



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



### **Youth Advocate Program**

2115 North 22nd Street, Tampa, Florida 33605

November 18, 2020

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) Compliance Monitoring (CM) visit for the Youth Advocate Program for the FY 2020-2021 at its program office located at 2115 North 22<sup>nd</sup> Street, Tampa, Florida 33605. 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. Youth Advocate Program 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 2020 through June 30, 2021.

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

The review was conducted by Keith Carr, Consultant for Forefront LLC; Cayse Houston, Peer Reviewer, Youth and Family Alternative, Inc., and Amanda Nelson, Regional Monitor, Florida Department of Juvenile Justice, Tampa Bay Region. Agency representatives from Youth Advocate Program present for the entrance interview were: STAFF NAME(S). The last onsite QI visit was conducted December 4, 2019.

In general, the reviewer found that Youth Advocate Program is in compliance with specific contract requirements. **Youth Advocate Program received an overall compliance rating of 91.67% for achieving full compliance with 12 indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit; however, 1 recommendation was made for an indicator rated as conditionally acceptable.

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

## 2020-2021 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 11-18-2020-2021

<b>Agency Name: Youth Advocate Program</b>					<b>Monitor Name: Keith Carr, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 2115 North 22<sup>nd</sup> Street, Tampa, FL</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): November 18, 2020</b>		
<b>Explain Rating</b>							
<b>Major Programmatic Requirements</b>	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	<b>Ratings Based Upon:</b> I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>
<b>I. Administrative and Fiscal</b>							
<b>DJJ Quality Improvement Peer Reviewer</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	I: Youth Advocate Program has four staff members that are QI Peer Reviewers.	No corrective action recommended.
<b>Additional Contracts</b> 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. <b>PTV</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	D: No additional contracts were submitted and the agency reported only FNYFS as the only contracted provider for the agency.	No corrective action recommended.
<b>Limits of Coverage</b> a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Certificate of Liability Insurance was provided by the agency. The agency's limits of coverage are detailed and list as the following: General Liability at \$3,000,000 aggregate and \$1,000,000 per each occurrence, \$3,000,000 general aggregate and \$3,000,000 comprehensive	No corrective action recommended.

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					<b>Ratings Based Upon:</b>		<b>Notes</b>	
					<b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>		<b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>	
<p>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. <b>PTV</b></p>							<p>aggregate 8/15/20-8/15/21; Umbrella Liability is set at \$5,000,000 per occurrence and \$5,000,000 aggregate 8/15/20-8/15/21 with a \$10,000 deductible; Auto Insurance policy with combined single limit coverage for \$1,000,000 8/15/19-8/15/20. The above policies are through Philadelphia Indemnity Ins. Co Worker's Compensation and Employer's Liability through Charter Oak Fire Insurance Company for \$1,000,000 each Accident; effective 1/24/2020- 1/24/2021. Additionally the agency has Third Party Fidelity Bond/Employee Dishonesty - Travelers Casualty &amp; Surety Policy #105684707 Limit \$100,000, \$5,000 deductible Expires 9/11/2021. Property Policy - Philadelphia Indemnity Policy #PHPK216694, Expires 8/15/2021. Florida Network is listed as Certificate Holder.</p>	
<b>External/Outside Contract Compliance</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<p>I: None reported. At the time of this review, agency does not have any</p> <p>No corrective action recommended.</p>

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						<b>Ratings Based Upon:</b> <b>I = Interview</b> <b>O = Observation</b> <b>D = Documentation</b> <b>PTV = Submitted Prior To Visit</b> <b>(List Who and What)</b>	<b>Notes</b>  <b>Explain Unacceptable or Conditionally Acceptable:</b>  <b>(Attach Supportive Documentation)</b>		
a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>							corrective action items cited by an external funding source.		
<b>Fiscal Practice</b> 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. <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided a copy of the Fiscal Responsibility Policy which was last revised on 12/1/2019 and information titled 'Understanding your Fiscal Department: A miniature accounting Lesson" that is provided to staff.	It is recommended that agency reviews policies on payroll based on recommendation from single audit and make any necessary revisions that may be needed.
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.). <b>PTV</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided general ledger monthly statements from Fulton Bank. General ledger (GL) program detail report for Periods: March '20, April '20, May '20, June '20, July '20 and August '20.	No corrective action recommended.
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.) <b>-ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency does not have a petty cash system for the program. Program expenditures are requested in advance via a check payment request.	No corrective action recommended.
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). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The provider has an account with Fulton Bank and accounts payable reconciliations are reviewed and approved monthly by the Region and HQ offices. Each vendor file is stored in an adjacent file cabinet. Additional records for purchases are recorded at	No corrective action recommended.

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							the headquarters (HQ) level. Account reconciliations are conducted through the HQ fiscal department. The program's bank statements and reconciliations were provided. The agency provided signed bank reconciliation for the following months: March '20, April '20, May '20, June '20, July '20 and August '20.		
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: The agency provided an inventory list including 2 desk top computers and 2 tablets that included the item purchased, ID number, description, DJJ ID serial number, and location. Images of the items with inventory numbers and tags were provided as evidence this is maintained by the agency.	No corrective action recommended.
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. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D: Agency provided 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> quarter for FY 2020 and 4 <sup>th</sup> for FY 2019 payroll form 941 for tax payments to the IRS.	No corrective action recommended.

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			<b>Notes</b>				
<b>Explain Unacceptable or Conditionally Acceptable:</b>			<b>(Attach Supportive Documentation)</b>				
g. Budget to actual reports prepared and reviewed by appropriate management. Variance from the budget are investigated and explained. <b>PTV/ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D: The agency provided the income statement for FY 2020 ending in June 30, 2020 including the revenue, expenses and miscellaneous income.				No corrective action recommended.
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 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. <b>Obtain from FNYFS</b>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			D: A single audit was submitted for FY June 30, 2019 and 2018 conducted by Baker Tilly Virchow Krause, LLP. The following finding was reported: "The Organization paid the incorrect pay rate for one employee paycheck out of a sample of 40 tested. The sample was not a statistically valid sample. Due to a software conversion that occurred at the time of this payroll period, the employee's pay rate was incorrectly converted to the new software platform, resulting in this payroll being paid at the incorrect rate."				Per the single audit recommendation performed by Baker Tilly Virchow Krause, LLP, the agency must provide evidence of completing and submitting a copy of the corrective action plan to address the deficiency regarding performing reviews when software conversions are made.
			The following recommendation was made as a result of the single audit provided on February 14, 2020, "We				

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							recommend that the Organization review its procedures for payroll rate systems documentation and perform reviews when software conversions are made.” However, it was noted in the single audit schedule of findings and questioned costs that there were no questioned costs associated with this finding and noted that management responded with a corrective action plan.		
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. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	I,D: The agency has policies in Storage and Retention, Confidentiality, Record Retention, Disaster Planning, Data . The agency also has related policies that address Storage and Disposal. No changes in policies since the last review were reported.	No corrective action recommended.



