



Florida Network of Youth and Family Services Compliance Monitoring Report for



**Youth Advocate Program
2115 North 22nd Street
Tampa, Florida 33605
December 4, 2019**

Compliance Monitoring Services Provided by



EXECUTIVE SUMMARY

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 operational contract requirements. Forefront LLC conducted a recent Florida Network of Youth and Family Services (FNYFS) compliance monitoring visit at Youth Advocate Program (YAP) for FY 2019-2020 contract year on December 4, 2019, at the address of 2115 North 22nd Street, Tampa, Florida 33605. The participants of the monitoring visit consisted of Keith Carr, Consultant, Forefront LLC; Nitara LaTouche, Consultant, Forefront LLC, and Amanda Nelson, Regional Monitor, Florida Department of Juvenile Justice, Tampa Bay Region. Agency representatives from YAP were Felecia Wells, Program Director and Daquavia Bailey, Administrative Manager. The entrance interview was conducted with the aforementioned YAP staff members.

The Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate program is located in a metropolitan area of Tampa, Florida. The program is funded by the Florida Network of Youth and Family Services to provide the Children in Need of Services and Family in Need of Services (CINS/FINS) program. At the time of this onsite program review, the Program Director provided an update on the agency has achieved since the last QI review in April 30, 2019.

The Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate program is located downtown area of Tampa, Florida. The agency's Children in Need of Services and Family in Need of Services (CINS/FINS) program is funded by the Florida Network of Youth and Family Services (FNYFS). The agency is now a designated Stop Now and Plan (SNAP) site that provides this comprehensive family intervention program.

The agency utilizes an electronic records system to manage all client files. This system organizes all sessions and information that is associated with documenting individual, family and groups. The platform also tracks hours that the Advocate records with mentoring and counseling with the client and their family.

The Program Director has served in this position since the program was established. In addition, she is a member of the Local DJJ Circuit Board and attends meetings on a regular basis. The Program Director's membership ensures that the other organizations are familiar with the YAP services in order to receive potential referrals. YAP is also expanding its services to North Florida and is working to stand up sites in Pensacola, Panama City and Tallahassee, Florida. The organization also has program operating in other cities in Florida, Nevada, New York, Pennsylvania, Texas and Washington, DC, Argentina and Sierra Leone.

In general, the Reviewer found that Youth Advocate Program is in compliance with specific contract monitoring requirements. **Youth Advocate Program (YAP)** received an **overall compliance rating of 100%** for achieving full compliance with all thirteen (13) applicable indicators of the CINS/FINS Monitoring Tool. One (1) of the indicators was not applicable because the program does not use petty cash. There were no corrective actions 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](mailto:keithcarr@forefrontllc.com)

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 12-04-2019-2020

Agency Name: Youth Advocate Program (YAP)					Monitor Name: Keith Carr				
Contract Type: CINS/FINS Non-Residential					Region/Office: 2115 North 22nd Street, Tampa, Florida 33605				
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): December 4, 2019				
Major Programmatic Requirements			Explain Rating			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)		
			Unacceptable	Conditionally Unacceptable	Fully Met			Exceeded	Not Applicable
I. Administrative and Fiscal									
DJJ Quality Assurance Peer Reviewer a. Provider shall demonstrate that a minimum of two (2) staff members have been trained to be certified as DJJ QA 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. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I – Youth Advocate Program has two staff members that are QI Peer Reviewers. These staff have participated on reviews Felicia Wells, Sheryl Kincy (10/2019), Darice Flournoy (Postponed), Corlissa Pope (11/2019) certified as peer reviewers.	No Recommendation or Corrective Action.
DJJ Annual QA Audit a. Provider shall achieve and maintain an overall "Acceptable" performance rating per QA standards. The Provider shall develop a corrective action plan within 30 days of receiving less than overall "Acceptable" rating. A copy of the corrective action plan shall be provided to the Florida Network. Obtain from DJJ Website			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D – The FNYFS conducted a DJJ QI Review for the QI program on April 30, 2019. The provider Achieved a 75% Acceptable Rating. A corrective action plan was submitted due to the Limited Rating on Indicators 1.01, 1.02, 2.03, and 2.04. for these four (4) Limited rated indicators documented in last year's QI report. Dec. 4 2019 latest review.	Corrective action plan (CAP) is in process.

