



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



**Tampa Housing Authority  
5301 West Cypress Avenue  
Tampa, Florida 33607**

**Compliance Monitoring Services Provided by**



## EXECUTIVE SUMMARY

Forefront LLC conducted a joint Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Tampa Housing Authority for the FY 2020-2021 at its program office located at 5301 West Cypress Avenue, Tampa, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm that is contracted by the FNYFS to perform onsite program reviews to assess the agency's adherence to fiscal, programmatic and overall contract requirements. Tampa Housing Authority 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 review was conducted by Ashley Davies, Consultant for Forefront LLC and Peer Reviewer(s). Agency representatives from Tampa Housing Authority present for the entrance interview were: Diane Lindsay, Program Manager; and Joanna Lopez-Walker, Treatment Coordinator. The last onsite QI visit was conducted on January 22, 2020.

In general, the Reviewer found that Tampa Housing Authority is in compliance with specific contract requirements. **Tampa Housing Authority received an overall compliance rating of 100% for achieving full compliance with nine indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions as a result of the monitoring visit; however, no 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 03-31-2021

<b>Agency Name: Tampa Housing Authority</b>					<b>Monitor Name: Ashley Davies, Lead Reviewer</b>		
<b>Contract Type : CINS/FINS</b>					<b>Region/Office: 5301 W. Cypress Ave., Tampa, FL 33607</b>		
<b>Service Description: Comprehensive Onsite Compliance Monitoring</b>					<b>Site Visit Date(s): March 31, 2021</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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Interview: The program has two certified QI peer reviewers.	<b>No recommendation or Corrective Action.</b>
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: At the time of this on-site program review, the agency has several additional local and federal contracts, awarding entity, award amount, description of services, and contract start & end dates. The list of contracts is extensive and is available upon request.	<b>No recommendation or Corrective Action.</b>
<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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Auto Insurance is provided through the Auto-Owners Insurance automobile insurance company. The policy with combined single limit coverage for Bodily Injury \$250,00 per person;	<b>No recommendation or Corrective Action.</b>

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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>\$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. <b>PTV</b></p>					<p>\$500,00 each accident; Property Damage \$100,000,000. Aforementioned policy is effective 03/01/2021-03/01/2022.</p> <p>Workers Compensation and Employers Liability Insurance is provided through The Zenith. The policy coverage includes \$1,000,000 in Bodily injury for each Accident; \$1,000,000 in Bodily Injury for each Disease; and \$1,000,000 in Bodily injury for each Disease is the Policy Limit. The policy is effective 07/01/2020-07/01/2021.</p> <p>Commercial Liability Insurance is secured through HAI Group. The policy included \$1,000,000 per Occurrence; Fire Damage limits \$50,000; Sports Liability limits \$250,000. Personal and Advertising Injury Liability is set at \$1,000,000; Law Enforcement Liability limits are set at \$1,000,000. Public Official Liability is set at \$1,000,000 per Wrongful Act and \$1,000,000 for Aggregate. Mold, Other Fungi or</p>			

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							Bacteria Liability Claim is set at limits of \$100,000. Other coverages areas include Non-Owned and Hired Auto Liability; Employee Benefits Administration Liability; Lead-Based Paint Liability. Aforementioned policy is effective 10/01/2020-10/01/2021.		
<b>External/Outside Contract Compliance</b> a. Provider has corrective action item(s) cited by an external funding source (Fiscal or Non-Fiscal). <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>N/A –</b> During the Entrance Conference, the provider indicated that there are no outstanding corrective action item(s) cited by an external funding source.	<b>No recommendation or Corrective Action.</b>
<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"/>	Documentation: Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that are general and provide for limited internal controls. The agency's policy manual titled Operating Procedures – Accounting - Finance was last reviewed January 21, 2020. The policy manual covers standard operating procedures for critical financial functions.	<b>No recommendation or Corrective Action.</b>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General ledger (GL) for Periods: April-2020 through March 2021. The agency maintains a detailed general ledger	<b>No recommendation or Corrective Action.</b>