## CONCLUSION

Youth Advocate Program has met the requirements for the CINS/FINS contract as a result of full compliance with --- applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Two of the fourteen indicators were not applicable because: 1) the provider did not report any additional contracts outside of the Florida Network, 2) does not have any outstanding corrective action item(s) cited by an external funding source. Consequently, **the overall compliance rate for this contract monitoring visit is 91.67%**. There are no corrective actions cited but one (1) recommendation is made 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.

### SUMMARY OF RECOMMENDATIONS

#### **Recommendation (1)**

A copy of the corrective action plan **is required** to be submitted to the Florida Network per the single audit recommendation regarding performing reviews when software conversions are made.

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](http://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**

Youth Advocate Program (YAP)  
2115 North 22<sup>nd</sup> Street  
Tampa, Florida 33605

November 18, 2020

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

### CINS/FINS Rating Profile

#### Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.02 Provision of an Abuse Free Environment	Satisfactory
1.03 Incident Reporting	Satisfactory
1.04 Training Requirements	Satisfactory
1.05 Analyzing and Reporting Information	Limited
1.06 Client Transportation	Not Applicable
1.07 Outreach Services	Satisfactory

**Percent of indicators rated Satisfactory: 83.33%**

**Percent of indicators rated Limited: 16.67%**

**Percent of indicators rated Failed: 0.00%**

#### Standard 2: Intervention and Case Management

2.01 Screening and Intake	Satisfactory
2.02 Needs Assessment	Satisfactory
2.03 Case/Service Plan	Limited
2.04 Case Management & Service Delivery	Limited
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	Not Applicable
2.10 Stop Now and Plan	Satisfactory

**Percent of indicators rated Satisfactory: 77.78%**

**Percent of indicators rated Limited: 22.22%**

**Percent of indicators rated Failed: 0.00%**

#### Overall Rating Summary

**Percent of indicators rated Satisfactory: 80.00%**

**Percent of indicators rated Limited: 20.00%**

**Percent of indicators rated Failed: 0.00%**

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## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020  
Lead Reviewer: Keith D. Carr

### Rating Definitions

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

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

### Reviewer

#### Members

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

Amanda Nelson, Regional Monitor, Florida Department of Juvenile Justice

Cayse Houston, Program Manager, RAP House, Youth and Family Alternatives, Inc. (YFA)



## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020  
Lead Reviewer: Keith D. Carr

### Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2019).

#### Persons Interviewed

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> Executive Director                 | <input type="checkbox"/> Chief Operating Officer |
| <input type="checkbox"/> Chief Financial Officer | <input checked="" type="checkbox"/> Program Director        | <input type="checkbox"/> Program Manager         |
| <input type="checkbox"/> Program Coordinator     | <input checked="" type="checkbox"/> Direct – Care Full time | <b><u>2</u></b> # Case Managers                  |
| <input type="checkbox"/> Direct – Part time      | <input type="checkbox"/> Direct – Care On-Call              | _____ # Program Supervisors                      |
| <input type="checkbox"/> Volunteer               | <input type="checkbox"/> Intern                             | _____ # Food Service Personnel                   |
| <input type="checkbox"/> Clinical Director       | <input type="checkbox"/> Counselor Licensed                 | _____ # Healthcare Staff                         |
| <input type="checkbox"/> Counselor Non-Licensed  | <input type="checkbox"/> Case Manager                       | _____ # Maintenance Personnel                    |
| <input checked="" type="checkbox"/> Advocate     | <input type="checkbox"/> Human Resources                    | _____ # Other (listed by title): _____           |
| <input type="checkbox"/> Nurse – Full time       | <input type="checkbox"/> Nurse – Part time                  |  |

#### Documents Reviewed

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Accreditation Certificate                    | <input checked="" type="checkbox"/> Table of Organization          | <input type="checkbox"/> Visitation Logs            |
| <input checked="" type="checkbox"/> Affidavit of Good Moral Character | <input type="checkbox"/> Fire Prevention Plan                      | <input checked="" type="checkbox"/> Youth Handbook  |
| <input checked="" type="checkbox"/> CCC Reports                       | <input checked="" type="checkbox"/> Grievance Process/Records      | <b><u>0</u></b> # Health Records                    |
| <input type="checkbox"/> Logbooks                                     | <input type="checkbox"/> Key Control Log                           | <b><u>0</u></b> # MH/SA Records                     |
| <input checked="" type="checkbox"/> Continuity of Operation Plan      | <input checked="" type="checkbox"/> Fire Drill Log                 | <b><u>9</u></b> # Personnel /Volunteer Records      |
| <input checked="" type="checkbox"/> Contract Monitoring Reports       | <input type="checkbox"/> Medical and Mental Health Alerts          | <b><u>5</u></b> # Training Records                  |
| <input checked="" type="checkbox"/> Contract Scope of Services        | <input type="checkbox"/> Precautionary Observation Logs            | <b><u>7</u></b> # Youth Records (Closed)            |
| <input checked="" type="checkbox"/> Egress Plans                      | <input checked="" type="checkbox"/> Program Schedules              | <b><u>1</u></b> # Youth Records (Open)              |
| <input checked="" type="checkbox"/> Fire Inspection Report            | <input checked="" type="checkbox"/> List of Supplemental Contracts | <b><u>4</u></b> # Other: <b><u>SNAP Program</u></b> |
| <input checked="" type="checkbox"/> Exposure Control Plan             | <input type="checkbox"/> Vehicle Inspection Reports                |   |

#### Surveys

**0** # Youth    **4** # Direct Care Staff    **0** # Other: \_\_\_\_\_

#### Observations During Review

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

#### Comments

Due to last year's rating(s), this Quality Improvement program review was conducted in a hybrid format that involved the review completing the majority of the review virtually, as well as an onsite visit to program's office location.

## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

### Overview

#### Monitoring Purpose:

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

#### Strengths and Innovative Approaches

Since the last site visit in December 2019 the organization, as well as the entire state of Florida went through a state of emergency related to the global pandemic Coronavirus. The YAP agency has adapted all non-residential services and practices to be able to deliver them virtually. Services that have been reformatted include:

- Screenings;
- Intakes;
- Assessments;
- Service and Treatment Planning Sessions; and
- Referrals to other vendors and community organizations and resources as needed.

To continue to provide services to youth and families for our programs YAP purchased ten (10) loaner tablets and cases for youth and parents to continue participating in SNAP and other services offered by the program.

The local YAP program awarded one youth that previously participated in the program with a laptop to assist in his college endeavors.

## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

### Narrative Summary

The Youth Advocate Program (YAP), located at 2215 North 22nd Street, Tampa, Florida 33605 and is operated under the leadership of a state Vice President and Program Director. The program's staffing includes an Administrative Manager, Administrative Assistant and several community-based YAP Advocates. The program uses a direct to client approach incorporating mentoring and guiding clients through structured, planned individual and group, activities over a 12-16 program service period.

The Youth Advocate Program (YAP) is a national organization that has community-based locations located primarily in the eastern regions of the United States. The Youth Advocate Program is located in the downtown area of Tampa, Florida. The agency's Children in Need of Services and Family in Need of Services (CINS/FINS) program is funded by the Florida Network of Youth and Family Services (FNYFS). The agency is now a designated Stop Now and Plan (SNAP) site that provides this comprehensive family intervention program. The agency utilizes an electronic records system to manage all client files. This system organizes all sessions and information that is associated with documenting individual, family and groups. The platform also tracks hours that the Advocate records, with mentoring and counseling, with the client and their family. The Program Director has served in this position since the program was established. In addition, she is a member of the Local DJJ Circuit Board and attends meetings on a regular basis. The Program Director's membership ensures that the other organizations are familiar with the YAP services in order to receive potential referrals. YAP is also expanding its services to North Florida and is working to stand up sites in Pensacola, Panama City, and Tallahassee, Florida. The organization also has program operating in other cities in Florida, Nevada, New York, Pennsylvania, Texas and Washington, DC, Argentina and Sierra Leone.

**Standard 1:** Standard one has a total of seven (7) Quality Improvement indicators regarding to the organization's status as it relates to overall Management Accountability. Five (5) out of 7 indicators were rated Satisfactory with no exceptions. However, Indicators 1.04 Training and 1.05 Analyzing and Reporting Information both included exceptions. Indicator 1.04 Training: The agency uses a specific format to document and monitor training hours for each staff member. The YAP training topics and hours tracker utilized in each staff member's files did not match the actual training completion dates across multiple training topics. Of the ongoing staff member training files reviewed, two staff members did not have evidence of completing PREA training with the require time period. The exception in 1.05 resulted in a limited rating.

**Standard 2:** Standard 2 has a total of ten(10) Quality Improvement indicators that relate to intervention and case management. Six (6) out of ten (10) indicators were rated Satisfactory with no exceptions. Indicator 2.01 Screening and Intake was rated satisfactory with exceptions. The exception noted in 2.01 was due to 1 out of the 8 client files did not have evidence or date on the screen to determine if the screen was completed within 7 days of the referral. Additional exception for 2.01 found that the YAP did not have evidence of 1 youth and parent/guardian receiving available service

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options, rights and responsibilities of youth and parents and one file did not have evidence service offerings CINS/FINS services (case staffings). The exceptions in 2.03 Case/Service Plan and 2.04 Case Management and Service Delivery resulted in a limited rating.

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

#### **Standard 1:**

##### **Indicator 1.05 – Limited**

The exceptions noted in 1.05 Analyzing and Reporting found that the YAP agency has a process that is limited and lacks detail regarding the specifics on analyzing their daily operations and service delivery practices. The only audit reports that were provided were dated November 2020 and it doesn't appear the program has ongoing case record review reports on a quarterly basis. There is also no description on how the agency monitors data entry on an ongoing basis for accuracy, timeliness and completeness of data being entered into the NetMIS. Further, there is lack of detailed evidence or internal processes that identify deficiencies, implement corrective actions and monitors positive and negative progress with staff involvement on a routine basis.

#### **Standard 2:**

##### **Indicator 2.03 – Limited**

The exceptions noted in 2.03 were three (3) client files did not have a completed Service Plan. Seven (7) of the 8 client files did not have evidence of signatures from youth, guardian/parent and Advocate and supervisor at the applicable review periods.

**Indicator 2.04 – Limited** The exceptions noted in 2.04 were due to one (1) of the eight (8) client files reviewed does not have evidence in the client file that the case had an assigned Counselor/Case Manager. Additional exceptions in 2.04 found three (3) of the six (6) applicable client files did not have documented case information that the agency conducted required follow-ups after 30 days of exit.