<p>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</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>N/A, I – The YAP agency has contracts with other funders in addition to non-residential CINS/FINS. YAP tracts with Eckerd Kids, DJJ/Prevention and FNYFS SNAP. Contract information submitted amounts and contract start & end dates. (Available upon request).</p>	<p>No Recommendation or Corrective Action.</p>
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Service Description: Comprehensive Onsite Compliance Monitoring	Site Visit Date(s): December 4, 2019

Major Programmatic Requirements	Explain Rating					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)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
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: Certificate of Liability Insurance. The agency's limits of coverage are detailed and list as the following: General Liability at \$3,000,000 aggregate and \$1,000,000 per each occurrence, \$3,000,000 general aggregate and \$3,000,000 comprehensive aggregate 8/15/19-8/20/20; Umbrella Liability is set at \$12,000,000 8/15/19-8/15/20; Auto Insurance policy with combined single limit coverage for \$1,000,000 8/15/19-8/15/20. The above policies are through Philadelphia Indemnity Ins. Co Worker's Compensation and Employer's Liability through	No recommendation or Corrective Action.
External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I- At the time of this review, agency does not have any corrective action items cited by an external funding source.	No recommendation or Corrective Action.
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 Responsibility Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The Accounting Manual and Procedures were last revised 03/2017.	No recommendation or Corrective Action.

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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) program detail report for Periods: July 2019 through October 2019. The agency maintains a detailed general ledger with corresponding source documents. The General Ledger document all funding sources by category and there is a separate GL for the CINS/FINS program.	No recommendation or Corrective Action.
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency does not have a petty cash system for the program. Program expenditures are requested in advance via a check payment request.	No recommendation or Corrective Action.
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"/>	D – All program invoices are processed for payment by the agencies fiscal department out of Pennsylvania Headquarters office. Purchase Order forms are required to be completed by the program for all purchases. All purchases are then processed or ordered through the agency's fiscal department. This purchasing practice has not changed since the date of the last program review April 30, 2019. The agency maintains a filing system at the YAP CINS/FINS program office by individual vendor and by fiscal year.	No recommendation or Corrective Action.

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Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each vendor file is stored in an adjacent file cabinet. Additional records for purchases are recorded at the headquarters (HQ) level. Account reconciliations are conducted through the HQ fiscal department. The program's bank statements and reconciliations were provided. Bank records and reconciliations were provided and reviewed from April, May, June, July, August, and September 2019. The provider has an account with Fulton Bank and accounts payable reconciliations are reviewed and approved monthly by the Region and HQ offices. These tasks are completed within 6 weeks of receipt.	
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"/>	D, I – The agency reports that there are no purchases made with current FY 2019-2020 with Florida Network funds. YAP agency and Program Director are aware of the DJJ IRR request procedures for computer hardware purchase.	No recommendation or Corrective Action.
f. Agency submits payroll taxes and deposits (and retirement deposits as applicable), Employee IRS Form W-2 and Independent Contractors 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"/>	D – Copies 941s and UCT-6 for the 1 st , 2 nd and 3 rd quarter 2019 were reviewed. The agency submits payroll taxes to the appropriate U.S. Treasury Department as required. No balances due were noted on the 941 statements.	No recommendation or Corrective Action.

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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- Income Statement for the agency's CINS/FINS account for the current FY to date. Report shows detail for 129-Hillsborough County DJJ program and Eckerd Kids budget and variances with YTD net results. Variances in budget are monitored on a regular basis by management and reported.	No recommendation or Corrective Action.
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"/>	I- The annual expenses for this entire agency in total are greater than \$500,000. Financial audit was conducted by Bakertilly for the Year ended June 30, 2018 and 2017. A copy of the audit was submitted directly to the Florida Network of Youth and Family Services. A separate Management Letter requiring a Corrective Action Plan was not issued by the auditor. A 2018-2019 Financial Statements Audit is near completion.	No recommendation or Corrective Action.
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"/>	<input type="checkbox"/>	D- The agency has policies in Storage and Retention, Confidentiality, Record Retention, Disaster Planning, Data . The agency also has related policies that address Storage and Disposal. Policies have been updated in May 2019.	No recommendation or Corrective Action.

CONCLUSION

Youth Advocate Program (YAP) has met the requirements for the CINS/FINS contract. The Compliance Monitor indicators reviewed resulted in a rating of full compliance with thirteen (13) of the thirteen (13) applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. One (1) of the fourteen (14) indicators was not applicable because the program does not use petty cash. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no recommendations made as a result of the on-site contract monitoring. Overall, the provider is performing satisfactorily in meeting the fiscal and administrative terms of its contract. In addition, the majority of indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

No corrective actions were cited in this report. If corrective actions were required, the provider must submit a corrective action plan to address corrective actions cited in the corresponding section of this report. The providers 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. See the corrective action form attached to your report or go to 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 Youth Advocate Program - Tampa
Non-Residential Program

December 4, 2019

Compliance Monitoring Services Provided by

 **FOREFRONT**



Quality Improvement Review

Youth Advocate Program – December 4, 2019

Lead Reviewer: Keith Carr

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	Failed
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 66.67%

