



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

CDS NW – Lake City

1884 Southwest Grandview Street
Lake City, FL 32055

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 CDS Family & Behavioral Health Services, Inc. – Interface NW (CDS – Interface NW) for the FY 2020-2021 at its program office located at 1884 SW Grandview Street, Lake City, Florida. 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. CDS Family & behavioral Health Services, Inc. – Interface NW is contracted with the Florida Network of Youth and Family Services (FNYFS) to provide direct services to Children/Families in Need of Services (CINS/FINS). The services to be provided are identified in Contract Section A - Descriptions and Specifications and Section B - Delivery and Performance and are funded with General Revenue Funds effective for July 2019 through June 30, 2020.

The review was conducted by Nitara LaTouche, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from CDS Family & Behavioral Health Services, Inc. – Interface NW present for the entrance interview were: Sabriena Williams, Regional Coordinator; Carlos Lopez, Residential Supervisor; Walter Disbrow, Administrative Assistant; Kathy Hardee, Registered Nurse; Wanda Jones, Senior Youth Care Worker; Stephanie Douglas, LMHC, Senior Family Action Counselor/Case Manager; Lakeshia Bell, SNAP NW Supervisor; and Tracey Ousley, Chief Operating Officer. The last onsite QI visit was conducted June 11-12, 2019.

In general, the Reviewer found that CDS Interface NW is in compliance with specific contract requirements. **CDS Interface NW received an overall compliance rating of 100% for achieving full compliance with 11 indicators** of the CINS/FINS Monitoring Tool. 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

2019-2020 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 09-10-2020-21

Agency Name: CDS – Interface NW					Monitor Name: Nitara LaTouche, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 1884 SW Grandview Street, Lake City, FL		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): 9/9/20-9/10/20		
	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"/>	D: CDS Agency has 6 certified peers that cover all 3 program site locations. Sabriena Williams is based in the CDS-NW location and has already completed a Program QI review this FY.	No corrective action required
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 8 additional contracts for FY20-21. The list includes six (6) additional contract engagements outside of contracts with the FNYFS. The Excel formatted list contains the Contractor; the contract #; the amendment #; the contact address; email address; service, start and end terms; date executed, any main changes; and the annual amount.	No corrective action required
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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: General Liability through Berkshire Hathaway Specialty Insurance Company. The General Liability limits include coverage for \$1,000,000	No corrective action required

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<p>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</p>						<p>each/\$1,000,000; \$3,000,000 General Aggregate; \$1,000,000 personal injury; \$1,000,000 damage to rented property; \$3,000,000 Products-Comp/Op Agg; \$1,000,000 Employee Benefits; Policy Effective 01/10/2020-01/10/2021. Auto Insurance is provided through Berkshire Hathaway Specialty Insurance Company, with combined single limits of \$1,000,000 and PIP Basic \$10,000; Each Occurrence \$1,000,000; Aggregate \$1,000,000 effective 01/20/2020-01/10/2021.</p> <p>Workers Compensation and Employers' Liability is provided by Bridgefield Employers Insurance Company \$500,000 each accident, \$500,000 per each employee; and \$500,000 for policy limitations. Effective dates are 05/01/2020 – 05/01/2021.</p> <p>The FNYFS is confirmed and listed as certificate holder on the certificate.</p>		
<p>External/Outside Contract Compliance a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). ON SITE</p>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>I: The agency did not report any corrective actions for external funding sources.</p> <p>No corrective action required</p>

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Fiscal Practice			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						D: The agency provided fiscal policies for all related financial and financial processes and associated procedures. The most recent update and revision is related to polices is October 2019.	No corrective action required
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: The agency provided a General Ledger Detail Report with Detail Postings for Period 01 July 1, 2020 Thru 03 Ending 9/30/2020. The ledger includes category columns that list Account Number/Description; Period; Date; Journal; Source; Batch Beginning Balance; Debit; Credit; Net Change; and Ending Balance.	No corrective action required
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"/>
						D: CDS has a procedure for petty cash, policy P-1257. The form captures the amounts that are reported from all receipts that are submitted to the main office for reimbursement as needed, dates, the signature of the petty cash custodian and signature for program supervisor. The Administrative Assistant, receives the reimbursement check who will then cash it and replace the money in the petty cash box which is kept securely in his office. The Administrative Assistant evidence of reconciliation for	No corrective action required

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							petty cash for the following dates: 3/10/20, 3/19/20, 4/6/20, 4/27/20, 6/15/20, 6/24/20, 7/1/20, 8/13/20, 9/4/20. With the exception of 8/13/20 having a slight discrepancy with the calculation of receipts and no documentation of the cash on hand, all other reconciliation records were balanced and verified to be at \$150. The updated reconciliation for September reflected the accurate amount and was signed by the program supervisor so no additional action is needed at this time.		
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: The agency provided documentation of all Reconciliation Report Activity Document Date Ranges from February 2020 through July 2020. All statements have documentation for deposits and adjustments and evidence of general ledger and bank statements reconciliation for the aforementioned period.	No corrective action required
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: CDS agency maintains a list of items purchased with DJJ funds; however, no material inventory items	No corrective action required

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equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE										amounting to more than \$1000 were purchased since the last onsite visit.	
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"/>	D: The agency provided bank records that reflect withdrawal IRS Payment transactions. The bank documents provided by the agency document withdrawals from February 2020 through July 2020 list all payments to the IRS as evidence of each payment.	No corrective action required
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: The CDS agency provided the agency's unaudited expense report budget to actual comparison document. The Budget vs. Actual statement on all fiscal transactions. The report documents Revenues/Expenses; Actual; Budget; Percentage Used; and Variances for the June 2019 through July 2020. Variances in budget Profit and Loss Budget versus Actual statement are monitored on a routine basis by the Fiscal Officer and by the Executive Director.	No corrective action required
h. A Single Audit is performed as part of the annual audit if expenses are greater than \$750,000. 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					<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided record of the annual audit completed by James Moore certified public accountants and consultants. The document provided included the annual audit Report on	No corrective action required

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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							the Financial Statements audited June 30, 2019 and 2018. A management letter was issue with general findings. No fiscally deficient findings were documented.		
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: Agency provided 7 confidentiality policies and written procedures for security and privacy as follows: P-1046 Youth Case Record, P-1073 IT Confidentiality Standards, P-1066 Virus Protection, P-1065 Backup, P-1009 Record Elimination, P-1072 Security, and P-1167 Uses and Disclosures of Confidential and Protected Health Information.	No corrective action required

CONCLUSION

CDS Family & Behavioral Health, Inc. Interface NW has met the requirements for the CINS/FINS contract as a result of full compliance with 11 applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the thirteen indicators were not applicable because: 1) does not have any outstanding corrective action item(s) cited by an external funding source and 2) does not have any current inventory purchased with DJJ/FN Funds. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited as a result of the contract monitoring visit. 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.

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 CDS Family & Behavioral Health Services, Inc. – Interface N.W.
CINS/FINS Program

September 9-10, 2020

Compliance Monitoring Services Provided by





Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020
Lead Reviewer: Nitara LaTouche

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	Limited
1.05 Analyzing and Reporting Information	Satisfactory
1.06 Client Transportation	Satisfactory
1.07 Outreach Services	Satisfactory

Percent of indicators rated Satisfactory: 71.43%
Percent of indicators rated Limited: 28.57%
Percent of indicators rated Failed: 0.00%

Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 3: Shelter Care & Special Populations

3.01 Shelter Environment	Satisfactory
3.02 Program Orientation	Satisfactory
3.03 Room Assignment	Satisfactory
3.04 Log Books	Satisfactory
3.05 Behavior Management Strategies	Satisfactory
3.06 Staffing and Youth Supervision	Satisfactory
3.07 Special Populations	Satisfactory
3.08 Video Surveillance	Satisfactory

Percent of indicators rated Satisfactory: 100.00%
Percent of indicators rated Limited: 0.00%
Percent of indicators rated Failed: 0.00%

Standard 4: Mental Health /Health Services

4.01 Healthcare Admission Screening	Satisfactory
4.02 Suicide Prevention	Satisfactory
4.03 Medications	Satisfactory
4.04 Medical/Mental Health Alert Process	Satisfactory
4.05 Episodic/Emergency Care	Satisfactory

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: 93.10%
Percent of indicators rated Limited: 6.90%
Percent of indicators rated Failed: 0.00%



Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020
Lead Reviewer: Nitara LaTouche

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

Nitara LaTouche- Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Juan Youman - Department of Juvenile Justice

Melissa Grzyb – Arnette House

Dialma Rivera – Children’s Home Society of FL

Jessica Szymczyk – SMA Behavioral Healthcare

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

Overview

Monitoring Purpose:

The purpose of this monitoring is to provide an annual quality improvement program review. This is to verify the agency adheres to all current CINS/FINS standards and contract compliance requirements for residential and non-residential services.

Strengths and Innovative Approaches

CDS Family & Behavioral Health Services, Inc. - Interface NW (Interface NW) provided several updates that occurred since the last program review in June of 2019. Ms. Sabriena Williams was promoted from Residential Supervisor to Regional Director in December 2019. Mr. Carlos Lopez was hired as the new Residential Supervisor in March 2020. The Family Action program obtained a new Family Action Counselor, Rebecca Hunt. Additionally, 5 new Youth Care Workers were welcomed to the team: including 3 full-time and 2 part time staff.