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(standard account numbers / separate funds for each revenue source, etc.). <b>PTV</b>							with corresponding source documents. The General Ledger documents and tracks all funding sources by category.		
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interview: The provider does not utilize a petty cash system for occasional program outings. The request for cash is required to be placed in advanced via a check request.	<b>No recommendation or Corrective Action.</b>
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"/>	Documentation: All program invoices are processed for payment by the agencies fiscal department. Purchase Order forms are completed by the program for all purchases. The designated purchase is then processed or ordered through the agency's fiscal department.  A basic filing system is maintained at the THA CINS/FINS program office by vendor for each fiscal year. Current and previous year files are stored in adjacent file cabinets or a secure storage area until completion of fiscal year audit. Request for purchases generally include acquisition of certain local supplies or services for the operation of the program.	<b>No recommendation or Corrective Action.</b>

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					Account reconciliations are conducted through the City's fiscal department. The program's reconciliations are available upon request and were provided from July 2020 through January 2021. Accounts Payable Reconciliations are signed monthly by the Analyst within 4-6 weeks of receipt and approved by Department's Director.										
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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A – The agency has not purchased any items with FNYFS monies since the last time on-site.				<b>No recommendation or Corrective Action.</b>	
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"/>	Documentation: Copies 941s for the 3 <sup>rd</sup> and 4 <sup>th</sup> quarter of 2020 were provided. The agency submits payroll taxes to the appropriate authority as required.				<b>No recommendation or Corrective Action.</b>	

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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"/>
			Documentation: Income Statement for the agency CINS/FINS account from July 2020 through March 2021 was provided. Report shows program budget and variances with YTD net results. Variances in budget are monitored on a regular basis by management.			<b>No recommendation or Corrective Action.</b>	
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			Interview: The annual expenses for the agency are not greater than \$750,000. The agency is part of a combined audit for multiple programs operated by the Tampa Housing Authority. The agency is not required to submit an annual Single audit from an outside audit firm. The complete audit is reported on an annual basis in the City of Tampa's audit report. No Management Letter is applicable or required during this audit period.			<b>No recommendation or Corrective Action.</b>	



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i. Agency maintains confidentiality policy with written policies and procedures to ensure the security and privacy of all employee and client data. Personal information is not easily accessible. Agency maintains a backup system in case of accidental loss of financial information. Security procedures are in place to protect laptops. Obsolete documents are shredded and computer hard drives are wiped prior to discarding. <b>ON SITE</b>			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: The agency has updated policies in Storage and Retention; Confidentiality, Retention, Record Retention Schedule. The agency also has related policies that address Storage and Disposal. Recent changes in the agency's policy called the Operating Procedures – Accounting - Finance last reviewed January 21, 2020. The policy covers standard operating procedures for critical financial functions.	<b>No recommendation or Corrective Action.</b>

## CONCLUSION

Tampa Housing Authority has met the requirements for the CINS/FINS contract as a result of full compliance with nine applicable indicators of the Administrative and Fiscal Contract Monitoring Tool. Four of the thirteen indicators were not applicable because: 1) the provider does not utilize a petty cash system, 2) the provider does not have any outstanding corrective action item(s) cited by an external funding source, 3) the provider does not have any current inventory purchased with DJJ/FN Funds, and 4) the provider is not required to submit a Single Audit from an outside agency. Consequently, **the overall compliance rate for this contract monitoring visit is 100%**. There are no corrective actions cited and no 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**

There were no recommendations as a result of this review.

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**

Review of Tampa Housing Authority  
Non-Residential Program

March 31, 2021

**Compliance Monitoring Services Provided by**

 **FOREFRONT**



## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

### 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	Limited
1.05 Analyzing and Reporting Information	Satisfactory
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	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory
2.05 Counseling Services	Satisfactory
2.06 Adjudication/Petition Process	Satisfactory
2.07 Youth Records	Satisfactory
2.08 Sexual Orientation, Gender Identity, Gender Expression	Satisfactory
2.09 Special Populations	Satisfactory
2.10 Stop Now and Plan (SNAP)	Not Applicable

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

#### Overall Rating Summary

**Percent of indicators rated Satisfactory: 93.33%**  
**Percent of indicators rated Limited: 6.67%**  
**Percent of indicators rated Failed: 0.00%**

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## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

### 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

Ashley Davies - Lead Reviewer Consultant-Forefront LLC/Florida Network of Youth and Family Services

Jonathan Thompson – Regional Monitor, Department of Juvenile Justice

Felecia Wells – Youth Advocate Program



## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

### Methodology

This review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused on the areas of (1) Management Accountability, (2) Intervention and Case Management, and (3) Shelter Care/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (July 2020/Jan 2021).