Percent of indicators rated Limited: 16.67%

Percent of indicators rated Failed: 16.67%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	
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 Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Limited

Percent of indicators rated Satisfactory: 90.00%

Percent of indicators rated Limited: 10.00%

Percent of indicators rated Failed: 0.00%

Overall Rating Summary

Percent of indicators rated Satisfactory: 81.25%

Percent of indicators rated Limited: 12.50%

Percent of indicators rated Failed: 6.25%



Quality Improvement Review

Youth Advocate Program – December 4, 2019

Lead Reviewer: Keith Carr

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

Keith Carr - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Amanda Nelson - Department of Juvenile Justice

Nitara LaTouche – Forefront LLC



Quality Improvement Review

Youth Advocate Program – December 4, 2019
Lead Reviewer: Keith Carr

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 type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director | <input type="checkbox"/> Program Manager |
| <input checked="" type="checkbox"/> Program Coordinator | <input type="checkbox"/> Direct – Care Full time | <u>2</u> # Case Managers |
| <input type="checkbox"/> Direct – Part time | <input type="checkbox"/> Direct – Care On-Call | NA # Program Supervisors |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Intern | NA # Food Service Personnel |
| <input type="checkbox"/> Clinical Director | <input type="checkbox"/> Counselor Licensed | NA # Healthcare Staff |
| <input type="checkbox"/> Counselor Non-Licensed | <input checked="" type="checkbox"/> Case Manager | NA # Maintenance Personnel |
| <input type="checkbox"/> Advocate | <input 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 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>6</u> # Health Records |
| <input type="checkbox"/> Continuity of Operation Plan | <input type="checkbox"/> Fire Drill Log | <u>6</u> # MH/SA Records |
| <input type="checkbox"/> Contract Monitoring Reports | <input type="checkbox"/> Medical and Mental Health Alerts | <u>2</u> # Personnel /Volunteer Records |
| <input type="checkbox"/> Contract Scope of Services | <input type="checkbox"/> Precautionary Observation Logs | <u>9</u> # Training Records |
| <input checked="" type="checkbox"/> Egress Plans | <input type="checkbox"/> Program Schedules | <u>2</u> # Youth Records (Closed) |
| <input type="checkbox"/> Fire Inspection Report | <input type="checkbox"/> Supplemental Contracts | <u>4</u> # 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 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.



Quality Improvement Review

Youth Advocate Program – December 4, 2019

Lead Reviewer: Keith Carr

Strengths and Innovative Approaches

The agency utilizes an electronic records system to manage all client files. This system organizes all sessions and information that is associated with documenting individual, family and group service provision. The platform also tracks hours that the YAP Advocates records in mentoring and counseling with the client and their family.

The Program Director has served in this position since the program was established. In addition, she is a member of the Local DJJ Circuit Board and attends meetings on a regular basis. The Program Director's membership ensures that the other organizations are familiar with the YAP services in order to receive potential referrals. YAP is also expanding its services to North Florida and is working to stand up sites in Pensacola, Panama City and Tallahassee, Florida. The organization also has programs operating in other cities in Florida and across the United States in Nevada, New York, Pennsylvania, Texas, and Washington, DC. Additionally, they provide services internationally at the Sierra Leone Youth Advocate Program (SLYAP) and in the country of Argentina.

Standard 1: Management Accountability

Overview

Rating Narrative

The Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate program is located in the downtown area of Tampa, Florida. The agency's Children in Need of Services and Families in Need of Services (CINS/FINS) program is funded by the Florida Network of Youth and Family Services (FNYFS). The agency is now a designated Stop Now and Plan (SNAP) site that provides this comprehensive family intervention program.

The program provides centralized intake and screening during regular business hours five (5) days per week. Trained YAP staff members are assigned clients and provide direct mentorship and relationship building services to each client. The non-residential services generally include individual and family services, case management, substance abuse prevention, education, and referrals are also offered. Referral and aftercare services begin when the youth are admitted for services.

The management structure has remained stable. There have not been any changes in this area. The agency is planning to re-organize and change a current staff person's title and duties to a supervisor or manager's level position. The agency tracks data internally through their own data capturing system, as well as entering and using the FNYFS NETMIS data system. The design of the program is more of a coaching and mentoring focus and less of a counseling and therapy focus.

All indicators in standard one was rated satisfactory with exceptions noted in 1.01 Background Screening, 1.04 Training Requirements and 1.05 Analyzing and Reporting Information. The rating for 1.01 is satisfactory with exceptions. The exceptions noted in 1.04 resulted in a failed rating and the exceptions noted in 1.05 resulted in a limited rating.