Ms. Lakeisha Bell was promoted from SNAP Facilitator to SNAP Supervisor in March. The SNAP Supervisor and staff participated in the Annual Back to School Bash and they distributed over 200 bags of school supplies and program materials to families. Sharon Montgomery, Youth Care worker, was trained on Why Try Curriculum and has since implemented the material during the agency's 2020 Youth Enrichment Camp.

Interface NW has been working hard to strengthen relationships and collaborate with their local communities. Walter Disbrow, Administrative Assistant, was appointed to serve on the Homeless Coalition of Suwanee Valley Board of Directors. Stephanie Douglas, Family Action Senior Case Manager, has an open case staffing that is under continuance for judicial review that has been open since February 2019. Columbia SED-Net Program, with the Columbia County School Board, is still active with the program and is continuing to provide educational support that includes tutoring and life skill support to youth at least 2-4 times per week. Additionally, the agency continues to attend both on-site and virtual United Way Agency meetings and other related trainings online.

The agency has had to address the challenges brought on by COVID-19 by adapting their procedures accordingly. Interface NW reports that they have been following Florida Network/DJJ protocols for staff, participants, and visitors. Staff have been using personal protective equipment with staff and program participants due to COVID. The agency has had to make accommodations due to several staff that needed to be tested due to exposure and 2 staff out with non-COVID related health issues that has had an impact on trying to maintain appropriate levels of staffing requirements were being met.

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

Staff have received several trainings and in-services from the program Nurse to ensure diligent efforts were made to maintain both staff and participants safety.

Currently, all youth participants are engaged in virtual school due to COVID-19. The process required additional planning to fortify the computer equipment used for virtual school and involved increased collaboration with the local school principals, guidance counselors, and teachers.

Narrative Summary

CDS Family & Behavioral Health Services, Inc. has 3 locations (Interface Central, Interface East and Interface NW) that provides short-term, residential (Interface Shelter) and counseling services (Family Action) using a family focused approach to assist both youth and their families through the Children in Need/Families in Need (CINS/FINS) contract through the Florida Network. They also provide services through Stop Now and Plan (SNAP), which is also funded through the Florida Network. They have several other programs across all three locations from various funding streams and partnerships including: Independent Living, Prevention, Emergency Shelter, and Basic Center/Safe Place. The agency was established in 1970 and their mission statement is 'strengthening communities by building strong families'. Family Action provides short term counseling to youth, ages 6-17, and their families. Youth that may be experiencing homelessness, truancy, or at risk of runaway behaviors between the ages of 10-17 meet the criteria of the residential program. Interface NW is located on 1884 S.W. Grandview Street in Lake City, Florida. They provide services to the following counties: Alachua, Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy, Putnam, Suwannee, and Union County. The residential facility operates 24 hours a day, 7 days a week.

During the QI review, it was observed that the agency's policies and procedures do not have individual signatures of approval and contains only the policy numbers or title and review or revision dates. The policies are approved annually by the Chief Operations Officer for the CINS FINS/Procedure Manual. In general, the QI team observed that the policies and procedures are individually written for each indicator making it easy to interpret and understand what is required for the program and the protocol for staff.

During the review, it was observed that in general screening, intakes, and need assessments appear to be conducted the same day allowing both youth and staff to identify and clarify the intent of services that will be provided or needed. It was also observed that the behavior management system appears to be highly motivating for the youth.

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

The overall findings for the QI review for CDS Interface NW are summarized as follows:

Standard 1: There was a total of 7 applicable indicators for Standard 1 - Management Accountability. Four of the seven indicators were rated satisfactory. Indicators 1.01 – Background Screening and 1.04 - Training were rated as a limited rating. Indicator 1.02 had a minor exception due to the residential counselor handling of the grievances. All other indicators were rated as satisfactory with no exceptions.

Standard 2: There was a total of 10 indicators for Standard 2 – Intervention and Case Management. A total of 11 CINS FINS files (4 open files, and 7 closed files) and 2 closed SNAP files were reviewed. The adaptation of protocols and policies implemented by the Florida Network was evidenced by the additional forms noted in the participants records to include temperature logs, forms for both participants and visitors to complete screening for any possible symptoms. Seven out of ten indicators were rated as satisfactory. The following indicators did have exceptions: Indicator 2.02 – Needs Assessment received an exception for 1 file that had the needs assessment completed outside of the 72 hour timeframe, Indicator 2.03 – Case/Service Plan received an exception for 2 files missing a parent/guardian signature or explanation as to why this occurred, and Indicator 2.04 – Case Management and Service Delivery received an exception for 3 out of 3 files missing the 30 day follow and the 60 day follow up from one applicable file. All other indicators were rated satisfactory with no exceptions.

Standard 3: There were a total of 7 applicable indicators for Standard 3 - Shelter Care. Five out of seven indicators were rated satisfactory. Indicator 3.01 – Shelter Environment received an exception for a missing fire drill in April and a lack of supporting documentation of fire drills occurring during the third shift. Indicator 3.04 – Logbooks received an exception for the inconsistency of entries being struck with a single line, indicating this was an error in the entry and initials of the person making the correction. All other indicators were satisfactory with no exceptions.

Standard 4: There were a total of 5 applicable indicators reviewed for Standard 4 – Mental Health/Health Services. All 5 indicators were rated satisfactory with no exceptions.

Summary of Deficiencies resulting in Limited or Failed Rating (If Applicable):

Standard 1: Indicator 1.01 – Background Screening was rated a limited due to 1 new hire staff having eligibility documented after the date of hire. Additionally, there were 3 re-screenings that were completed a year prior to their anniversary hire date. 2 new direct care staff were missing evidence of the completed suitability assessment prior to date of hire. Indicator 1.04 - Training was a rated as a limited as a result of missing



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Lead Reviewer: Nitara LaTouche

trainings for new hire and 1st year training requirements. Additionally, there were trainings late or missing for 2 of the 3 staff reviewed for in-service training requirements.



Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes
	Satisfactory	Non-compliant	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)	
						Background and Suitability policies P-1025 and P-1285 were revised 12/10 and 12/19 and both policies meet the indicator.	
a. Agency utilizes an employee suitability prescreening assessment with a passing rate criterion prior to an offer of hire for direct care staff working with youth.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Applicable to 12 new hire staff. 4 out of 6 applicable staff had a completed suitability pre-screen with a passing rate prior to hire.	Exception: 2 new direct care staff (1 residential supervisor and 1 counselor) were missing a completed suitability screen prior to date of hire.
b. Background screening completed prior to hire/start date or exemption obtained prior to working with youth (if rated ineligible) for new hires, volunteers/interns, and contractors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12 new hire staff files reviewed, and 11 of 12 new hire staff had a background screening completed prior to date of hire.	Exception: 1 staff file was outside of timeframe to have completed background prior to hire by more than 30 days.
c. Five-year re-screening completed every 5 years from initial date of hire	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 files appeared applicable for this indicator based on dates of hire. However, it appears that re-screens were all submitted into the Clearinghouse 1 year early and, therefore, all staff had a completed eligible background screen through the Clearinghouse that shows the retained fingerprints date is valid until 2023.	Exception: It was observed that the screen was submitted 1 year prior to need for the screening for all 3 staff. For example, one employee has date of hire reported as 9/20/99, however, re-screen was done in April 2018 instead of September 2019. This practice does not align with the requirement to request the rescreen based on date of hire and changes the dates for screenings due to retained fingerprints date.

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The annual affidavit of compliance with level 2 screening standards was signed by the COO on 1/8/2020 and notarized. Verification received by DJJ that BSU received on 1/9/20.	No exceptions noted.
e. Proof of E-Verify for all new employees obtained from the Department of Homeland Security	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11 applicable files were reviewed and demonstrated proof of E-verify for all new employees in their personnel files.	No exceptions noted.
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 program has the following policies to meet this indicator: policy 1128 - Rule Violations revised 1/16; policy 1212 - standards of conduct revised 12/17; policy 1032 - behavioral expectations for staff revised 10/10; policy 1105 - complaint grievance process for participants or companions with disabilities revised 2/17; Florida abuse reporting policy 1044 revised 2/09. This is also addressed in youth handbook.	
Abuse Free Environment							
a. Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The policy was reviewed for this indicator. Policy 1212 - standards of conduct which was last revised 12/17.	No exceptions noted.
b. Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Abuse signage was observed during the video tour of the facility and an image was also provided.	No exceptions noted.
c. Youth were informed of the Abuse and Contact Number (see youth survey results)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth handbook discusses the abuse hotline, and this is also addressed during the orientation checklist form, which is signed and dated by youth. Three out of four youth stated they know where the number is located and stated this was discussed during orientation. 1 youth survey stated that they have observed a	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						YCW curse at another youth and stated the YCW told a youth she would hit them once outside. However, the youth also indicated they feel safe at the shelter. All 4 youth said they are not denied food, clean clothing, and they all feel safe at the shelter.	
d. Management takes immediate action to address any incidents of threats or abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no grievances reported for this period of review that involved incidents of threats or abuse for management to take immediate action.	No exceptions noted.
Grievance Process							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has forms to document abuse calls.	No exceptions noted.
b. Locked box accessible to only management and available to youth in a common area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The locked grievance was observed during the virtual tour and the keys to access this are maintained with the Residential Supervisor. The box is located in the common area for youth to easily access.	Exception: It was reported that the Residential counselor will assist with checking the lock box on occasion to work with addressing concerns with youth, however, the residential counselor is not consider a management position and this could be a conflict if there was a grievance against the residential counselor. Supervisor discussed solution to address during onsite visit to change practice to ensure only management.
c. Direct care does not handle the complaint/grievance unless assistance is asked for by the youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Six staff surveyed all reported that they direct youth to the grievance box when needing to report a complaint. No youth care workers are reported to handle complaints or grievances. The residential supervisor does involve the residential counselor as needed to address concerns.	No exceptions noted.
d. 72-hour resolution requirement by management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a grievance policy that addresses this requirement.	No exceptions noted.