### Persons Interviewed

- Chief Executive Officer
- Chief Financial Officer
- Chief Operating Officer
- Executive Director
- Program Director
- Program Manager
- Program Coordinator
- Clinical Director
- Counselor Licensed

- Case Manager
- Counselor Non-Licensed
- Advocate
- Direct – Care Full time
- Direct – Part time
- Direct – Care On-Call
- Intern
- Volunteer
- Human Resources

- Nurse – Full time
- Nurse – Part time
- 0 # Case Managers
- 0 # Program Supervisors
- 0 # Food Service Personnel
- 0 # Healthcare Staff
- 0 # Maintenance Personnel
- 0 # Other (listed by title): \_\_\_\_\_

### Documents Reviewed

- Accreditation Reports
- Affidavit of Good Moral Character
- CCC Reports
- Logbooks
- Continuity of Operation Plan
- Contract Monitoring Reports
- Contract Scope of Services
- Egress Plans
- Fire Inspection Report
- Exposure Control Plan

- Table of Organization
- Fire Prevention Plan
- Grievance Process/Records
- Key Control Log
- Fire Drill Log
- Medical and Mental Health Alerts
- Precautionary Observation Logs
- Program Schedules
- List of Supplemental Contracts
- Vehicle Inspection Reports

- Visitation Logs
- Youth Handbook
- 0 # Health Records
- 0 # MH/SA Records
- 7 # Personnel /Volunteer Records
- 3 # Training Records
- 4 # Youth Records (Closed)
- 4 # Youth Records (Open)
- 0 # Other: \_\_\_\_\_

### Observations During Review

- Intake
- Program Activities
- Recreation
- Searches
- Security Video Tapes
- Social Skill Modeling by Staff
- Medication Administration
- Census Board

- Posting of Abuse Hotline
- Tool Inventory and Storage
- Toxic Item Inventory and Storage
- Discharge
- Treatment Team Meetings
- Youth Movement and Counts
- Staff Interactions with Youth

- Staff Supervision of Youth
- Facility and Grounds
- First Aid Kit(s)
- Group
- Meals
- Signage that all youth welcome

### Comments

Due to COVID-19, this review was conducted virtually.

## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

### Monitoring Purpose:

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

### Strengths and Innovative Approaches

The newly hired Treatment Coordinator is bilingual has been able to serve the Spanish-speaking population and also continue task supervision for the BSW Student Interns.

At the beginning of the summer, the Program Manager was contacted by the Field Coordinator for Ana G. Mendez University that provides their course instruction in both English and Spanish. Tampa Housing Authority (THA) currently has an affiliation agreement with the university which has been a benefit for both the foundation and the clinical master's level student interns, as they provide services in rural areas where counseling services are limited for Latino youth and families. In addition, the agency is able to provide a field placement that allows them to apply their course work to real life experiences and meet their learning plan objectives.

As with many CINS/FINS providers, the program saw a decrease in their referrals due to the pandemic. The program provides face-to-face in-home, school, and community-based services so contacts via the telephone and video conferencing was a good alternative. However, the summertime is normally the program's opportunity to provide psychoeducational groups at their THA properties, but this was not possible. When school started, some administrators were not receptive to school visits and working around the family's schedule has been challenging. The Program Manager has made contact with the Chair of School Social Workers in Hillsborough County who is willing to mediate on the program's behalf, but the principals give the final approval.

The Program Manager continues to manage another program entitled Village Link Up that is funded by the Children's Board of Hillsborough County. It provides case management services to 105 families specifically, parents who have elementary children, at the THA properties, Robles Park Village, and C. Blythe Village. It was initially serving Robles Park Village (original grant was awarded 10/1/2018) then expanded to serve C. Blythe Andrews on Oct. 1, 2020. There are currently two case managers associated with this program and interviews were just completed to add one more Bilingual Case Manager.

On Thursday, December 3<sup>rd</sup>, the program held their 8<sup>th</sup> Annual Parent Workshop, "Click Here: Navigating the World of Virtual Services" which focused on engaging parents in a discussion on how youth have transitioned to using virtual services, providing tips for older adults on how to utilize these new platforms, and outlining self-care activities to help decrease stress and adjusting to "navigating the world of virtual services". It was intern-led and vendors were able to share their resources with the participants and connect with other providers. Through this workshop, the program was able to formulate new partnerships with community providers that are now referral sources for the program.

## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

### Narrative Summary

#### Standard 1:

Tampa Housing Authority provides individual, case management, and family services to clients who live in rural areas and have minimal access to much needed therapeutic treatment. The program is managed by a Program Manager who oversees a Data Coordinator, a Treatment Coordinator, a subcontracted part-time Therapist, and local college interns. At the time of the review there were no vacant positions. On July 31, 2020, the previous Treatment Coordinator left the program, leaving the position vacant until they were able to hire a new Treatment Coordinator who began on November 16, 2020. The Program Manager and subcontracted part-time Therapist were able to fulfill the duties of the Treatment Coordinator position during the vacancy.

The program collects and reviews several sources of information to identify patterns and trends including: quarterly case record review reports, quarterly review of incidents, accidents, and grievances, monthly review of customer satisfaction data, monthly review of outcome data, and monthly review of NetMIS data reports. These reports are utilized to measure data entry compliance and the results are utilized to improve processes where needed. During the review, management extracts pertinent data which will be utilized to gain valuable customer insight to the services provided. All the above information is utilized by management to gauge performance and make necessary changes to areas of improvement for future operations.

#### Standard 2:

Tampa Housing Authority is contracted with the Florida Network of Youth and Families to provide non-residential CINS/FINS services for youth and their families in Circuit 13, Hillsborough County. The program provides centralized screening and intake services during regular business hours. The program accepts referrals from established referral partners and local elementary, middle, and high schools. The program also receives referrals from youth, parents/guardians, and local community-based organizations.

Services are provided by the Program Manager, who is a Registered Clinical Social Worker Intern (RCSWI) and has a master's degree, a Treatment Coordinator, who is also a RCSWI and has a master's degree, a subcontracted part-time therapist, who is a Licensed Mental Health Counselor (LMHC), and six local college interns. All staff and interns are overseen by the Program Manager.

The only special population served by the program is Family and Youth Respite Aftercare Services (FYRAC). However, the program has not provided any FYRAC services since the last Quality Improvement review. All services are provided in the youth and family's home, if possible. Case staffing's have not been conducted by the program since the last on-site review. However, the Case Staffing Committee (a statutorily mandated committee that develops a treatment plan for habitual truancy, lockout, ungovernable, and runaway youth when all other services have been exhausted or upon request from the parents/guardians) would be prepared when the need arises.





## Quality Improvement Review

Tampa Housing Authority – March 31, 2021  
Lead Reviewer: Ashley Davies

The program maintains electronic files. They are accessed through the staff's laptops and the Program Manager's computer only. The files are labeled with the word "confidential".

The overall findings for the QI Review for Tampa Housing Authority are summarized as follows:

### Standard 1

This standard has a total of seven indicators regarding management accountability. All indicators in standard one were rated satisfactory with the exception of indicator 1.04 Training Requirements which was rated a limited. There were exceptions noted in indicator 1.01 Background Screening and 1.05 Analyzing and Reporting Information. The exception in 1.01 was due to the program's policy not stating what pre-employment suitability assessment is being used and what the pass rate, score, or measure for suitability is. The exception noted in 1.05 was due to the program's policy not stating what the programs process and procedures were for collecting and analyzing data. Indicator 1.06 Client Transportation was not applicable as the program does not provide transportation services.

### Standard 2

This standard has a total of ten indicators that relate to intervention and case management. Indicator 2.10 Stop Now and Plan (SNAP) was not applicable as this program does not provide SNAP services. The remaining nine indicators were rated satisfactory with no exceptions noted.

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

Standard 1: Indicator 1.04 Training Requirements was rated limited due to two staff not completing all training required during the first 90 days of employment and one of those two staff not completing the required 80 hours of training during the first year of employment. Also, another staff member has not completed any required DJJ SkillPro training since 2016.

### CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators:	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source	Notes Explain any items that have any deficiencies, exceptions or are 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>	<b>YES</b>	<b>NO (explain)</b>	<b>X</b>				<b>Exception:</b> The policy does not state what pre-assessment tool the program will use and does not state the criteria for the pass rate, score, or measure for suitability.
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 or the agency has provided an explanation to for staff hired with a non-passing/low score.	<b>X</b>					There was one new staff that was hired since the last QI review. The agency uses the HR Avatar Pre-Employment Test and completed the screening prior to hire for that staff.	
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	<b>X</b>					There was one new staff hired and six interns since the last QI review. All seven staff received a background screening with an eligible rating prior to their start date.	
Five-year re-screening completed every 5 years from initial date of hire			<b>X</b>			There were no staff due for a 5-year rescreening during this review period.	

Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					The agency submitted the Annual Affidavit of Compliance with Level 2 Screening via email to the Background Screening Unit on 12/17/2020.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	X					Documentation of approval of E-Verify work eligibility was provided for the one new staff hired.	
<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>						<b>YES</b> <b>X</b> <b>NO (explain)</b> There is a policy in place titled 1.01 Provision of an Abuse Free Environment that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>Abuse Free Environment</b>							
Agency has a code of conduct of policy and there is evidence that staff are aware of agency's code of conduct.	X					All staff have signed the Abuse Free Policy Acknowledgment form that confirms the employees understanding of the policy and agreement to adhere it.	
Child Abuse Registry telephone number is visible to youth and posted common areas of the facility	X					The program submitted pictures of the Child Abuse Registry telephone number posted in the office.	
Youth were informed of the Abuse and Contact Number (see youth survey results)	X					All eight youth files reviewed documented the youth were informed of the abuse hotline number during orientation.	
Management takes immediate action to address any incidents of threats or abuse			X			The Program Manager reported there have been no instances management has needed to take immediate action to address any incidents of threats or abuse.	
<b>Grievance Process</b>							
Agency has a formal grievance process	X					The program has a policy titled 1.01 Provision of an Abuse Free Environment that outlines the grievance procedures for the program.	
Locked box accessible to only management and available to youth in a common area	X					The program has a locked grievance box that is accessible to all youth located in the Treatment Coordinator's office. Keys to grievance boxes are kept with Program Manager and the Treatment Coordinator.	
Direct care does not handle the complaint/grievance unless assistance is asked for by the youth. Program director/supervisor will have access to and manage			X			There have been no grievances filed during this review period.	

grievances unless it is towards themselves.								
72-hour resolution requirement by management. If this does NOT occur within the 72 hour period, there is sufficient documentation explaining the cause for the delay in resolution.				X			There have been no grievances filed during this review period.	
<b>1.03: Incident Reporting</b>								
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.03</b>						<b>YES</b>	<b>X</b>	<b>NO (explain)</b>
						There is a policy in place titled 1.02 Incident Reporting that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.		
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			
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			X				A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
The program completes follow-up communication tasks/special instructions as required by the CCC			X				A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
Incidents are documented in the program logs and on incident reporting forms			X				A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
All incident reports are reviewed and signed by program supervisors/directors			X				A review of the Department's CCC Reports for the program revealed the program has not had any reportable incidents during this review period.	
<b>1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)</b>								
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.04</b>						<b>YES</b>	<b>X</b>	<b>NO (explain)</b>
						There is a policy in place titled 1.05 Training that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.		
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			

First Year Direct Care Staff							
All staff completed the United States Department of Justice (DOJ) Civil Rights & Federal Funds training within 30 days from date of hire. (Staff hired before January 1 <sup>st</sup> were required to complete no later than December 31, 2020)	X					All staff at the program completed the DOJ Civil Rights and Federal Funds training by December 31, 2020.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.		X				There were two first year staff training files reviewed. Both staff completed all trainings required in the first 90 days of employment with the exception of some DJJ SkillPro trainings.	<b>Exception:</b> One staff did not complete four required DJJ SkillPro trainings and the other staff did not complete two required SkillPro Trainings.
All staff completes all mandatory Florida Network and SkillPro training during the first-year employment.		X				There were two first year staff training files reviewed. One staff still had eight months left in their first year training cycle to receive all required trainings.	<b>Exceptions:</b> The second staff training file reviewed did not complete four trainings required during the first year of employment. This staff also only documented 61.5 of the required 80 hours of training during the first year of employment.
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)							
Non-licensed mental health clinical shelter staff Assessment of Suicide Risk Training					X	The program does not employ any clinical shelter staff.	
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).					X	The program does not employ any clinical shelter staff.	