Standard 2: Intervention and Case Management

Overview

Rating Narrative

The Youth Advocate Program (YAP) program offers mentoring, coaching limited counseling and referral services. These services include referring youth to community resources, on-going counseling and educational assistance. The YAP program's staffing includes an Executive Director, Program Director, Administrative Assistant and several part-time Advocates. The program is located in the downtown area of Tampa and has space to conduct individual as well as group activities.

The YAP Advocates are primarily responsible for completing all applicable admission/screening paperwork, orientating youth to the program and providing necessary mentorship and guidance. Advocates (mentors) are responsible for providing referral/case management services and linking youth and families to available community services.

The YAP program also coordinates the Case Staffing Committee, a statutorily mandated committee, that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians. The Case Staffing process can also involve the program working with the local case staffing committee that recommend filing of a CINS Petition with the court as needed.

The YAP program in Tampa operates a Stop Now And Plan (SNAP) program also sponsored by the Florida Network of Youth and Family Services. The program's Advocate staff members work with youth in their communities, schools and sometimes in the home. The agency also utilizes electronic records to document all activities with the youth in the program and to increase the accountability for the delivery of all services.

All indicators in standard two were rated satisfactory with no deficiencies noted with the exception of indicator(s): 2.03 Case/Service Plan and 2.10 Stop Now and Plan (SNAP). Indicator 2.03 was rated satisfactory with exceptions and indicator 2.10 received a limited rating.

Quality Improvement Review

Youth Advocate Program – December 4, 2019
 Lead Reviewer: Keith Carr

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 type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) The provider's policy and procedure for Policy for Background Screenings, #5.03, was last reviewed on November 27, 2019 and was approved by the Program Director.	Provider does not have a policy that includes a necessary passing score on suitability assessment tool for all direct care employees.
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One employee was eligible for a new hire background screening. The employee's background screening was completed prior to hire and employee was rated eligible for employment. Employee was hired prior to July 1, 2019, therefore, employee was not required to complete a suitability assessment tool prior to hiring. One employee was eligible for a five year rescreen. Employee's date of hire is May 18, 2009.	One employee was eligible for a five year rescreen. Employee's date of hire is May 18, 2009. Five year rescreen was received on May 29, 2019, eleven days after the hire date anniversary. Provider could not provide documentation to determine when rescreen was submitted to the Department of Juvenile Justice Background Screening Unit (BSU) at the time of onsite review.
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) The provider's policy and procedure for Provision of an Abuse-Free Environment, #5.02, was last reviewed on November 27, 2019 and was approved by the Program	

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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Director. All requirement elements were addressed in the policy.</p> <p>The program has a code of conduct that prohibits the use of physical abuse, profanity, threats, or intimidation.</p> <p>There is signage that reflects that all youth are accepted, and the program has a Clients Bill of Rights poster that includes all youth are welcome. There are signs posting the Florida Abuse Hotline for visitors to see. The program documents any calls made to the child abuse hotline in their CCC incident reporting binder. The program has a responsive grievance process to provide feedback or address any concerns. They have an anonymous hotline and a compliance officer that assists with any concerns that are brought to their attention. These grievances are maintained by HR on file for a minimum of a year.</p> <p>Per interview with Program Director, all formal grievances are handled by provider's Human Resources department within twenty-four hours, however, Client Bill of Rights and Responsibilities and Client Grievance Procedures states formal grievance will be handled by Director of Program within one week.</p>	No exceptions were documented for this indicator.
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) The provider's policy and procedure for Incident Reporting, #5.03, was last reviewed	

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RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>on November 27, 2019 and was approved by the Program Director. All required elements were addressed in the policy.</p> <p>A review of the Central Communications Center (CCC) daily report confirmed that provider has not had any CCC reports in the past six months. An interview with Program Director confirmed there have been no reportable incidents since the last compliance review. Reviewer observed the CCC/Incident Reporting file, if provider does have a reportable incident. The file contains an incident log which includes: Incident or CCC number, persons involved, date and time of incident, date and time of report, and type of incident.</p>	No exceptions were documented for this indicator.
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 provider's policy and procedure for Training Requirements, #6.04, was last reviewed on November 27, 2019 and was approved by the Program Director. All required elements were addressed in the policy.	
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Two first year direct care staff member training files were reviewed. Seven in-service staff member training files were reviewed.</p> <p>An interview with Program Director stated that a training tracker was previously kept in the staff training files, however it was removed by Program Director.</p>	<p>Exceptions: A review of two eligible first year direct care staff files were reviewed for first year training requirements.</p> <p>2 out of 2 new hire staff files are missing Confidentiality training, Understanding Youth/Adolescent Development, and two</p>