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e. Grievance maintained on file for a minimum of 1 year	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a grievance policy that addresses this requirement.	No exceptions noted.
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) Policies P-1045 and P-1051 discusses the procedures and practices for incident reporting which meets the indicator requirements.	
a. During the past 6 months, the program notified the Department's CCC (Central Communication Center) no later than two hours after any reportable incident occurred or within two hours of the program learning of the incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of the incident reports for the past six months found the program had a total of six incidents requiring the program to contact the Department's CCC. All of the incidents were reported to the CCC no later than two hours after the incident occurred or within two hours of the program learning of the incident.	No exceptions noted.
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All reports requiring additional tasks or special instructions were completed and evidenced the necessary follow up communication.	No exceptions noted.
c. Incidents are documented in the program logs and on incident reporting forms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each of the incidents were documented on the program log and on incident reporting forms.	No exceptions noted.
d. All incident reports are reviewed and signed by program supervisors/directors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All of the six incidents were signed by the program supervisors/director. There was documentation of the supervisor and COO being notified of each incident.	No exceptions noted.
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) Policy P-1030 Training Policy that was last revised on 10/17 and meets the indicator requirements.	
First Year Direct Care Staff							

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Direct care staff receives all mandatory training during the first 120 days of employment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>3 new hire training files were reviewed.</p> <p>1 staff training file met all training requirements.</p> <p>2 staff had completed some of the 12 required trainings needed within the 1st 120 days of hire.</p>	<p>Exceptions: 2 new hire files had exceptions due to missing evidence of the following trainings:</p> <p>Staff 1 – Missing Managing Aggressive Behavior, Understanding Youth Development, and Child Abuse Reporting. Staff 2 – Missing CINS FINS Core Training, Understanding Youth Development, Child Abuse Reporting, and Confidentiality.</p>
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>3 training files was reviewed for this indicator.</p> <p>Staff 1 - There were 8 out of the 14 required trainings to be completed within the 1st year that demonstrated the requirements were met.</p> <p>Staff 2 and 3 had the majority of the required trainings completed and the trainings that were not yet complete are not applicable due to the staff still having time to remain in compliance with the required timeframes.</p> <p>Two staff were demonstrating the ability to meet or have met the required 80 hours for the year. One staff had a cumulative total of 79.5 hours to date, the other staff reviewed had a total of 117 hours and the last staff file reviewed had a total of 67 hours.</p>	<p>Exceptions: The staff was missing 6 required trainings during the 1st year of employment. Missing trainings for DJJ Skill Pro are as follows: Child Abuse, PREA, Sexual Harassment, Trauma Informed Care, Human Trafficking 101, and they were also missing evidence of the Title IV- E Training.</p> <p>This staff was also missing 23 hours of training hours to meet the 80-hour requirement.</p>
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 non-licensed mental health clinical staff reviewed, and all requirements met.	No exceptions noted.
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 non-licensed mental health clinical staff reviewed, and all requirements met.	No exceptions noted.

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licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).							
In-service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>3 applicable training files were reviewed for the annual training requirements.</p> <p>1 out of 3 training files met all training requirements and timeframes. There are 8 trainings that are required, and they completed all 8 within the required timeframes.</p> <p>2 out of 3 files met the majority of training requirements, however, some trainings were outside of timeframe or missing in the staff's training file at the time of review.</p> <p>1 out 2 staff met the required 40 hours of annual in-service training hours for the shelter.</p> <p>1 staff exceeded the 24 hour training requirement by having evidence of 60 hours of training hours documented from the counseling program.</p>	<p>Exceptions: 2 staff files were missing training evidence that all training was completed as required.</p> <p>Staff 1: Deficient in 6 out of 8 trainings. MAB training is required every 2 years and was due to be completed in 2019, the last documentation provided showed it was completed in 2017. The additional trainings that were missing are: DJJ Skill Pro – Suicide Prevention (required annually), Fire Safety Equipment (required every 2 years), DJJ Skill Pro – PREA (required every 2 years), DJJ Skill Pro Sexual Harassment (required every 2 years), and DJJ Skill Pro – Human Trafficking 101. They only have 28 hours out of the required 40 training hours for annual requirements.</p> <p>Staff 2: Deficient in 2 out of 8 trainings. MAB training is required every 2 years and was due to be completed in 2019, the last documentation provided showed it was completed in 2017. The additional training missing is DJJ Skill Pro – Human Trafficking 101.</p>
Required Training Documentation							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Each employee has an individual training file. The program has an annual training plan from 7/1/2019-6/30/20 which is how the agency tracks employee hours. Trainings are from	No exceptions noted.



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documentation, such as certificates, sign-in sheets, and agendas for each training attended.						date of hire to one year out. Training documentation includes certificates, sign-in sheets and skill-pro documentation.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The agency has 2 policies that meets the criteria for this indicator. Policy on Data Collection and Risk Management Data Plan Policy P-1049, which was last revised on 8/15.	
Quarterly Reviews							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	☒	☐	☐	☐	☐	The agency provided 3 quarters of case record reviews for this indicator as follows: 1 st – September 2019, 2 nd – November 2019, 3 rd – February 2020 for the Northwest region. Quarterly review - conducted last in Jan - Mar; skipped Apr-Jun due to COVID and COO reported they are looking to resume reviews soon. Based on the sample provided, the agency appears to have a robust and comprehensive review process that reviews a sample of files and documents the findings via a spreadsheet. The findings analyzes the documentation for the entire youth record including: screening, available service options, parent/guardian information provided, grievance procedures, referrals, needs assessments requirements, case/service plan requirements, assessment of suicide risk, time frame, signature requirements as well as other relevant information as it relates to service delivery and	The agency missed the quarterly review for April – June as a result of the COVID-19 pandemic but this deficiency did not result in an exception.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						provision. The spreadsheet also indicates a pivot and additional chart data to provide an analysis and highlight any areas of compliance and/or areas in need of improvement.	
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The following documents were provided for the review of this indicator: Personnel Incidents Summary; Outreach distribution; Pie charts to report CINS FINS issues Distribution for family action and each of the locations and shelters have to report the possible reason for runaway and risk distribution and DV/Probation respite populations; Monthly shelter utilizations for all locations were tracked with line graphs that allows a review of data on an ongoing basis to compare and review for trends.	No exceptions noted.
Annual Reviews							
a. The program conducts an annual review of customer satisfaction data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The data department completes an annual packet that includes a review of customer satisfaction data. This includes the participant satisfaction results, per agency location, noting counts, results, and comments.	No exceptions noted.
b. The program conducts an annual review of outcome data	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's data department compiles an annual packet that is assembled at the end of the fiscal year and is reviewed by staff and the management team. The agency provided the September meeting minutes for review.	No exceptions noted.
Monthly Reviews							
The program conducts a monthly review of NetMIS data reports	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency's data department utilizes the data pulled from NETMIS and develops a monthly report 'CDS Performance Packet'. The agency uses both the NETMIS data and the Performance Packet to facilitate a comprehensive overview to discuss during the monthly CINS FINS Management meetings to analyze data and trends of the program. Due to COVID-19, the agency reports recently	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						having these meeting via ZOOM instead of in person to maintain ongoing communication and review of this data. Meeting minutes were provided to evidence this for this review.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Quality Improvement Process							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency compiles data from NETMIS into a risk management packet which is reviewed by program managers on a monthly basis for program management to review to address any data integrity problems that are identified.	No exceptions noted.
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency holds monthly meetings to review data collected and the data systems department prepares the performance packet monthly report to review findings. In addition, the data department completes follow up reports for 6 month and 12-month checks to track and show progress for subsequent quarters and end of year.	No exceptions noted.
c. There is evidence that strengths and weaknesses are identified, improvements are implemented or modified and staff are informed and involved throughout the process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The following documents were provided for the review of this indicator: FN NETMIS Reports; SNAP Performance Report CINS FINS Performance report - Bed utilization, Staff, Monthly Summary, Performance Projections from July 2019-July 2020. Personnel Incidents Summary was provided and Outreach distribution; Pie charts to report CINS FINS issues Distribution for family action and each of the locations and shelters have to report the possible reason for runaway and risk distribution and DV/Probation respite populations; Monthly shelter utilizations for all locations were tracked with line graphs.	No exceptions noted.
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.							