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### 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  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
<b>Standard One – Management Accountability</b>							
<b>1.01: Background Screening and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.01</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's Policy for Background Screenings, #5.03, was last reviewed on August 5, 2020 and was approved by the Program Director. The agency's policy contains content that adheres to the current requirements of this FNYFS 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> A review of the policy does include provisions that require a necessary passing score on the suitability assessment tool in order to hire prospective direct care employees. Four (4) employees were eligible for initial employee screening and all four applicable employees were screened and found eligible before or on the date of hire. All 4 employees received a passing employment suitability assessment scored.	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> All four (4) prospective employees/candidates were properly screened prior to hire/start date. Three (3) of the 4 prospective hires had an Eligible rating.  One of the 4 prospective hires had an ineligible rating. An exemption was completed prior to the date of hire.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
c. Five-year re-screening completed every 5 years from initial date of hire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Employee files were reviewed to assess whether the staff met this indicator. There are no staff eligible for 5 year re-screening during this current QI program review period.	
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"/>	<b>Email/Fax verification.</b> Evidence of a completed Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) was completed and sent from the agency to the DJJ BSU by January 31 <sup>st</sup> .	
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"/>	<b>Documentation.</b> Employee files were reviewed to assess this indicator. Evidence of proof of E-Verify for all new employees were obtained from the Department of Homeland Security.	
<b>1.02: Provision of an abuse free environment to ensure safety and abuse free environment for youth in care</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Abuse Free Environment was last reviewed on August 5, 2020 by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator.	
<b>Abuse Free Environment</b>							
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"/>	<b>Policy.</b> The program has policy and procedures addressing the provision of an abuse free environment. The program has an integrity compliance plan that prohibits the use of physical abuse, profanity, threats, or intimidation.	
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"/>	<b>Onsite Facility Inspection.</b> There are signs posting the Florida Abuse Hotline for visitors to see. At the time of this onsite program review, there were no calls placed to the Abuse Hotline during the review period.	

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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"/>	<b>Interview.</b> The program documents any calls made to the child abuse hotline in their CCC incident reporting binder.	
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"/>	<b>Interview.</b> The program documents any calls made to the child abuse hotline in their CCC incident reporting binder. An interview with Program Director confirmed there have been no reportable complaints for management to address since the last compliance review.	
<b>Grievance Process</b>							
a. Agency has a formal grievance process	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy.</b> The program has a responsive grievance process to provide feedback or address any concerns. There have been no grievances since the last annual compliance review. A review of surveys responses and any available grievances confirmed that provider has not had any reports in the past six months.	
b. Locked box accessible to only management and available to youth in a common area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Onsite Facility Inspection.</b> The agency has a locked box that is posted in the common or entry area that is visible and is only accessible by the agency's Program Director.	
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"/>	<b>Interview.</b> The agency has an anonymous hotline. There have been no grievances reported by youth since the last annual compliance review.	
d. 72-hour resolution requirement by management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy/Interview.</b> The agency's policy requires that grievances be addressed in no less than 72 hours or less. There have been no grievances reported by youth since the last annual compliance review.	
e. Grievance maintained on file for a minimum of 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy/Interview.</b> The agency has a compliance officer that assists with any concerns that are brought to their attention. These grievances are maintained by HR on file for a minimum of a year. There have been no	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						grievances since the last annual compliance review.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
<b>1.03: Incident Reporting</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Incident Reporting, #5.01, was last reviewed on August 5, 2020 by the Program Director. Policy has content that adheres to the requirements of this FNYFS indicator.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy.</b> A review of the CCC Reports database. A review of the Central Communications Center (CCC) daily report confirmed that provider has not had any CCC reports in the past six months. An interview with Program Director confirmed there have been no reportable incidents since the last compliance review.	
b. The program completes follow-up communication tasks/special instructions as required by the CCC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy.</b> The YAP agency has a policy with follow up procedures that are consistent with DJJ CCC requirements.	
c. Incidents are documented in the program logs and on incident reporting forms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy.</b> The YAP agency has a policy with documentation of all incident forms and on the agency's internal system.	
d. All incident reports are reviewed and signed by program supervisors/directors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Policy and Interview.</b> The YAP agency has a policy that requires all incidents to be reviewed and signed by the agency's Program Director.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>1.04: Training Requirements</b> Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)  The provider's policy and procedure for Training Requirements, #6.04, was last reviewed on August 5, 2020 and was approved by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. An interview with the Program Director confirmed trainings that staff must complete on the agency's intranet portal.	
<b>First Year Direct Care Staff</b>							
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"/>	<b>Employee Files.</b> All agency staff members that provide direct service to children on a caseload have accessed and are receiving training during the first 120 days of employment. Two (2) staff training files were reviewed for new employee training. Only 1 of the 2 new employees had been employed by the program for at least 120 days. This employee has completed all required new employee training. The reviewer found an observation regarding the other new employee. This employee has completed the majority of their new employee training requirements and still has time to complete the remaining required training.	<b>Exception:</b> In both of the new employee training files, the training tracker contained within the files, did not match the actual training completion dates for multiple trainings. Per Program Director (PD), employees were instructed to review their training logs for accuracy and submit to the Program Director, however, the Program Director did not review the submitted logs accuracy as PD keeps another training tracker log which were not in the training files.
b. Direct care staff completes all mandatory Florida Network and SkillPro training during the first year employment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Files.</b> Two staff employees meet this requirement. One employee has completed all of the required training for the 1 <sup>st</sup> year with approximately 109 hours in training. The other employee has 3 trainings to complete and still has time to complete the remaining required trainings within the applicable timeframes.	
<b>Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Employee Files.</b> The YAP agency provides services to eligible CINS/FINS clients with Non-Licensed Advocates staff members.	
b. Documentation of non-licensed mental health clinical staff person's training in Assessment of Suicide Risk form or written confirmation by a licensed mental health professional of training (includes date, signature and license number of the licensed mental health professional supervisor).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Employee Files.</b> The YAP agency provides services to eligible CINS/FINS clients with Non-Licensed Advocates staff members.	
<b>In-service Direct Care Staff</b>							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually ( <i>40 hours if the program has a DCF child caring license</i> ).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation. Employee Files.</b> Three (3) annual in-service training records were reviewed, and all of the required trainings were completed in 2 out of 3 employee records. All three (3) staff reviewed completed over the twenty-four hours of minimum annual training. All five staff members have valid Cardiopulmonary Resuscitation (CPR) and First Aid training.	<b>Exception:</b> All trainings were completed as evidenced in the staff members files, except for one staff member who had not completed PREA training within the past two years.
<b>Required Training Documentation</b>							
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as certificates, sign-in sheets, and agendas for each training attended.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Employee Files.</b> The YAP agency has a record of an individual training file for each staff member, which includes evidence of annual staff member's training hours, a tracking form and all associated documentation that verifies training course completion.	
<b>1.05: Analyzing and Reporting Information</b>							
<b>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.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	The provider's policy and procedure for Analyzing and Reporting Information was last reviewed on August 5, 2020 by the Program