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						<p>One of the reviewed staff members completed their first year of employment in August 2019. The other staff member reviewed has completed 120 days of employment as of October 25, 2019 and was only reviewed for training required within 120 days of employment.</p> <p>Both staff members had inconsistent documentation with regards to completion of all training requirements.</p> <p>A review of seven in-service staff member training files were reviewed. One staff member completed Part 1 – Suicide prevention training but missed the Part 2 – Suicide Prevention and had evidence of all remaining training requirements for annual staff.</p> <p>Two of out five files have not completed suicide prevention training since 2017.</p> <p>Three out of the seven in-service training records reviewed contained evidence that they completed twenty-four trainings hours for the year.</p> <p>All seven staff had valid CPR and First Aid training.</p> <p>Two out of seven staff members completed Fire Safety Equipment.</p>	<p>additional hours of Suicide Prevention training (non Skillpro). For the staff member who has completed their first year of employment, they are missing the following trainings: Suicide Prevention Part 1 and 2 in Skillpro, Serving LGBTQ, Cultural Humility, Information Security Awareness, Equal Employment Opportunity (EEO), Prison Rape Elimination Act (PREA), Sexual Harassment, Trauma-Informed Care, and Human Trafficking. This staff member also completed CINS/FINS Core training; however, training was completed 268 days late. The staff member who has not been employed a full year, but has been employed over 120 days, has also not completed CINS/FINS Core training. The one staff member who has completed their first year of employment, only had forty-nine out of the required eighty hours of training in the first year of employment.</p> <p>4 out of 7 files reviewed did not complete Suicide prevention in DJJ SkillPro.</p> <p>One staff file missed both Suicide Prevention Part 1 & Part 2. One staff member was missing Part 2. Of the remaining five files reviewed, two of out five files have not completed suicide prevention training since 2017.</p>

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						<p>Four out of seven records reviewed contained PREA training within the past two years.</p> <p>Three out of seven files reviewed contained Sexual Harassment training completed in the past two years.</p> <p>Four out of seven training files reviewed contained Human Trafficking training completed within the past two years.</p>	<p>Five out of seven staff members did not complete Fire Safety Equipment. Two staff members previously completed Fire Safety Equipment training; however, training is overdue by three months. The remaining three in-service training files did contain any documentation of completion of Fire Safety Equipment training.</p> <p>Three out of seven files contained PREA training that is beyond the two-year requirement.</p> <p>Four out of seven records reviewed, three contained Sexual Harassment training completed longer than two years ago and one record didn't have any documentation of any Sexual Harassment training having been completed.</p> <p>Three of seven in-service files reviewed, reflected that two staff members have completed Human Trafficking training longer than two years ago and one staff member did not have any documentation of ever completing Human Trafficking training.</p> <p>Three in-service training records reviewed did not contain the minimum of twenty-four trainings hours for the year.</p>
1.05: Analyzing and Reporting Information							

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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) Policy for Analyzing and Reporting Information was last reviewed on November 27, 2019 and was approved by the Program Director.	The policy does not include information regarding the quality improvement process in place to review and improve accuracy of data entry and collection.
RATING	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The program provided copies of 3 months of Staff Meeting Minutes for the months of August, September and October 2019.</p> <p>Meeting minutes discuss several aspects of operations and service delivery including the NetMIS reports and target on meeting goals, monitoring reports, outcome reports, continuity plan reporting incidents internally and to CCC, new policies or revisits policies that need to be addressed, supervision with staff, and the staff team activity i.e. bowling. In October's meeting the meeting entailed discussion on how to assist staff on meeting deliverables that are not being met for CINS FINS and SNAP.</p> <p>This monthly review exceeds the quarterly requirements for incidents, however, unclear of how grievances are reviewed and discussed in minutes. The provider uses an electronic database to measure certain outcomes for their program performance that they have been using since 2016. There was an example of the annual report provided for review, the Comprehensive ETO Outcomes Report, that</p>	<p>Exceptions: Supervision notes only indicates a number of files are reviewed, however, there are not quarterly reports of case record reviews as specified in the indicator that look at analyzing and identifying trends or patterns on a quarterly basis. The completion of quarterly record reviews would enable the program to identify strengths or demonstrate the need to implement any improvements or changes that may be needed and track progress and/or changes to determine its efficacy in obtaining the desired results are achieved.</p> <p>Unable to verify annual review of customer satisfaction data being shared with staff and stakeholders. Grievances are handled by HR and there is not evidence this is reviewed quarterly.</p> <p>Currently, there is not a clear process that is in place for the program to analyze and review data entry, collection of data for</p>