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy P-1013 Vehicle use and Safety Inspection and was last revised 12/15. This policy meets the requirement.	
Approved agency drivers							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency provided a list of approved drivers to meet this requirement.	No exceptions noted.
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agency has a list of approved drivers with a valid driver's license that are covered under the agency's current insurance policy.	No exceptions noted.
Third party present in the vehicle							
a. Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This was addressed and noted in the agency's policy and procedure.	No exceptions noted.
b. In the event that a 3rd party cannot be obtained for transport, the agency's supervisor or managerial personnel consider the clients' history, evaluation, and recent behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation Logs reviewed from 2/28/20-5/14/20 and 5/14/20-8/11/20. Reviewed transportation logs with Supervisor signatures for all single transports that were obtained prior to transportation.	No exceptions noted.
c. The 3 rd party was an approved volunteer, intern, agency staff, or other youth	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation Logs reviewed from 2/28/20-5/14/20 and 5/14/20-8/11/20. Based on supporting documentation in transportation logs, there was verification that an approved 3 rd party was obtained when required.	No exceptions noted.
Transportation documentation							
There is documentation of use of vehicle that notes name or initials of driver, date and time, mileage, number of passengers, purpose of travel and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation Logs reviewed from 2/28/20-5/14/20 and 5/14/20-8/11/20. All entries reviewed met the necessary requirements.	No exceptions noted.
1.07: Outreach Services							



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	Satisfactory	Non-compliant	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>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</p>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy P-1050 Outreach Plan for Targeting youth for Program Services was last revised 2/18. The COO also advised this policy is due to be updated and revised pending the changes to the FN requirement.	
<p>a. The program has a lead staff member designated to participate in local DJJ board and council meetings with evidence that includes minutes of the event or other verification of staff participation</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DJJ board meeting minutes were reviewed and demonstrated evidence that staff participated. The following minutes were provided: 10/16/19, 1/15/20, 7/22/20.	No exceptions noted.
<p>b. Outreach and prevention services are provided by designated staff and include increasing community awareness, offering informational and educational CINS/FINS services to youth and families.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Events forms and minutes from outreach events attended were reviewed for this requirement.	No exceptions noted.
<p>c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach documentation was provided with community partner agreements. CDS provided a list consisting of approximately 50 partnership agreements with other community partners. The List of Community Partners was last updated on 2/21/2018 with dates of expiration varying from June 2019 or June 2021 and it appears the list may need to be updated for those that appear to have expired.	No exceptions noted.
Standard Two – Intervention and Case Management							
2.01: Screening and Intake							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</p>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy # F-PR-1102 Title: Screening Process Last Date: 3/18 and the policy meets the requirement for this indicator.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Eligibility screening is completed within 7- calendar days of referral	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 out of 8 files reviewed met all the requirements (4 opened files, 4 closed files) 3 of the files were Residential files. All files reviewed showed that the program completed the screens within 7 days of referral.	No exceptions noted.
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> Available service options Rights and responsibilities of youth and parents/guardians 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 out of 8 files reviewed met all the requirements (4 opened files, 4 closed files) 3 of the files were Residential files. All files reviewed showed that the program provided youth and parents with the available service options and the rights and responsibilities.	No exceptions noted.
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) Grievance procedures 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 out of 8 files reviewed met all the requirements (4 opened files, 4 closed files) 3 of the files were Residential files. All files reviewed showed that the program provided information on grievance procedures and possible actions occurring through involvement with CINS/FINS.	No exceptions noted.
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) Policy # F-PR-114 Title: Need Assessment Last Date: 12/14 and the policy meets the requirement.	
Completion of Needs Assessment							
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 out of 3 residential youth files Needs Assessments were completed within 72 hours.	Exception: 1 file indicated the Needs Assessment was not initiated within the 72 hours of admission and was initiated 5 days after admission.
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake OR updated, if most recent assessment is over 6 months old	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 5 non-res youth files Need Assessments were completed within 2 to 3 face to face sessions.	No exceptions noted.

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c. Needs Assessment is conducted by a Bachelor's or Master's level staff member	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In 3 out of 8 files (Non Residential) the needs assessment did not clearly document the staff credentials to indicate if staff was Master's or Bachelor's degree level. During the interview, it was explained that all of the staff are either bachelor or master level staff and this is documented on the staff roster provided by the agency.	It was recommended at the time of review, that staff initial with credentials on the actual needs assessment to make it clear of their staff level.
d. Needs Assessment includes a supervisor's review signature upon completion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 files indicated that a supervisor review signature was documented upon completion.	No exceptions noted.
Suicide Risk as a Result of the Needs Assessment							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No youth were identified with elevated risk of suicide.	No exceptions noted.
b. If yes, the youth was referred for an Assessment of Suicide Risk conducted by or under the direct supervision of a licensed mental health professional	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No youth were identified with elevated risk of suicide.	No exceptions noted.
2.03 Case/Service Plan							
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) Policy # F-PR-1179 Title: Individual Plan DJJ-QA Last Date: 6/13 and the policy meets the requirement for this indicator.	
Case/Service plan is developed within 7 working days of Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 files demonstrated the service plan was developed within 7 days of the Needs Assessment.	No exceptions noted.
Case/Service Plan includes:							
<ul style="list-style-type: none"> Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment Service type, frequency, location Person(s) responsible 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 files include individualized goals, service type and frequency, person(s) responsible, target dates, actual completion dates, and signature of youth, counselor and supervisor.	Exception: 2 files did not evidence the parents' signature. 1 file noted the parent was not allowed to visit the client on the premise, however, there was no documentation service planning involved the legal

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<ul style="list-style-type: none"> Target date(s) for completion and Actual completion date(s) Signature of youth, parent/guardian, counselor, and supervisor Date the plan was initiated 						6 out of 8 files included the signature of the parent or guardian.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below guardian via phone or attempts made to include the guardian.
Case/service plans are reviewed for progress/ revised by counselor and parent (if available) every 30 days for the first three months and every 6 months after	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 applicable files evidenced the service plans were reviewed every 30 days.	No exceptions noted.
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) Policy # P-1163 Title: Case Management, Counseling, and Service Delivery Last Date: 3/11 and the policy meets the requirement for this indicator.	
Counselor/Case Manager is assigned	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 files clearly documented the case manager/counselor assigned.	No exceptions noted.
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs Coordinates service plan implementation Monitors youth's/family's progress in services Provides support for families Monitors out-of-home placement (if necessary) Makes referrals to the case staffing to address problems and needs of the youth/family 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 out of 8 files met all requirements. 3 residential files, 5 non-residential files. The remaining 3 files met all of the requirements with the exception of the 30 day follow up required.	Exceptions: In 2 out of the 8 closed files reviewed, the cases did not evidence the 30-day follow-up as required. In 1 closed file there was no evidence of the 30- and 60-day follow-up as required.



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Accompanies youth and parent/guardian to court hearings and related appointments Refers the youth/family for additional services when appropriate Provides case monitoring and reviews court orders Provides case termination notes Provides follow-up after 30 days of exit Provides follow-up after 60 days of exit 							
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) Policy # P-1163 Title: Case Management, Counseling, and Service Delivery Last Date: 12/17 and the policy meets the requirement for this indicator.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Counseling Services-In 7 out of 8 files reviewed met all the requirements (3 open residential, 2 open Non- Residential, and 2 closed Non-Residential).	No exceptions noted.
Shelter Program							
Shelter programs provides individual and family counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidenced showed individual and family counseling was provided as applicable.	No exceptions noted.
Group counseling sessions held a minimum of five days per week	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation showed a minimum of group counseling sessions was provided as applicable.	No exceptions noted.
Group counseling sessions consist of: <ul style="list-style-type: none"> Length of at least 30 minutes Opportunity for youth engagement Clear and relevant topic (informational/developmental/educational) Clear leader or facilitator 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation for group sessions that included date and time of group, the list of who participated, there is a clear leader, the topic, youth are able to participate, and the length is 30 minutes or longer.	No exceptions noted.
Non-residential Program							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Non-residential programs provide therapeutic community-based services designed to provide the intervention necessary to stabilize the family. Services are provided in the youth's home, a community location, or the local provider's counseling office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 files were reviewed and indicate that services are provided to the client to stabilize the family.	No exceptions noted.
Counseling Services							
Reflect all case files for coordination between presenting problem(s), psychosocial assessment, case/service plan, case/service plan reviews, case management, and follow-up	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All youth records reviewed reflect case coordination between presenting problem, intake, assessment, service plan and case management or follow-up.	No exceptions noted.
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 8 files adhere to laws regarding confidentiality.	No exceptions noted.
Case notes maintained for all counseling services provided and documents youth's progress	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It was evidenced in both daily/weekly counseling notes in 8 out of 8 files that there is documentation of youth's progress.	No exceptions noted.
On-going internal process that ensures clinical reviews of case records and staff performance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation – youth record	No exceptions noted.
2.06: 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) Policy # P-1159 Title: Case Staffing Committee: Plan of Service Last Date: 2/08 and the policy meets the requirement for this indicator.	
Case Staffing Initiation and Notifications							
If parent/guardian initiates, staffing is held within 7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 file met this requirement and evidenced the staffing was held within 7 days.	No exceptions noted.
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> • Notification to youth/family no less than 5 working days prior to staffing 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 file reviewed and evidence was provided to show notifications were provided to both family and committee no less than 5 working days prior to staffing.	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> Notification to committee no less than 5 working days prior to staffing 							
Case Staffing Committee							
Must include: a. DJJ rep. or CINS/FINS provider b. Local school district representative	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 applicable file reviewed and both CINS FINS provider and school rep attended case staffing committee.	No exceptions noted.
Other members may include: <ul style="list-style-type: none"> State Attorney's Office Others requested by youth/family Substance abuse representative Law enforcement representative DCF representative Mental health representative 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All other applicable members were included for the case staffing committee for the file reviewed. Substance abuse was n/a as it did not apply in this case. No additional family members were asked to be invited.	No exceptions noted.
The program has an established case staffing committee, and has regular communication with committee members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy # P-1159 Title: Case Staffing Committee: Plan of Service addresses the established committee.	No exceptions noted.
The program has an internal procedure for the case staffing process, including a schedule for committee meetings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Policy # P-1159 Title: Case Staffing Committee: Plan of Service was reviewed and last revised on 2/08.	No exceptions noted.
As a result of the Case Staffing							
The youth and family are provided a new or revised plan for services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth and family were provided a new or revised plan for services as needed.	No exceptions noted.
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The written report was provided to the family within 7 days of the case staffing and sent via registered mail.	No exceptions noted.
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The file demonstrated that the program worked with the circuit court for judicial intervention.	No exceptions noted.
Case Manager/Counselor completes a review summary prior to the court hearing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The youth file showed that the case manager provided a review summary prior to the court hearing.	No exceptions noted.
2.07: Youth Records							