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						<b>Document Source:</b> <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
						Director. Policy has content that adheres to the current requirements of this FNYFS indicator.	
<b>Quarterly Reviews</b>							
a. Case record review reports demonstrate reviews are conducted quarterly, at a minimum	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation/Interview.</b> An interview with the Program Director was conducted. Prior 6 months of reviews were requested, however, the only audit file data submitted was from November 2020 to evidence files were reviewed. No other reports were provided to demonstrate case record reviews are conducted on an ongoing quarterly basis. Per the team meeting minutes, a new case record review form was implemented last month, October 2020, which staff will meet and receive a copy of form to review findings and return signed form back to Program Director.	<b>Exception:</b> The agency did not provide consistent evidence of case record review reports to indicate reviews are conducted on a quarterly basis to evidence strengths and/or weaknesses in overall maintenance of case records are being assessed and monitored for improvements or progress in areas of concern.
b. The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation/Interview.</b> An interview with the Program Director was conducted. The YAP agency had no reported accidents, incidents or grievances documented in the last six (6) months. Incidents and other risk management items are also maintained by the agency's national office.	
<b>Annual Reviews</b>							
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"/>	<b>Interview.</b> The agency's Program Director indicated that the YAP program provides satisfaction surveys to all program participants. FNYFS Satisfaction Survey are reviewed monthly.	
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"/>	<b>Interview.</b> The Program Director reported that she is responsible for ensuring that Advocates document the time and activities spent with client on internal agency forms. The Advocates are required to document activities, events, and session details.	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<b>Monthly Reviews</b>							
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"/>	<b>Interviews.</b> The Program Director informed the reviewer that the agency reviews the monthly FNYFS data extracts.	
<b>Quality Improvement Process</b>							
a. The program has a process in place to review and improve accuracy of data entry & collection	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview.</b> The agency reports that it uses multiple data sources to review its organizational performance. The agency has its own electronic data collection platform for all YAP sites nationwide to primarily track all activities, events and time Advocates are providing services to eligible youth.	<b>Exception:</b> The agency does not have detailed process in place that can validate that the current accuracy, timeliness and completeness of data being entered into the NetMIS.
b. There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview.</b> The agency reports that it reviews Advocate and client activity tracking forms for accuracy and completeness. This data is entered into the agency's in-house information system.	<b>Exception:</b> There are only two (2) staff meetings with minutes that indicate that management reviews data and shares information with staff on general areas of the agency's performance on a routine basis.
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview.</b> The agency reports that the Program Manager and other designated staff review Advocate documentation as the primary method to address various issues related to individual and organizational performance. An interview with the Program Director confirmed that there is limited information on review of practice and any evidence on corrective actions implemented.	<b>Exception:</b> At the time of this program review, there is a lack of detail or evidence of an internal process in place that indicates that deficiencies are identified, corrective actions applied, interventions are monitored for positive or negative progress and staff are informed on a limited basis.
<b>1.06: Client Transportation</b>							
<b>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.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Transportation was last reviewed on August 5, 2020 by the Program Director. Policy has content that adheres to the current	This indicator is non-applicable for all FNYFS Non-Residential member agencies.



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						requirements of this FNYFS indicator. The Program Director did provide details on the agency's policy and insurance coverage.	
<b>Approved agency drivers</b>							
a. Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
b. Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
<b>Third party present in the vehicle</b>							
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 <sup>rd</sup> party is NOT present in the vehicle while transporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
c. The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
<b>Transportation documentation</b>							
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	This indicator is non-applicable for all FNYFS Non-Residential member agencies.	
<b>1.07: Outreach Services</b>							
<b>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.</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Outreach Services was last reviewed on	

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Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

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		
						August 5, 2020 by the Program Director. Policy has content that adheres to the current requirements of this FNYFS indicator. A review of the agency's outreach service event dates and records was conducted. The Program Director reported that the agency participates in the local Juvenile Justice Board meetings and have partnership agreements with local schools and other system partners.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation and Interview.</b> An interview with the agency's Program Director was conducted. The agency was conducted documentation to support the program regularly attends the Department of Juvenile Justice (DJJ) Board and Council meetings.	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation and Interview.</b> There was documentation the program designee attended the Circuit 13 Department of Juvenile Justice (DJJ) Advisory Board meetings on the following dates; January 17, 2020, March 20, 2020, June 2020, and August 21, 2020.	
c. The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> The program has partnerships agreements with Hillsborough and Orange Counties, Derrick Brooks Charities, Kinship Care, as well as local middle and high schools. Agreements are established in 2019 and 2020. There was documentation of YAP staff participating in various outreach events throughout the review period.	
<b>Standard Two – Intervention and Case Management</b>							
<b>2.01: Screening and Intake</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b>	<input checked="" type="checkbox"/> YES		<input type="checkbox"/> NO (explain)				