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						<p>addresses the demographic population served, new demographics they will track in the current FY, risk factors impacting the target population, and the outcomes that impact; living situations, legal, education, protective services, and employment outcomes.</p> <p>The program director has monthly supervision with staff that reviews client contacts, staffing, fiscal management, program revenue and financials for the programs, annual budgets, actions steps to meet and/or obtain benchmarks, program updates, service provision updates, and any other general updates that may be specific to operations of the program.</p>	accuracy or completion of data entry to monitor for accuracy.
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 checked="" type="checkbox"/> NO (explain) The agency has a policy for Client Transportation, that was last reviewed and approved by the Program Director.	In the event transportation is needed, the policy does not specifically address that the third party person is an approved volunteer, intern, agency staff, or other youth nor that documentation is required on the 'trip plan' to include driver, date and time, mileage, number of passengers and location.
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The provider has a policy in the event transport is needed and details the considerations that need to be taken into consideration including notifying the PD prior to transport. Policy includes consideration of client evaluations, history, personality and recent behavior that	

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						<p>would indicate potential concerns. The policy includes that a driver may call agency personnel to maintain an open line as an audio witness if any concerns arise. There is a trip plan that must include destination and anticipated time of arrival. The PD must be aware prior to any single transportation and will assess criteria mentioned in policy to determine approval.</p> <p>Provider has not provided transportation to clients during period under review, therefore, this indicator rates as not applicable.</p>	
1.07: Outreach Services							
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.							
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) The provider's policy and procedure for Outreach, was last reviewed on November 27, 2019 and was approved by the Program Director. All required elements were addressed in the policy.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Meeting minutes, sign-in sheets and agendas were reviewed for outreach activities and attendance in DJJ Board and Circuit Meetings. Program Director is the designee for all DJJ Board and Circuit Meetings. Provider attends at minimum 1-2 Circuit Meetings quarterly, as well as meetings with: Derick Brooks Advisory Committee, Hillsborough Community Alliance, Circuit Case Staffings, Central Behavioral Health Monthly Alliance, and Kinship Children's Home Network Collaborative Meeting. Provider	No exceptions were documented for this indicator.



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						<p>also attended outreach events to include: Woodsen and Hope Open House, Kinship Support Group, Carver Exceptional Center, and Brandon Alternative school.</p> <p>Program maintains a collaborative agreement between provider and BAYS Florida to provide services for diverted arrested youth.</p>	

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STANDARD 2: INTERVENTION AND CASE MANAGEMENT

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Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
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) The agency provided a policy for review that addresses the requirements of Indicator 2.01. The policy was last reviewed on November 27, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this indicator.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency provided a list of all clients served in the last six (6) months. A review of this list was conducted by the reviewer and six (6) randomly selected open and closed client files were selected to assess the agency's adherence to the indicator. Of these files, 4 were open cases and 2 were closed cases. All 6 client files reviewed include evidence of meeting the 7 day or less CINS/FINS eligibility screening requirement. All 6 files had documentation of YAP Services Options, Rights and Responsibilities and signature confirmation from the client and parent receiving the CINS/FINS Parent/Guardian Information Brochure. A review of these 6 client files also found that the YAP program also has program measures in place that verify that the program is capable of addressing	No exceptions were documented for this indicator.

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2.02: Needs Assessment							
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) The agency provided a policy for review that addresses the requirements of Indicator 2.02. The policy was last reviewed on November 27, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this Needs Assessment indicator.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has an extensive Needs Assessment. The ten (10) page document includes a comprehensive assessment that includes capturing client and family history; mental health history; substance abuse history; physical health; strength of youth and family issues; education and existing behavior issues. All 6 client files include evidence of a completed Needs Assessment. In addition, the YAP Program completed a general Needs Assessment on all 6 clients on the same day as the Intake or within 3 to 5 days of the initiation and completion of the CINS/FINS Intake. This is usually initiated and completed at intake. Specifically, the Needs Assessments were confirmed as being initiated within 2-3 face-to-face contacts after the initial intake.	No exceptions were documented for this indicator.

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						<p>The agency has a minimum of bachelor's degree level staff completing the Needs Assessment. There are examples of the YAP Program Supervisor either completing the Needs Assessment or reviewing this document. The YAP program's Needs Assessment identified risks or mental health status, substance abuse and youth/family dynamic across all 6 client files reviewed. None of the client files reviewed had documentation that required that any of the 6 clients be referred with identified risks that required an additional more comprehensive or full Assessment.</p>	
<p>2.03 Case/Service Plan The agency provided a policy for review that addresses the requirements of Indicator 2.03. The policy was last reviewed on November 1, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this Needs Assessment indicator.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>						<p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)</p> <p>The agency provided a policy for review that addresses the requirements of Indicator 2.03. The policy was last reviewed on November 27, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this indicator.</p>	
<p>RATING</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The agency has a YAP program specific Service Plan. The Service Plan has a one-page format with 4 sections. The four sections include Goal and Growth Objective; Developmental Outcomes; Character Outcomes; and Desired Measurable Indicators. In addition, The YAP Service Plan also</p>	<p>Exceptions: There are exceptions for this indicator. One (1) out of 6 Service Plans did not have evidence of a fully completed Service Plan. Two (2) out of 6 Service Plans did not have evidence Target Dates that are clearly documented when they were to be completed. One (1) client case</p>