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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) Policy # P-1046 Title: Youth Case Record Last Date: 9/15 and the policy meets the requirement for this indicator.	
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8 out of 8 files reviewed met all the requirements (4 open files, 4 closed files). 3 of the 8 files were Residential and 5 for Non-residential.	No exceptions noted.
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	From virtual tour, all the records are maintained in a locked and closed cabinet and marked confidential.	No exceptions noted.
When in transport, all records are locked in an opaque container marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Based on interview and virtual tour, records are transferred using an opaque container marked confidential.	No exceptions noted.
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It was evidenced with consistency across all 8 files that all records are neat and orderly.	No exceptions noted.
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 has a policy Sexual Orientation, Gender Identity, Gender Expression P-1284 was last revised 10/19 that meets the indicator.	
Use of youth's preferred name/pronoun: a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a policy that states they will follow the indicator requirements. The 4 youth surveyed indicated they feel this shelter is safe for all clients regardless of gender identity or sexual orientation.	No exceptions noted.
Youth in need of specialized support is referred to qualified resources (as applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth that met this criteria to review during the review period.	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Youth preference is considered and documented for room assignment and youth is not roomed in isolation due to sexual orientation, gender identity, or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth that met this criteria to review during the review period.	No exceptions noted.
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There were no youth that met this criteria to review during the review period.	No exceptions noted.
The agency has signage and brochures/publication placed in common areas indicating that all youth are welcome regardless of sexual orientation, gender identity, and gender expression	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence of signage and postings around the common areas and entrance of the shelter to indicate all are welcome. This was viewed during the virtual tour and images submitted by the agency.	No exceptions noted.
2.09: Special Populations							
Provider has a written policy and procedure that meets the requirement for Indicator 2.09 for EACH special population served i.e. Staff Secure, DMST,DV, PR, ICM and FYRAC.						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The following policies were provided for this indicator and meets the requirement: FYRAC P-1283, reviewed 9/19; PR P-1279, reviewed 1/20; DMST - P-1282, reviewed 5/18; Staff Secure P1248, reviewed 4/09; DV Respite P-1267, reviewed 1/16.	
Staff Secure							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				There were no reported cases that met this requirement during the period under review.
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> In-depth orientation on admission Assessment and service planning Enhanced supervision and security with emphasis on control and appropriate level of physical intervention Parental involvement Collaborative aftercare 	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
Staff Assigned: a. One staff secure bed and assigned staff supervision to one staff secure youth at any given time b. Program assign specific staff during each shift to monitor location/ movement of staff secure youth c. Agency clearly documents the specific staff person assigned to the staff secure youth in the logbook or any other means on each shift	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Minor Sex Trafficking (DMST)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				There were no reported cases that met this requirement during the period under review.
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Did the placement of DMST youth require additional supervision for the safety of the youth or the program? If so, did the agency provide the appropriate level of supervision and safety measures?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of Stay: a. Youth in program do not have length of stay in DMST placement that exceeds seven (7) days b. Agency has approval for stays and support beyond seven (7) days for DMST placements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
that are obtained on a case-by-case basis? (If applicable.)							
Agency has evidence that staff assigned to DMST youth under this provision are to enhance the regular services available through direct engagement in positive activities designed to encourage the youth to remain in shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Domestic Violence							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> N/A				
Youth admitted to DV Respite placement have a pending DV charge and have evidence of being screened by JAC/Detention, but do not meet criteria for secure detention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 closed files reviewed for this indicator. All files showed evidence in the file there was a pending DV charge and were screened by JAC/Detention.	No exceptions noted.
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 closed files reviewed for this indicator. All files showed evidence in the file the data entry was entered into NetMIS within 24 and 72 hours as required.	No exceptions noted.
Youth in program do not have length of stay in DV Respite placement that exceeds 21 days. If more than 21 days, documentation exists in youth file of transition to CINS/FINS or Probation Respite placement, if applicable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 3 files showed evidence that the youth did not exceed 21 days or were transferred to CINS FINS when appropriate. 1 file did indicate the youth exited after 24 hours due to the legal guardian being in Jacksonville and the program arranged the pick up as soon as the guardian was available, however, it was also noted this youth was admitted at 11:11pm and technically should be considered within the 21 day timeframe once all of the intake process was completed.	No exceptions noted.
Case plan in file reflects goals focusing aggression management, family coping skills, or other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 3 files indicated a service plan that reflected goals for anger management or similar coping	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
intervention design to reduce reoccurrence of violence in the home						skills needed to address aggression management.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All 3 files demonstrated all other general CINS/FINS requirements were adhered to and met the required timeframes.	No exceptions noted.
Probation Respite							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				There were no reported cases that met this requirement during the period under review.
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Length of stay is no more than fourteen (14) to thirty (30) days? (Placement beyond thirty (30) days requires the approval of the JPO and/or CPO)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All case management and counseling needs have been considered and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intensive Case Management (ICM)							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A				The agency does not provide ICM services.
Youth receiving services was court ordered or referred by case staffing committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Services for youth and family include: a. Six (6) direct contacts per month b. Six (6) collateral contacts per month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Assessments include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