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						The provider's policy and procedure for Screening and Intake was last reviewed on August 5, 2020 by the Program Director. <b>The</b> YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
Eligibility screening is completed within 7- calendar days of referral	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> A total of eight (8) client files were reviewed. Applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months. (1 open and 8 closed). Seven of the 8 files reviewed have evidence that the screening was completed within 7 days of referral.	<b>Exception:</b> Youth OM was an official intake 9/29/20, guardian was sent intake paperwork on 10/2/20. One out of the 8 client files did not have evidence or date on the screen to determine if the screen was completed within 7 days of the referral.
Youth and parents/guardians receive the following in writing: <ul style="list-style-type: none"> <li>Available service options</li> <li>Rights and responsibilities of youth and parents/guardians</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Seven of the 8 files reviewed have evidence that the youth and parents/guardians received the following written notification of available service options, and rights and responsibilities.	<b>Exception:</b> One out of the 8 client files did not have evidence of the youth and parent/guardian receiving available service options, rights and responsibilities of youth and parents.
The following is also available to the youth and parents/guardians: <ul style="list-style-type: none"> <li>Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication)</li> <li>Grievance procedures</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Evidence of documentation was found in the 8 non-residential files reviewed to support information was provided to youth and parents/guardian.	<b>Exception:</b> One out of the 8 client files did not have evidence service offerings CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) and grievance procedures.
<b>2.02: Needs Assessment</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Needs Assessment was last reviewed on August 5, 2020 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
<b>Completion of Needs Assessment</b>							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
a. Shelter Youth: Needs Assessment initiated within 72 hours of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A	
b. Non-Residential youth: Needs Assessment is done within 2 to 3 face-to-face contacts after the initial intake <b>OR</b> 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"/>	<b>Documentation.</b> A total of eight (8) client files were reviewed. Applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months. (1 open and 8 closed). Eight of the 8 files reviewed have evidence of completed Needs Assessments.	
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"/>	<b>Documentation.</b> Eight of the 8 files reviewed have evidence of Needs Assessment is conducted by a Bachelor's or Master's level staff member.	
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"/>	<b>Documentation.</b> Eight of the 8 files reviewed have evidence that includes a supervisor's review signature upon completion.	
<b>Suicide Risk as a Result of the Needs Assessment</b>							
a. Youth was identified with an elevated risk of suicide as a result of the Needs Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Eight (8) of the 8 files reviewed have evidence that none of the client files identified with the client having an elevated risk of suicide as a result of the Needs Assessment. The clients were screened for the potential of suicide risk, however, none of the 8 files indicate a yes response to any of the suicide risk screening questions.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Documentation.</b> Not applicable.	
<b>2.03 Case/Service Plan</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain)	
						The provider's policy and procedure for Case/Services Plans were last reviewed on August 5, 2020 by the Program Director. The	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable			Explain
						YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	<b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> For example: Items marked 'No' or 'N/A' on the worksheets need to be explained clearly below	
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"/>	<b>Documentation.</b> A total of eight (8) client files were reviewed. All 8 client files were randomly selected from the client roster of the previous 6 months. (1 open and 8 closed). All 8 client files had evidence of a Case/Service plan that was developed within 7 working days of Needs Assessment.		
<b>Case/Service Plan includes:</b>								
<ul style="list-style-type: none"> <li>Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment</li> <li>Service type, frequency, location</li> <li>Person(s) responsible</li> <li>Target date(s) for completion and Actual completion date(s)</li> <li>Signature of youth, parent/guardian, counselor, and supervisor</li> <li>Date the plan was initiated</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Eight of the 8 files were reviewed to determine if they had evidence of completing several category requirements for demonstrating completion of Case/Service Plan activities in each client file, respectively. All 8 client files had evidence of completed Case/Service plan work activities that included Individualized and prioritized need(s); goal(s) identified by the Needs Assessment Service type, frequency and location; identification of person(s) responsible; and Target date(s) for completion. Four of the 8 had evidence of completing Actual completion date(s),	<b>Exception:</b> Three (3) of the 8 client files do not have evidence of actual completion dates. One out of 7 client files did not have evidence of signatures of youth, parent/guardian and advocate. See content attached for details on each client case file.	
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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> Eight of the 8 files were reviewed to determine if they had evidence that includes a supervisor's review confirmed with a signature upon completion.	<b>Exception:</b> Seven of the 8 client files did not have evidence of signatures from youth, guardian/parent and Advocate and supervisor at the applicable review periods (30, 60 or 90 days). In several cases, goals were created for the youth, but are not easily measurable.	
<b>2.04: Case Management and Service Delivery</b>								
Provider has a written policy and procedure that meets the requirement						<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO (explain)	

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<b>for Indicator 2.04</b>						<b>Indicate</b> The provider's policy and procedure for Case Management and Service Delivery was last reviewed on August 5, 2020 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
Counselor/Case Manager is assigned	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation.</b> A total of eight (8) client files were reviewed. Applicable to all 8 client files that were randomly selected from the client roster of the previous 6 months. (1 open and 8 closed). Seven of the 8 client files reviewed have evidence in the client file that each case had an assigned Counselor/Case Manager.	<b>Exception:</b> One of the 8 client files reviewed does not have evidence in the client file that the case had an assigned Counselor/Case Manager.
The Counselor/Case Manager completes the following as applicable: <ul style="list-style-type: none"> <li>• Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs</li> <li>• Coordinates service plan implementation</li> <li>• Monitors youth's/family's progress in services</li> <li>• Provides support for families</li> <li>• Monitors out-of-home placement (if necessary)</li> <li>• Makes referrals to the case staffing to address problems and needs of the youth/family</li> <li>• Accompanies youth and parent/guardian to court hearings and related appointments</li> <li>• Refers the youth/family for additional services when appropriate</li> <li>• Provides case monitoring and reviews court orders</li> <li>• Provides case termination notes</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<ul style="list-style-type: none"> <li>-Seven (7) of the 8 client cases reviewed had documented evidence that found referral needs were identified and coordinated to necessary services based upon the on-going assessment of the youth's/family's problems and needs.</li> <li>-Seven of the applicable client cases had evidence that the agency advocate coordinates service plan implementation.</li> <li>-Seven (7) of the 8 client case files reviewed had evidence that case management services were provided as needed and progress is monitored and includes the following: <ul style="list-style-type: none"> <li>-All 7 applicable client files monitored the youth's and family's progress in services. One of the 8 cases is not applicable.</li> <li>-All 7 applicable files provided support for families. One of the 8 cases is not applicable.</li> <li>-None of the 8 files were applicable for monitoring out-of-home placement.</li> <li>-None of the 8 files were applicable for referrals to the case staffing committee.</li> </ul> </li> </ul>	<p><b>Exception:</b> Three (3) of the six (6) applicable client files did not have documented case information that the agency conducted required follow-ups after 30 days of exit. In addition, three (3) of the six (6) applicable client files did not have documented case information that the agency conducted required follow-ups after 30 days of exit.</p> <p>Youth PS was discharged 4/20/20. 30 day follow up was completed on 6/29/20, 84 days after discharge. 60 day follow up was completed on 7/20/20, 105 days after discharge. Youth MM had no documentation of 30 or 60 day follow up. Youth TM was discharged 10/26/20 and still within 30 days, follow ups not due yet. Youth OM was opened, but not assigned an advocate yet.</p>



