that were identified in both the needs assessment and the initial screening. Staff assisted in coordinating service plan implementation, monitored the youth's family progress through progress notes and provided support for families. Support for families were provided. Families were referred for additional services when appropriate. The 5 closed files contained case termination notes and 30 and 60 day follow up. In all of the 10 files reviewed there was not a need to monitor out of home placement or refer cases to the case staffing committee. No case staffing committees were applicable, and no court hearings appropriate for the (10) files reviewed.	No exceptions

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
2.05: Counseling Services The agency has a written Policy and Procedure that addresses the Counseling Services							
Provider has a written policy and procedure that meets the requirement for Indicator 2.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.05 – Counseling Services documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A total of 5 closed and 5 open non-residential files were reviewed. In all 10 files there were needs assessments, case/service plan, service plan follow-ups, case management and follow ups notes, ongoing internal process that demonstrated reviews of case records and staff performance, and ongoing evidence that youth and families are receiving services and referrals based on needs assessments. Youth assessed as needing counseling services were referred for counseling. The Program manager conducts file reviews monthly with staff and the licensed contractor conducts clinical reviews of assessments.	No exceptions
2.06: Adjudication/Petition Process The agency has a written Policy and Procedure that addresses the Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.06 – Adjudication/Petition Process documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	An interview was conducted with the program manager and the program's CINS/FINS Case Staffing log was reviewed; one (1) case staffing was conducted in July 2019. The program manager was the staff initiating the staffing. A sign in sheet supported the case staffing committee included a representative from the school district, DJJ representative, CINS/FINS staff, mental health and substance abuse	No exceptions

Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
						representatives, and a law enforcement representative. The youth, family, and case staffing committee were contacted within a minimum of five working days to confirm the scheduled time of the meeting. In addition, within seven days of the case staffing committee meeting, staff provided a written report to the parents/guardians of the youth outlining the recommendations of the committee. As a result of the case staffing committee meeting, the youth and family are provided a new or revised plan for services.	
2.07: Youth Records							
The agency has a written policy and procedure that address the Youth Records of the Youth							
Provider has a written policy and procedure that meets the requirement for Indicator 2.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Program policy# 2.07 – Youth Records documented the signature of the CEO with an effective date of August 1, 2019. A review of the policy indicated no exceptions to the requirement.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The review of records included (10) case files (5) open and (5) closed supported all files were stamped confidential on the front and back of the files. All records were locked in file cabinets in a secured area and the program manager has the keys. The three (3) case managers transport youth records in a opaque locked container that is marked confidential. All (10) files reviewed showed that client records are neat, orderly and stamped confidential. Open records use light green folders, closed records use blue folders.	No exceptions
2.08: Sexual Orientation, Gender Identity, Gender Expression							
The re							
Provider has a written policy and procedure that meets the requirement for Indicator 2.08						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The program has a written policy 2.08 to ensure a safe and therapeutic environment for youth regardless of sexual	



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable			Explain
						orientation, gender identity, and gender expression. The policy was signed by the CEO and is effective 08/01/2019		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>During a tour of the facility, two "Safe Zone " stickers were posted in the facility; one on the Program Manager's office door and one on the entry door of the facility. Signage indicating that all youth are welcome and should feel safe was not observed to be located in the multi-purpose room where youth sometimes gather.</p> <p>The program has brochures to provide education and information about LGBTQ; however, the program did not have any copy of the FN ZINE that provides education and information for LGBTQ youth and parent/guardian. There was a compass directory published by the local LGBTQ available that contains information on local resources for LGBTQ youth as well as a Compass brochure with LGBTQ services available. The program manager stated they were in the process of ordering more brochures that were previously on display in the lobby to distribute to youth as needed.</p> <p>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. FN policy 5.08 was reviewed with all program staff at the staff meeting held 1/27/2020. There are no interns/volunteers in the program working directly with youth in need of similar training.</p>	No exceptions	
2.09: Special Populations								
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input type="checkbox"/> YES <input type="checkbox"/> NO(explain) <input checked="" type="checkbox"/> N/A		



Quality Improvement Review

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ULPBC has not served any youth who met the criteria for any of the Special Populations	
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ULPBC is not contracted to provide SNAP services.	