Quality Improvement Indicators	Rating					Review Based Upon Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. A Child Behavior Checklist (CBCL) is completed within 14 days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)							
Case plan demonstrates a strength-based, trauma-informed focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Agency has evidence that ICMS has a strength-based perspective in one or more of the following areas; engaging the family, advocating on their behalf, initiating change agent activities, helping to access supports in the community, teaching problem solving skills, modeling productive behaviors, and/or successful completion of youth and family developmental milestones	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? (If no, select rating "No eligible items for review")	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> N/A				There were no reported cases that met this requirement during the period under review.
Youth is referred by DJJ for a domestic violence arrest on a household member, and/or the youth is on probation regardless of adjudication status and at risk of violating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
b. Includes development of the service plan and is documented through signature of the youth and his/her parent/guardian as well as orientation to the program							
Life Management Sessions meets the following criteria: a. Sessions are face-to-face, sixty (60) minutes in length and focus on strengthening the family unit b. Individual Sessions are with the youth and family and focus to engage, identify strengths and needs of each member that help to improve family functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
Youth and family participate in services for thirteen (13) sessions or ninety (90) consecutive days of services, or there is evidence in the youth's file that an extension is granted by DJJ circuit Probation staff	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No applicable youth files to review.	
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) The agency had several policies that met this indicator. Policy P-1286 SNAP Intake, Policy P-1287 SNAP Group Delivery, Policy P-1288 SNAP Fidelity Adherence Monitoring, Policy P-1289 SNAP Discharge Requirements, Policy P-1290 SNAP in Schools which were all revised 1/20.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
SNAP Clinical Groups							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed and showed evidence youth were screened to determine eligibility.	No exceptions noted.
Needs assessment is completed at initial intake, or within two face-to-face sessions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed and showed evidence the need assessment was complete at intake or within 2 face to face sessions.	No exceptions noted.
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had both pre and post CBCL assessments completed.	No exceptions noted.
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 file contained all documentation as required.	Due to the documentation on file, this deficiency did not result in an exception.
b. Teacher Report Form (TRF) completed by the teacher (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 of 2 files reviewed was missing the Pre-TRF form but there was documentation from the SNAP facilitator requesting this form on the following dates: 3/2/20, 3/12/20, and 3/18/20 which was possibly impacted due to the limited availability as a result of COVID.	
c. TOPSE (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had both pre and post TOPSE completed.	No exceptions noted.
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had both pre and post PAT assessments completed.	No exceptions noted.
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had the discharge report summaries completed.	No exceptions noted.
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had the completed child group evaluation form.	No exceptions noted.
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 closed SNAP files reviewed had the completed parent group evaluation form.	No exceptions noted.
SNAP in Schools							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence that included youth records were reviewed and the group log from	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
teacher and facilitator(s) (For a total of 13 attendance sheets)						the school included a total of 13 weeks beginning on 9/12/19.	
"Class Shoot for Your Goal" sheet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The file contained evidence that the "Class Shoot for Your Goal" sheet was completed.	No exceptions noted.
Pre and Post Evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Evidence was reviewed to support that all pre and post evaluations were present for one teacher and there were 20 pre evals for youth and 19 post evals for youth.	No exceptions noted.
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence that the Fidelity Adherence Checklist was completed.	No exceptions noted.
Standard Three – Shelter Care							
3.01 Shelter Environment							
The shelter's environment is safe, clean, neat and well maintained. The program provides structured daily programming to engage youth in activities that foster health, social, emotional, intellectual and physical development.							
Provider has a written policy and procedure that meets the requirement for Indicator 3.01						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (explain) There was no policy that covered the physical shelter environment expectations, however there is a Safety and Maintenance Inspection checklist which covers all the items required on this indicator.	It was observed there was not an actual policy, however, the safety checklist is more thorough and detailed than is required for the indicator. A recommendation was made that the program integrate the safety checklist into a policy.
Facility Inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Due to COVID restrictions, facility tour was completed virtually by the Residential Supervisor. On the tour, the following observations were made: All furnishings appeared to be in good repair and free of insect infestation. The grounds were well maintained and free from debris or hazards. The dumpster was covered. Bathrooms and showers were clean and functional. There was no evidence of graffiti inside or out. The lighting appeared to be	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<p>adequate for the activities. Staff and program vehicles were locked and secured. Staff van was equipped with fire extinguisher and first aid kit. The fire extinguisher was inspected, and pressure was good. Doors to staff areas, hazardous materials area, Laundry area, pantry area and lobby bathroom were locked and secure. There were posted in client areas detailed maps of egress plans, location of fire extinguishers, grievance forms, abuse hotline reporting information, DJJ incident reporting, meal plan and daily schedule. The DCF License was current, dated April 1, 2020 and it also was posted in a visible location.</p> <p>Living quarters appeared to be clean, neat and free from hazardous or contraband items. Beds were made and each youth had their own bed so as to maintain social distancing as much as possible. Clothing is stored in a bed-bug resistant tote which seals and the beds are metal framed so as to reduce the chances of insect infestation. The hazardous materials are checked and documented at least weekly and use of items is also documented. Laundry area is maintained by staff and the machines appeared to be in good repair and functional. Youth have an area that they can store items in a locked room if needed.</p>	
Fire and Safety Health Hazards	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Due to COVID restrictions, facility tour was completed virtually by the Residential Supervisor.</p> <p>The facility was inspected by fire marshal on 1-15-20 and found to be within compliance of local and state laws. Fire extinguishers (5) were all the appropriate pressure and inspected in April</p>	<p>Exceptions: Fire drill missing for April 2020 and there was no evidence of 3rd shift drills completed for the period under review.</p>

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<p>2020. Fire drills were completed March 4, May 4, June 2, July 3, and August 8. In all instances, the building was cleared in less than 2 minutes, and in several instances less than 30 seconds.</p> <p>Emergency drills were completed on March 6 (bomb threat), April 10 (natural disaster), May 6 (medical emergency), June 5 (violent threat), July 6 (violent threat), and August 8 (utility outage). Drills were completed during 1st and 2nd shift.</p> <p>There was a satisfactory Food Safety inspection as well as a Residential Group Care Inspection completed on 2-3-20. The refrigerator temperature was 37 degrees Fahrenheit at the time of inspection and the freezer was 10 degrees Fahrenheit. Food was properly stored, and pantry area was clean.</p>	
Youth Engagement							
<ul style="list-style-type: none"> Youth are engaged in meaningful, structured activities (e.g., education, recreation, counseling services, life and social skill training) seven days a week during awake hours. Idle time is minimal. At least one hour of physical activity is provided daily. Youth are provided the opportunity to participate in a variety of faith-based activities. Non-punitive structured activities are offered to youth who do not choose to participate in faith-based activities. Daily programming includes opportunities for youth to complete homework and access a variety of age appropriate, program 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>Youth were in school (virtual) at the time of the tour and they were engaged and cooperative.</p> <p>There is documentation in the logbook of regular recreation (weather permitting) and craft/game activities on a daily basis. Youth are also given evening meditation time before bedtime each night. There are appropriate books in each wing of the shelter.</p>	No exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<p>approved books for reading. Youth are allowed quiet time to read.</p> <ul style="list-style-type: none"> Daily programming schedule is publicly posted and accessible to both staff and youth. 							
3.02: Program Orientation							
Provider has a written policy and procedure that meets the requirement for Indicator 3.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy 1114, Admission/Intake and Participant Orientation –last revised on 3-2018 was reviewed and the policy meets requirements for this indicator.	
Youth received a comprehensive orientation and handbook provided within 24 hours	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four residential charts were reviewed, 2 open and 2 closed. Of the 4 charts reviewed, all 4 were in full compliance with this requirement.	There were no exceptions noted.
Orientation includes the following							
a. Youth is given a list of contraband items b. Disciplinary action is explained c. Dress code explained d. Review of access to medical and mental health services e. Procedures for visitation, mail and telephone f. Grievance procedure g. Disaster preparedness instructions h. Physical layout of the facility i. Sleeping room assignment and introductions j. Suicide prevention- alerting staff of feelings or awareness of others having suicidal thoughts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four residential charts were reviewed, 2 open and 2 closed. Of the 4 charts reviewed, all 4 were in full compliance with this requirement.	There were no exceptions noted.
Documentation of each component of orientation, including orientation topics and dates of presentation, as well as signatures of the youth and staff involved is maintained in the individual youth record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four residential charts were reviewed, 2 open and 2 closed. Of the 4 charts reviewed, all 4 were in full compliance with this requirement.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
3.03: Youth Room Assignment							
Provider has a written policy and procedure that meets the requirement for Indicator 3.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies 1116, Residential Admissions and Sleeping Arrangements last revised on 10-2007 and 1119 Medical and Mental Health Alert Process, last revised on 11-2016 were reviewed and the policy meets requirements for this indicator.	
A process is in place that includes an initial classification of the youths, to include:							
a. Review of available information about the youth's history, status and exposure to trauma b. Initial collateral contacts, c. Initial interactions with and observations or the youth d. Separation of younger youth from older youth, e. Separation of violent youth from non-violent youth f. Identification of youth susceptible to victimization g. Presence of medical, mental or physical disabilities h. Suicide risk i. Sexual aggression and predatory behavior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four residential charts were reviewed, 2 open and 2 closed. Of the 4 charts reviewed, all 4 were in full compliance with all of the applicable requirements.	There were no exceptions noted.
An alert is immediately entered into the program's alert system when a youth is admitted with special needs and risks such as risk of suicide, mental health, substance abuse, physical health or security risk factors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Four residential charts were reviewed, 2 open and 2 closed. Of the 4 charts reviewed, all 4 included alerts are documented and entered in the file.	There were no exceptions noted.
3.04: Log Books							
Provider has a written policy and procedure that meets the requirement for Indicator 3.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy 1149, Program Log Book, last revised on 12-2019 reviewed and the policy meets requirements for this indicator.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Log book entries that could impact the security and safety of the youth and/or program are highlighted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook was reviewed for the First week of March, the second week of April, the third week of May, the fourth week of June, the first week of July and the second week of August. Safety and security issues were highlighted and information specific to that incident/activity or the event included staff and youth names, specific information relating to the entry and signatures of staff were included in these safety and security entries.	There were no exceptions noted.
All entries are brief, legibly written in ink and include: <ul style="list-style-type: none"> • Date and time of the incident, event or activity • Names of youth and staff involved • Brief statement providing pertinent information • Name and signature of person making the entry 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Logbook was reviewed for the First week of March, the second week of April, the third week of May, the fourth week of June, the first week of July and the second week of August. Logbook was written in ink and was legible for all staff entering information. Additionally, all entries are brief, legible and include information specific to that incident/activity/event included staff and youth names, specific information relating to the entry and signatures of staff were included in these entries.	There were no exceptions noted.
Recording errors are struck through with a single line. The staff person must initial and date the correction. The use of whiteout and erasures is prohibited.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was no indication of white-out usage. Staff are crossing out error on occasion, but this is not consistent.	Exception: There were several instances of entries being crossed out with one line, but the correction did not include the date corrected, the initials of the person correcting it and the word error which is required per the indicator. Examples provided as follows: 8-12-20 12a-8a shift-one line and initialed but not dated (pg 45); same shift, one line, error no