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
<ul style="list-style-type: none"> <li>Provides follow-up after 30 days of exit</li> <li>Provides follow-up after 60 days of exit</li> </ul>						<ul style="list-style-type: none"> <li>-None of the 8 files were applicable for accompanying the youth or parent to court hearings or appointments.</li> <li>-Seven applicable files referred the youth/family for additional services when needed. One of the 8 cases is not applicable.</li> <li>-All 8 applicable files provided case monitoring and reviewed court orders where applicable.</li> <li>-All 7 applicable files provided case termination notes.</li> <li>-Three (3) of the six (6) applicable files provided follow-up after 30 days of exit. Two of the 8 cases are not applicable.</li> <li>- Three (3) of the six (6) applicable files provided follow-up after 60 days of exit. Two of the 8 cases are not applicable.</li> </ul>	
<b>2.05: Counseling Services</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Counseling Services was last reviewed on August 5, 2020 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	☒	☐	☐	☐	☐	<b>Documentation.</b> All 8 client service plans and case progress notes had evidence of youth receiving counseling services as identified during the assessment process.	
<b>Shelter Program</b>							



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
Shelter programs provides individual and family counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The requirement is not applicable to Non-Residential providers (N/A).	
Group counseling sessions held a minimum of five days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A</b> This program only serves non-residential youth.	
Group counseling sessions consist of: <ul style="list-style-type: none"> <li>Length of at least 30 minutes</li> <li>Opportunity for youth engagement</li> <li>Clear and relevant topic (informational/developmental/educational)</li> <li>Clear leader or facilitator</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A</b> This program only serves non-residential youth.	
<b>Non-residential Program</b>							
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"/>	<b>Documentation.</b> The YAP practice model utilizes mentoring, coaching and activities with each youth as the primary method of how services are provided by agency staff to youth. All 8 case have documented evidence that these aforementioned activities in client case file progress notes. All necessary presenting problems and needs had evidence that referrals were made provided to all 8 where applicable.	
<b>Counseling Services</b>							
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"/>	<b>Documentation</b> Coordination of services was observed in all 8 client files reviewed.	
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"/>	<b>Documentation</b> Individual client records were maintained for all eight client files reviewed.	
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"/>	<b>Documentation</b> All 8 client files included case notes that document services provided including counseling services.	
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"/>	<b>Documentation</b> The Executive Director provided evidence of client file accuracy and completion reviews conducted at case file	



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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						review meetings. The YAP agency utilizes an internal tracking process to document and monitor mentoring, coaching and activities with each youth as the primary method of how services are provided by agency staff to youth.	
<b>2.06: Adjudication/Petition Process</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.06</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Adjudication/Petition Process was last reviewed on August 5, 2020 by the Program Director. The YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
<b>Case Staffing Initiation and Notifications</b>							
If parent/guardian initiates, staffing is held within 7 days	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for Case Staffing.	
The youth, family and case staffing committee are contacted within a minimum of five working days <ul style="list-style-type: none"> <li>Notification to youth/family no less than 5 working days prior to staffing</li> <li>Notification to committee no less than 5 working days prior to staffing</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for Case Staffing.	
<b>Case Staffing Committee</b>							
<b>Must include:</b> <ul style="list-style-type: none"> <li>a. DJJ rep. or CINS/FINS provider</li> <li>b. Local school district representative</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has a policy and procedure in place to conduct case staffing meetings that include the necessary committee members.	
<b>Other members may include:</b> <ul style="list-style-type: none"> <li>State Attorney's Office</li> <li>Others requested by youth/family</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has a policy and procedure in place to conduct case staffing	

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<ul style="list-style-type: none"> <li>Substance abuse representative</li> <li>Law enforcement representative</li> <li>DCF representative</li> <li>Mental health representative</li> </ul>						meetings that include the necessary committee members.	
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"/>	<b>Interview</b> The agency has an agreement and attends case staffing meetings on an intermittent basis with the local full service provider Hillsborough County Government.	
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"/>	<b>Interview</b> The agency has policy and procedures in place to conduct case staffing meetings that includes scheduling all required case staffing activities with necessary committee members.	
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has no eligible case(s) that were eligible for Case Staffing.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has no eligible case(s) that were eligible for Case Staffing.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has no eligible case(s) that were eligible for Case Staffing.	
Case Manager/Counselor completes a review summary prior to the court hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview</b> The agency has no eligible case(s) that were eligible for Case Staffing.	
<b>2.07: Youth Records</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Youth Records was last reviewed on August 5, 2020 by the Program Director. The current YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
All records are marked "confidential"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview and Virtual QI Review</b> All 8 client file records reviewed were stamped confidential.	
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"/>	<b>Interview and Onsite visit</b> The client file room was observed during the onsite visit to the agency. Files are stored in metal cabinets and have a locking mechanism and are marked confidential. The door to the cabinet room is also equipped with a lock.	
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"/>	<b>Interview and Onsite visit</b> The YAP file container is used to house all client files to transport case files outside office. The container was viewed during the onsite visit. The containers used by Advocates to transport files are marked confidential.	
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"/>	<b>Interview and Virtual QI Review</b> All 8 client files viewed during virtual client review process were observed to be neat and organized in an orderly manner.	
<b>2.08: Sexual Orientation, Gender Identity, Gender Expression</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for S.O.G.I.E. was last reviewed on August 5, 2020 by the Program Director. The current YAP agency policy has content that adheres to the current requirements of this FNYFS 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Interview.</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case for review.	

## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
outward-facing documents and census boards							
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"/>	<b>Interview</b> The agency has no eligible case for review.	
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"/>	<b>Interview N/A</b> The agency has no eligible case for review.	
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"/>	<b>Interview N/A</b> The agency has no eligible case for review.	
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"/>	<b>Onsite</b> The agency has appropriate signage that is visible in common and staff offices. program information.	
<b>2.09: Special Populations</b>							
<b>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.</b>						<input type="checkbox"/> YES <input type="checkbox"/> NO (explain) <input checked="" type="checkbox"/> N/A The local member agency is a non-residential service provider, and this service is not applicable to non-residential service providers. The YAP agency is currently not required to address this FNYFS indicator.	
<b>Staff Secure</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating "No eligible items for review")</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> N/A			<b>Not Applicable N/A</b> This service is not applicable to non-residential services providers. The YAP program only serves nonresidential youth.	
Staff Secure policy and procedure outlines the following: <ul style="list-style-type: none"> <li>• In-depth orientation on admission</li> <li>• Assessment and service planning</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Not Applicable N/A</b> This service is not applicable to non-residential services providers. The YAP program only serves nonresidential youth.	

## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
<ul style="list-style-type: none"> <li>Enhanced supervision and security with emphasis on control and appropriate level of physical intervention</li> <li>Parental involvement</li> <li>Collaborative aftercare</li> </ul>							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Not Applicable N/A</b> This service is not applicable to non-residential services providers. The YAP program only serves nonresidential youth.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Not Applicable N/A</b> This service is not applicable to non-residential services providers. The YAP program only serves nonresidential youth.	
Agency provides a written report for any court proceedings regarding the youth's progress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Not Applicable N/A</b> This service is not applicable to non-residential services providers. The YAP program only serves nonresidential youth.	
<b>Domestic Minor Sex Trafficking (DMST)</b>							
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		<b>Interview</b> The Program Director reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for DMST.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	
Services provided to these youth specifically designated services designed to serve DMST youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	

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Youth Advocate Program (YAP) – November 18, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	
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 that are obtained on a case-by-case basis? (If applicable.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for DMST.	
<b>Domestic Violence</b>							
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		<b>Interview</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	

## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

Lead Reviewer: Keith D. Carr

Quality Improvement Indicators	Rating					Review Based Upon  Document Source: <i>E.g. Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes  <b>Explain any items that have any deficiencies, exceptions or are not applicable.</b> 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		
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Domestic Violence counseling services.	
<b>Probation Respite</b>							
Does the agency have any cases in the last 6 months or since the last onsite QI review was conducted? <b>(If no, select rating "No eligible items for review")</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input checked="" type="checkbox"/> N/A		<b>Interview</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for Probation Respite.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Probation Respite.	
Data entry into NetMIS and JJIS within 24 hours of admission and 72 hours of release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Probation Respite.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Probation Respite.	
All case management and counseling needs have been considered and addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Probation Respite.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Probation Respite.	
<b>Intensive Case Management (ICM)</b>							



## Quality Improvement Review

Youth Advocate Program (YAP) – November 18, 2020

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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			<b>Interview</b> The agency reported that they have not had any youth that fall under these requirements during the current period of review. The agency has no eligible case(s) that were eligible for Intensive Case Management.	
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"/>	The agency has no eligible case(s) that were eligible for Intensive Case Management.	
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"/>	The agency has no eligible case(s) that were eligible for Intensive Case Management.	
Assessments include: 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)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for Intensive Case Management.	
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"/>	The agency has no eligible case(s) that were eligible for Intensive Case Management.	
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"/>	The agency has no eligible case(s) that were eligible for Intensive Case Management.	
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</b>							



## Quality Improvement Review

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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 have deliverables in their current contract to provide FYRAC services.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	
Intake and initial assessment sessions meets the following criteria: a. Face-to-face gathering of family history and demographic information 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	
Group Sessions: a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
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							
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	The agency has no eligible case(s) that were eligible for FRYAC.	
<b>2.10: STOP NOW AND PLAN (SNAP)</b>							
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (explain) The provider's policy and procedure for Stop Now And Plan (SNAP) was last reviewed on August 5, 2020 by the Program Director. The current YAP agency policy has content that adheres to the current requirements of this FNYFS indicator.	
<b>SNAP Clinical Groups</b>							
Youth are screened to determine eligibility of services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> The agency has eligible case(s) that were eligible for SNAP. All four (4) cases have evidence that youth are screened to verify if they are meeting eligibility criteria. All 4 youth are deemed eligible.	
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"/>	<b>Documentation</b> The agency did have documented case(s) that were eligible for SNAP. All 4 youth have evidence of a completed Needs Assessment	
SNAP Assessments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> 2 out of the 4 youth have a CBCL that has been initiated or completed.	
a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Four (4) out of 4 youth do not have a completed TRF at this time due to limited or no contact with teachers due to COVID-19 contact restrictions for all county school systems in the service area.	
b. Teacher Report Form (TRF) completed by the teacher (pre & post)							

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	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
c. TOPSE (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Four (4) of the 4 youth are still active cases and have a completed TOPSE at this time.	
d. Prevention Assessment Tool (PAT) (pre & post)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Four (4) out of 4 youth has evidence that a Prevention Assessment Tool is in the file.	
SNAP® discharge report summary	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Two (2) out of the 4 client cases are closed status client cases. Two of the 4 youth are still active cases and do not require a discharge report at this time.	
SNAP® Boys/SNAP® Girls Child Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Four (4) of the 4 youth have documentation in progress notes of telephone and virtual contact only with YAP staff. Progress notes indicate individual sessions contact only. No face to face groups activities are documented due to COVID-19 concerns.	
SNAP® Boys/SNAP® Girls Parent Group Evaluation Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<b>Documentation</b> Two (2) out of the 4 client files have documentation in progress notes of completing parent sessions. Progress notes indicated that two (2) remaining clients have session scheduled.
<b>SNAP in Schools</b>							
Weekly attendance sheet with youth names and/or identifying number completed with signatures of teacher and facilitator(s) (For a total of 13 attendance sheets)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Due to COVID-19 challenges presented by schools having to go to remote learning, YAP staff have significant challenges in connecting with teachers and are not permitted to conduct in-person teacher meetings and group activities in schools.	
"Class Shoot for Your Goal" sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Due to COVID-19 challenges that impacted the local school system. All local schools moved to an all remote/virtual learning format. YAP staff have significant challenges in connecting with teachers and as a result, they are not permitted to conduct in-person teacher	

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	Explain						
	Satisfactory	Non-compliant	No Eligible Items For Review	No Practice	Not Applicable		
						meetings and in-person group activities in schools.	
Pre and Post Evaluations	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> All 4 client files have evidence of pre evaluation activities.	
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Documentation</b> Due to COVID-19 challenges presented by Schools having to go to remote learning, YAP staff have had significant challenges in connecting with teachers and are not permitted to conduct in-person teacher meetings and in-person group activities in schools.	