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						<p>includes Location, Frequency and Types of Services; Target Date; Completion Date; Responsible Party; 30, 60, 90 Day Plan Review and Signature of Parties.</p> <p>A review of the 6 client files did verify that there was evidence of plans initiated on the same day as the CINS/FINS Intake for all 6 client files. All the YAP program Service Plans are individualized and prioritized related to the risks cited in the Assessment. The Service Plan has provisions that include type, location, frequency, responsible party marked as required. Five (5) out of 6 Service Plans had fully completed evidence of a Service Plan. Four (4) out of 6 Service Plans have Target Dates that are clearly documented when they were to be completed. Five (5) Service Plans had service areas to document 30, 60, 90 day Service Plans. Signatures of required parties (client, parent, counselor and supervisor) are consistently documented at the initiation of the Service Plan. However, Signatures of required parties (client, parent, counselor and supervisor) are inconsistently documented at the 30, 60 and 90 Service Plan review</p>	<p>had a Service Plan that did not have evidence of service areas that clearly document 30, 60, 90 day Service Plans. Signatures of required parties (client, parent, counselor and supervisor) are inconsistently documented at the 30, 60 and 90 Service Plan review</p>
2.04: 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) The agency provided a policy for review that addresses the requirements of Indicator 2.04. The policy was last reviewed on November 27, 2019. The review of this policy finds that it	

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RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	meets the minimum requirements of acceptance for this indicator.	
						The reviewer selected a total of six (6) client files serviced by the Youth Advocate Program in the last six (6) months. A review of these 6 client files included four active and 2 closed client files. All 6 client files reviewed include evidence of delivering Case Management and Services. The YAP program has program services in places that locate and connect the client with coordinated referrals to services based upon the ongoing assessment of the youth/family's risks and general needs. The YAP program monitors progress and coordinates the implementation of the Service Plan. The program provides a broad range of youth/family services that includes mentoring, coaching, parenting assistance, monitoring out of home placement; case staffing referrals, accompanying clients to court proceedings, reviews of court orders, case monitoring and provides case termination with follow-up.	No exceptions were documented for this indicator.
2.05: 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) The agency provided a policy for review that addresses the requirements of Indicator 2.05. The policy was last reviewed on November 27, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this indicator.	

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	Satisfactory	Deficiency Identified	No Eligible Items For Review	No Practice	Not Applicable		
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of these 5 client files included one active and four closed client files. All 6 client files reviewed include evidence of delivering Counseling Services. The YAP program provides weekly mentoring, counseling and case planning in accordance with clients' service plan. The 6 client cases have documented evidence of individual and family counseling and psychosocial assessments, initial service plans and individualized mentor and client/family meetings. All 6 client plans have evidence of case notes. The YAP agency has an electronic case file system/electronic records system that captures case note information that requires that Advocates document the type of services provided and the duration of time for each client session. All client case files had evidence that counseling/advocate sessions were reviewed by the supervisor/Master's Level Clinician.	No exceptions were documented for this indicator.
2.06: Adjudication/Petition Process							
Provider has a written policy and procedure that meets the requirement for Indicator 2.06 Policy Adjudication/Petition Process was reviewed and approved 11/27/19 by the Program Director, Felicia Wells.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The policy #2.06 for Adjudication/Petition Process was last reviewed and approved on 11/27/19 by the Program Director, Felicia Wells. The agency has an internal policy in place that meets the requirements of the indicator.	
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	During the period under review, the Program Director indicated there were no youth that were eligible for review. The PD explained during an interview about the process that due	No exceptions were documented for this indicator.

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						<p>to the types of referrals they have been receiving the youth tend to be younger referrals.</p> <p>The case staffing process includes an established committee including Hillsborough School district, Hillsborough County Children's Services, Tampa Housing Authority, DJJ, PACE, and Youth Advocate Program. The case staffings occur regularly on the 2nd Tuesday of each month. Evidence was provided that these staffings were attended August, October, and November.</p> <p>The PD discussed that they are doing more groups in school and they are seeing a decrease need. The partnerships from schools continue to be their main source of referrals.</p>	
2.07: Youth Records							
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) The agency provided a policy for review that addresses the requirements of Indicator 2.03. The policy was last reviewed on November 27, 2019. The review of this policy finds that it meets the minimum requirements of acceptance for this Needs Assessment indicator.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The sample of the six (6) client files was used to assess this standard. The review of all 6 files revealed that the YAP Program utilizes an electronic multi-section client case file format. All files are organized in the electronic	No exceptions were documented for this indicator.