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
							initials or date (pg 46); 8-15-20 -line no initials or date on error correction of shift time (pg 81)
The program director or designee reviews the facility logbook(s) every week and makes a note chronologically in the logbook indicating the dates reviewed and if any correction, recommendations and follow-up are required and sign/date the entry	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Program Coordinator or designee completed supervisory review on each logbook page to indicate which days were reviewed as well as the weekly review to address any recommendations as needed.	There were no exceptions noted.
Supervisors and all staff review the logbook of the previous two shifts and makes an entry signed and dated into the logbook indicating the dates reviewed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	It was clearly documented that staff reviewed previous 2 shifts at the beginning of their shift, which was signed and dated as required.	There were no exceptions noted.
Logbook entries include: <ul style="list-style-type: none"> • Supervision and resident counts • Visitation and home visits 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In review of the logbook, it was clearly documented that resident counts and visitation, or home visits counts are conducted. Youth were identified by name at the beginning of each day and any admissions or discharges were indicated by name. Limited visitation has occurred because of COVID, but when it did occur it was documented in the logbook.	There were no exceptions noted.
3.05: Behavior Management Strategies							
Provider has a written policy and procedure that meets the requirement for Indicator 3.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies 1123, Behavior Management System, last revised on 1-2016, policy 1126, Participant/Staff Interactions and Interventions, last revised on 1-2010, and policy 1032, Behavioral Expectations for Staff, last revised on 10-2010, were all reviewed and the policies meet requirements for this indicator.	In the Youth Handbook, it was observed under Rule Violations, it states "Consequences will be assigned by staff based on behaviors" for Primary and Major violations. Interviewed Residential Supervisor and it was explained that the staff gives 3 warnings and explains the potential consequences to the youth before a point loss occurs, but this was not clearly documented in handbook.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
The program has a detailed written description of the BMS, and it is explained during program orientation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program uses "Managing Aggressive Behavior" as their basis for behavior management. This system promotes safety, security and order for the youth.	There were no exceptions noted.
Behavior Management Strategies must include:							
<ul style="list-style-type: none"> a. BMS is designed to teach youth new behaviors and help youth understand the natural consequences for their actions b. Behavioral interventions are applied immediately, with certainty, and reflect the severity of the behavior c. BMS uses a wide variety of awards/incentives to encourage participation and completion of the program d. Appropriate consequences and sanctions are used by the program and consequences for behavior are logical and designed to promote skill-building for the youth e. Counseling, verbal intervention and de-escalation techniques are used prior to physical intervention (Only techniques approved by the Florida Network and DJJ are used if physical intervention is required) f. Only staff discipline youth. Group discipline is not imposed g. Room restriction is not used as part of the system or for youth who are physically and/or emotionally out of control h. Youth should never be denied basic rights such as meals, clothing, sleep, services, exercise, or correspondence privileges 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The program uses "Managing Aggressive Behavior" as their basis for behavior management. This system promotes safety, security and order for the youth. The protocol for staff review is at least semi-annually during the employee reviews as well as a review of the previous shift and how the shelter milieu is presenting on that day/shift. Consequences for negative behavior do not deny basic rights such as food/snacks, clothing, sleep, physical/mental health services, education, contact with family/guardians, ability to communicate with others including attorneys and/or clergy and/or JPO's. Separation of a youth from the milieu is not used as a form of consequence or punishment.</p> <p>The program uses FACE as a method of reward/incentive which involves a point system that allows youth to "buy" items from a "store" based on the amount of points they accumulate. There is a great variety of items that can be "purchased" from the store, which include female and male items as well as age related considerations. During the tour, one youth came to the "store" to "buy" her third watch. This program allows complete autonomy in choosing items that are motivating for the individual youth, which contributes to sense of self-determination.</p>	There were no exceptions noted.

Quality Improvement Review

CDS Family & Behavioral Health Services, Inc.- NW – September 9-10, 2020

Lead Reviewer: Nitara LaTouche

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						The points are tallied for each shift in a "FACE Book", which is maintained by staff at the end of each shift, contributing to consistency in application of the program. Staff were observed to be encouraging and giving praise to the youth who was getting her watch, which contributes to positive regard for the youth and her decisions. This program has the ability to evolve with changing motivations of youth as well as individual desires.	
Program's use of the BMS							
All staff are trained in the theory and practice of administering BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The protocol for staff review is at least semi-annually during the employee reviews as well as a review of the previous shift and how the shelter milieu is presenting on that day/shift. Consequences for negative behavior do not deny basic rights such as food/snacks, clothing, sleep, physical/mental health services, education, contact with family/guardians, ability to communicate with others including attorneys and/or clergy and/or JPO's. Separation of a youth from the milieu is not used as a form of consequence or punishment.	There were no exceptions noted.
There is a protocol for providing feedback and evaluation of staff regarding their use of BMS rewards and consequences	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed the agency's policies for this requirement. Policies 1123, Behavior Management System, last revised on 1-2016, policy 1126, Participant/Staff Interactions and Interventions, last revised on 1-2010, and policy 1032, Behavioral Expectations for Staff, last revised on 10-2010.	There were no exceptions noted.
Supervisors are trained to monitor the use of rewards and consequences by their staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Training file reviewed showed evidence that supervisor received training on use of BMS. Training covers all requirements of rewards and consequences by staff.	There were no exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
3.06: Staffing and Youth Supervision							
Provider has a written policy and procedure that meets the requirement for Indicator 3.06						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies 1121, Supervision and Staffing Ratio/Scheduling last revised on 12-2019 and 1133, Bedtime Supervision and Bed Checks, last revised on 1-2020 were reviewed and the policies meet requirements for this indicator.	
The program maintains minimum staffing ratios as required by Florida Administrative Code and contract. <ul style="list-style-type: none"> • 1 staff to 6 youth during awake hours and community activities • 1 staff to 12 youth during the sleep period 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This reviewer observed video from a shift on 8-27-20 from 8:30 pm to 1 am on 8-28-20 as well as a shift on 8-26-20 from 12 pm to 1pm. Staff ratios outlined on this indicator were followed, there were two staff members on the overnight shift and the staff were engaged appropriately for the time and activities observed. Youth sleep in a room with a maximum of 6 youth total beds, but due to COVID restrictions there are a maximum of 3 youth per room.	There were no exceptions.
Overnight shifts must always provide a minimum of two staff present	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed video surveillance and staff schedules which indicated that overnight shifts include 2 staff present.	There were no exceptions noted.
The staff schedule is provided to staff or posted in a place visible to staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff schedule was posted in an area where staff can see it as well as the overtime roster with staff contact information.	There were no exceptions noted.
There is a holdover or overtime rotation roster which includes the telephone numbers of staff who may be accessed when additional coverage is needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff schedule was posted in an area where staff can see it as well as the overtime roster with staff contact information.	There were no exceptions noted.
Staff observe youth at least every 15 minutes while they are in their sleeping room, either during the sleep period or at other times, such as during illness or room restriction	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bed checks are performed by a scanning device inside the rooms of the youth. The checks were done within the 15-minute maximum as required on this indicator, and they were completed randomly, allowing for better safety within the program as this prevents youth from predicting the next bed check.	There were no exceptions noted.

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						The logbook indicates the status of the shelter every 30 minutes while the scanned log prints out each check in via "real time".	Explain any items that have any deficiencies, exceptions or are not applicable. For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
3.07: Video Surveillance System							
Provider has a written policy and procedure that meets the requirement for Indicator 3.07						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy 1280, Video Surveillance System, last revised on 9-2016, was reviewed and it meets requirements for this indicator.	
Surveillance System							
The agency, at a minimum, shall demonstrate: <ol style="list-style-type: none"> a. A written notice that is conspicuously posted on the premises for the purpose of security b. System can capture and retain video photographic images which must be stored for a minimum of 30 days c. System can record date, time, and location; maintain resolution that enables facial recognition d. Back-up capabilities consist of cameras' ability to operate during a power outage e. Have cameras placed in interior and exterior general locations of the shelter where youth and staff congregate and where visitors enter and exit. Cameras are never placed in bathrooms or sleeping quarters. f. All cameras are visible 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a sign conspicuously placed indicating that a video surveillance system is in use. The cameras are placed in the interior and exterior of the facility in such a manner as to adequately observe youth and staff movement as well as to alert staff to visitors from the outside. All the cameras are visible and there are no cameras in sleeping or bathing/bathroom areas. The system can store 30 days of past footage and has a battery back up in the case of a power outage. The system records the date, time and location of each camera.	There were no exceptions noted.
A list of designated personnel who can access the video surveillance system is maintained (includes off-site capability per personnel)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency provided a list of designated staff that can access the video surveillance system.	There were no exceptions noted.
Supervisory review of video is conducted a minimum of once every 14 days and noted in the logbook. The reviews assess the activities of the facility and include a review of random sample of overnight shifts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reviewed documentation that supervisory reviews are conducted at minimum of every 14 days and noted in the log which is usually done on a weekly basis.	There were no exceptions noted.