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						formatted system to increase accountability. The agency does have some paper documents associated with the file. All of this client information is stored in a secure file cabinet that is only accessible to YAP program staff members. The client files used to service clients outside of the office are housed in a secure locking metal file container. The mobile file container utilizes a key lock that locks to prohibit access and unlocks to access client files. The file cabinet, as well as, the locking case file container are both marked confidential.	
2.08: Sexual Orientation, Gender Identity, Gender Expression							
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 agency provided a policy Youth Sexual Orientation, Gender Identity, Gender Expression for review that addresses the requirements of Indicator 2.08 and a framework document that address SOGIE terminology. The policy was last reviewed on November 1, 2019 by the Program Director, Felicia Wells.	
RATING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	At the time of the review, there were no files that could be reviewed for this requirement. The program has a LGBTQ Framework Supervisor Guide that covers and addresses the requirements set forth in the policy. The policy also addresses the questions that are asked in the ETO database system and provides guidance on questions to ask youth.	No exceptions were documented for this indicator.

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Youth Advocate Program – December 4, 2019

Lead Reviewer: Keith Carr

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		
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) The agency provided a policy for review that addresses the requirements of Indicator 2.09. The program has a policy that specifically address the criteria for serving youth that fall under FYRAC, Staff Secure, and DMST. Policy was reviewed and approved 11/27/19 by the Program Director, Felicia Wells. The review of this policy finds that it meets the minimum requirements of acceptance for this indicator.	The policy does not include and mention of the other special population categories e.g. probation respite, domestic violence respite.
RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PD stated they have not served any youth meeting the special populations criteria for this period of review. The program's policy indicates a level of readiness that outlines their intention to provide services according to the criteria set forth in policy and maintain services in accordance with the CINS FINS requirements for youth meeting eligibility.	No exceptions were documented for this indicator.
2.10: STOP NOW AND PLAN (SNAP)							
Provider has a written policy and procedure that meets the requirement for Indicator 2.10						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Provider has a written policy and procedure that meets the requirement for Indicator 2.10 Policy for SNAP Intake Requirements, SNAP	



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						Group Delivery, SNAP Fidelity Adherence Monitoring, SNAP Discharge Requirements, was reviewed and approved 11/27/19 by the Program Director, Felicia Wells. The policy meets the minimum requirements for this indicator.	
Rating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The SNAP Coordinator informed this reviewer that they are currently mid-cycle with SNAP sessions.</p> <p>4 files were reviewed for SNAP Clinical services. This included three (3) closed and one (1) open file.</p> <p>All files reviewed documented evidence that youth are screened to determine eligibility and identify presenting problems using the SNAP intake form or the NETMIS screening form, consent by parent prior to receiving services, NEEDS assessments, and PAT assessments are completed at intake.</p> <p>1 out of 4 files contained evidence of the pre-Teacher Report Form (TRF), Pre-Child Behavior Checklist at intake, PAT assessment at discharge and SNAP Discharge report summary.</p> <p>It was observed that in one file siblings were mentioned in the file, however, the notes need to remain consistent with the actual file of that individual youth.</p>	<p>Exception: Four files were reviewed for SNAP Clinical services. The files did not contain all required documentation as required for the SNAP indicator. File review findings: 3 files were missing the pre-CBCL at intake and there was a progress note that indicated a request to the parent for 1 of the 3 files. All files were missing evidence of the TOPSE assessment at intake. 3 files did not contain a completed pre-TRF form completed by the teacher. 3 files were applicable for discharge requirements but 3 out 3 files were missing the post-child behavior checklists, post-TRF forms, or the post TOPSE assessments and there was no documentation in the notes to indicate the reason for missing forms or documentation. During interview, it was explained that 2 youth only attended 1 session and there was a lack of engagement. 2 applicable files did not contain evidence of the PAT assessment at discharge.</p>

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						<p>2 cycles of SNAP in Schools was reviewed for this indicator.</p> <p>Both cycles did contain evidence of the completed Classroom Shoot for your Goal sheet and the fidelity adherence checklist.</p> <p>1 cycle contained the pre- evaluation for both teacher and all youth, however, did not have the post evaluations.</p> <p>1 cycle contained evidence of the weekly sessions for all 13 sessions.</p> <p>The program expressed receiving the post evaluations can be challenging and explained their process of documenting any attempts at emailing or requesting these forms from the teachers.</p>	<p>2 discharge summary reports were missing in the file, however, the SNAP Coordinator explained that these youth only completed 1 session and was able to locate one of the discharge report summaries.</p> <p>Program did not have full SNAP in Schools cycle and was missing the following:</p> <p>1 cycle missed both the pre-post evaluations for one consistent cycle, however, 1 cycle was just missing all of the completed post evaluations for the youth and teachers.</p>