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Grant the requesting of video recordings to yield a result within 24-72 hours from program quality improvement visits and when an investigation is pursued after an allegation of an incident	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Per policy and interview with the Residential Supervisor, there is a documented process for reviewing a video recording if a video clip is needed for an incident by an outside party, the Residential Supervisor indicated the process that is required for this request.	There were no exceptions noted.
Standard Four – Mental Health /Health Services							
4.01: Healthcare Admission Screening							
Provider has a written policy and procedure that meets the requirement for Indicator 4.01						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policies P-1117 and P-1118, defines the program procedures and practices for healthcare screening admission for clients and meets the requirement for this indicator.	
Preliminary Healthcare Screening							
Screening includes : a. Current medications b. Existing (acute and chronic) medical conditions c. Allergies d. Recent injuries or illnesses e. Presence of pain or other physical distress f. Observation for evidence of illness, injury, physical distress, difficulty moving, etc.; and g. Observation for presence of scars, tattoos, or other skin markings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A review of three closed and two open files revealed each client received a healthcare screening. The screening included current medication, existing medical conditions, allergies, recent injuries, presence of pain or other physical distress, observation for evidence of illness, injury, pain, or physical distress.	There were no exceptions noted.
Referral and Follow-up							
Youth with chronic medical conditions have a referral to ensure medical care (e.g. diabetes, pregnancy, seizure disorder, cardiac disorders, asthma, tuberculosis, hemophilia, head injuries, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation reviewed supports that youth with chronic medical conditions will receive referral to ensue medical care.	There were no exceptions noted.

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
When needed, the parent is involved with the coordination and scheduling of follow-up medical appointments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation in policy reflects that, when needed, the parent is involved with the coordination and scheduling of follow-up medical appointments.	There were no exceptions noted.
All medical referrals are documented on a daily log.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation indicated if a youth requires a medical referral, this is also documented on a daily log as required.	There were no exceptions noted.
The program has a thorough referral process and a mechanism for necessary follow-up medical care as required and/or needed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency has a thorough referral process and has a list of available options to choose from as needed. The program engages with parents to ensure any necessary follow-up care that is required or needed as well.	There were no exceptions noted.
4.02 Suicide Prevention There is a written plan that details the program's suicide prevention and response procedures. The plan complies with the procedures outlined in the Florida Network's Policy and Procedure Manual for CINS/FINS.							
Provider has a written policy and procedure that meets the requirement for Indicator 4.02						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Polices P-1144, P-1247 P-1262, P-1152 outline the program's practices for Suicide Prevention and meets the requirement and meets the requirement for this indicator.	
Suicide Risk Screening and Approval							
a. Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	One closed and two open files were reviewed. Each of the youth received a suicide risk screening during the initial intake and screening process. The Suicide screening results were reviewed and signed by the supervisor and documented in the youth case file.	There were no exceptions noted.
b. The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency uses an approved suicide risk assessment.	There were no exceptions noted.
Supervision of Youth with Suicide Risk							
a. Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All three of the youth were placed on sight-and-sound until assessed by a licensed professional. Once assessed by a licensed	There were no exceptions noted.

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						professional within 24 yours the youth were placed on the appropriate level of supervision based on the results of the suicide risk assessment.	
b. Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There was evidence of the staff person assigned to monitoring youth documenting the youth's behavior at 30 minute or less intervals and includes time of day, behavioral observations, any warning signs observed, and the observer's initial.	There were no exceptions noted.
c. Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The supervision level was not changed until the licensed completed a further assessment.	There were no exceptions noted.
4.03: Medication							
Provider has a written policy and procedure that meets the requirement for Indicator 4.03						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy P-1120 outlines the program's procedures and practices on medication and meets the requirement for this indicator.	
Medication Storage							
a. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth (when unaccompanied by authorized staff)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Three closed files were reviewed for youth on medications. Each youth received a healthcare screening on the date of admission. Oral medications are stored separately from any injectable epi-pen and topical medication.	There were no exceptions noted.
b. Oral medications are stored separately from injectable epi-pen and topical medications							
c. Medications requiring refrigeration are stored in a secure refrigerator that is used only for this purpose, at temperature range 2-8 degrees C or 36-46 degrees F. (If the refrigerator is not secure, the room is secure and inaccessible to youth.)							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. Narcotics and controlled medications are stored in the Med-Station							
Medication Distribution							
a. Agency maintains a minimum of 2 Super Users for the Med-Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The agency maintains a minimum of 2 Super Users at all times for the Med Station and only designated staff are able to access secured medications. All narcotics and controlled medications are stored in the Med-station. When the nurse is on duty, medication process is conducted by the nurse. All medications are stored in a Pyxis Med-Station 4000 Medication Cabinet that is inaccessible to youth with the exception of emergency inhalers and epi-pen which are stored in the med station in a locked closet for easy access.	There were no exceptions noted.
b. Only designated staff delineated in User Permissions have access to secured medications, with limited access to controlled substances (narcotics)							
c. A Medication Distribution Log shall be used for distribution of medication by non-licensed and licensed staff							
d. Agency verifies medication using one of four methods listed in the FNYFS Operations Manual							
e. When nurse is on duty, medication processes are conducted by the nurse							
f. The delivery process of medications is consistent with the FNYFS Medication Management and Distribution Policy							
g. Agency does not accept youth currently prescribed injectable medications, except for epi-pens							
h. Non-licensed staff have received training in the use of epi-pens provided by a registered nurse							
Medication Inventory							
a. For controlled substances, a perpetual inventory with running balances is maintained as well as a shift-to shift count verified by a witness and documented	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview with full time RN was conducted for this requirement. Controlled medications are counted by two staff every shift. Once a week non-controlled med count is conducted by the nurse. The program does not give injectables therefore no syringes or sharps are on sight.	There were no exceptions noted.
b. Over-the-counter medications that are accessed regularly are inventoried weekly by maintaining a perpetual inventory							
c. Syringes and sharps (needles, scissors, etc.) are secured, and counted and documented weekly							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There are monthly reviews of medication management practice via Knowledge Portal or Pyxis Med-Station Reports.	There were no exceptions noted.
Medication discrepancies are cleared after each shift.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medication discrepancies are cleared after each shift. In the case of medication discrepancies, the Department's CCC is contacted and a diligent search of the medication is conducted. The parents are notified of the discrepancies and findings.	There were no exceptions noted.
4.04: Medical/Mental Health Alert Process							
Provider has a written policy and procedure that meets the requirement for Indicator 4.04						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy P-1119 outlines the programs procedures and practices on the alert process and meets the requirement for this indicator.	
Youth with a medical, mental health, or food allergy was appropriately placed on the program's alert system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5 youth files reviewed for this requirement. The program has a medical and mental health alert system in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medication that are contraindicated, or other pertinent mental health treatment information, is communicated to all staff. Each youth was appropriately placed on the program's alert system.	There were no exceptions noted.
Alert system includes precautions concerning prescribed medications, medical/mental health conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The alert system included precautions concerning prescribed medications and medical/mental health conditions. Five open youth files were reviewed. Each of the youth had either a medical condition, mental health condition, or food allergy.	There were no exceptions noted.

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Staff are provided sufficient training, information and instructions to recognize/respond to the need for emergency care for medical/mental health problems	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The staff RN provides sufficient training and instructions to staff as needed to recognize and respond appropriately in the event emergency care is needed for medical or mental health problems. Most recent example, was training staff and providing guidance on how to address concerns related to possible symptoms of COVID.	There were no exceptions noted.
A medical and mental health alert system is in place that ensures information concerning a youth's medical condition, allergies, common side effects of prescribed medications, foods and medications that are contraindicated, or other pertinent mental health treatment information, is communicated to all staff	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program has and alert board located in the control room/Youth Care Worker office. Staff are made aware of potential issues via a series of codes place on the alert board that identified each with a number. The program gathers as much information as possible during the screening process to alert everyone of each youth's history. The RN comes on sight twice daily and more if needed in order to keep staff abreast of any potential mental health or medical red flags.	There were no exceptions noted.
4.05: Episodic/Emergency Care							
Provider has a written policy and procedure that meets the requirement for Indicator 4.05						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) Policy P-1166 outlines the program's procedures and practices on episodic/emergency care and meets the requirement for this indicator.	
Off-site Emergency Services							
a. If off-site emergency medical or dental care was provided, an incident report was submitted for the medical or dental care b. Upon youth return, there is a verification receipt of medical clearance via discharge instructions with follow-up is present in file c. Youth's parent/guardian was notified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Five closed files reviewed revealed each youth had and off-site emergency medical or dental care required. Incident reports were submitted for each youth. Upon youth return there was a verification of receipt of medical clearance and discharge	There were no exceptions noted.

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
d. A daily log is maintained for emergency care provided						instructions. The parent/guardian takes the youth to their off-sight appointments.	
All staff are trained on emergency medical procedures	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All staff are trained on emergency medical procedures.	There were no exceptions noted.
The program has a Knife-for-life and wire cutters accessible to staff in a secure location(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The program's knife-for-life is located on the wall in the nursing office along with one of first aid kits.	There were no exceptions noted.
First aid kit/supplies are fully equipped and inventoried	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is a first aid kit located on the wall in the nurse's office and the remaining first aid kits are located in the facility, two vehicles used in transporting clients, and in the kitchen.	There were no exceptions noted.