In-Service Direct Care Staff							
Direct care staff completes 24 hours of mandatory refresher Florida Network, SkillPro, and job-related training annually (40 hours if the program has a DCF child caring license).		X				There was one staff training file available for review for annual training requirements. This staff documented 33 hours of training during the last completed training cycle. All required trainings were completed with the exception of DJJ SkillPro trainings.	<b>Exception:</b> This staff has not completed any DJJ SkillPro trainings since 2016, therefore, none of the required SkillPro trainings for the training cycle reviewed were completed.
Required Training Documentation							
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.	X					In all training files, there was evidence of a spreadsheet with all trainings, date completed, and hours. Also, the training files included any related documentation including certificates, sign-in sheets, agendas, and worksheets.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.05</b>						<b>YES</b> <b>NO (explain)</b> <b>X</b> There is a policy in place titled 1.06 Analyzing and Reporting Information. The policy was last reviewed in March 2021 by the Program Manager.	<b>Exception:</b> The programs policy does not outline the programs procedures for collecting and analyzing data. The policy states there will be a process in place but does not state what that process will be.
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
Case record review reports demonstrate reviews are conducted quarterly, at a minimum	X					Case records are reviewed by the Program Manager at intake and exit and on a regular basis while services are being provided. The cases are discussed at the bi-weekly treatment team meetings and a quarterly report is prepared and reviewed each quarter.	
The program conducts reviews of incidents, accidents, and grievances quarterly, at a minimum			X			Incidents, accidents, and grievances are reviewed during the monthly staff meetings if applicable. There have been no incidents, accidents, or grievances in the last six months to review.	

The program conducts an annual review of customer satisfaction data	<b>X</b>					Customer Satisfaction data is reviewed at the monthly treatment team meetings. The last six months, from October 2020 – March 2021, of meeting minutes were reviewed.	
The program conducts an annual review of outcome data and (if applicable) there is evidence of annual reconciliation that occurs through communication from the Florida Network via email or phone call when corrections are needed and the information is corrected and submitted within the requested timeframes.	<b>X</b>					Treatment team meeting minutes show a review of outcome data. The reports are printed and reviewed during the meetings. The last six months, from October 2020 – March 2021, of treatment team meetings were reviewed. The program reported an annual reconciliation was just completed with the Florida Network in January 2021.	
The program conducts a monthly review of NetMIS data reports.	<b>X</b>					NetMIS data reports are reviewed at the monthly treatment team meetings. The last six months, from October 2020 – March 2021, of meeting minutes were reviewed.	
The Florida Network conducts monthly reconciliation by comparing NetMIS data to JJIS data. Agency has evidence that they have reconciled any differences noted.	<b>X</b>					Monthly reconciliations are conducted by the Data Coordinator. The Data Coordinator enters all information into NetMIS and JJIS for the program so each month the Data Coordinator will fix any differences noted by the Florida Network.	
The program has a process in place to review and improve accuracy of data entry & collection	<b>X</b>					To ensure the accuracy of data entry and collection the Data Coordinator is the only person at the program who enters information into JJIS and NetMIS. Regular comparisons are made at least once a month to increase data validity.	
There is documentation that findings are regularly reviewed by management and communicated to staff and stakeholders.	<b>X</b>					A review of monthly treatment team meeting minutes documented that findings are communicated to staff.	
There is evidence that strengths and weaknesses are identified, improvements are implemented or modified, and staff are informed and involved throughout the process.	<b>X</b>					Monthly meeting minutes show evidence of strengths and weaknesses identified, and improvements implemented. Staff are informed and involved in the process. This was evident in monthly meeting minutes reviewed for the last six months, from October 2020 – March 2021.	

<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.06</b>						<b>YES</b>	<b>NO (explain)</b>	<b>X</b>	
						This program does not transport youth.			
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					<b>X</b>				
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					<b>X</b>				
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					<b>X</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					<b>X</b>				
The 3 <sup>rd</sup> party an approved volunteer, intern, agency staff, or other youth					<b>X</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.					<b>X</b>				
<b>Provider has a written policy and procedure that meets the requirement for Indicator 1.07</b>						<b>YES</b>	<b>X</b>	<b>NO (explain)</b>	
						There is a policy in place titled 1.07 Outreach Services that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.			



Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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	X					The Program Manager participates in local DJJ board and council meetings. Documentation was provided to show attendance in the last four Community Advisory Board meetings from September and November 2020 and January and February 2021. The CAB meeting minutes documented the meeting agenda, participants, topics discussed, and decisions made.	
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.	X					The agency provided evidence of outreach events by providing the Netmis outreach list which includes the title of event, date of event, number of youth and adults in event, purpose of event, and what area the event took place in the community. Events included local schools and community events. Outreach activities were conducted each month since September 2020.	
The program maintains written agreements with other community partners which include services provided and a comprehensive referral process.	X					Agency has twenty-six interagency agreements with community partners to provide a comprehensive referral process. All agreements were reviewed and current.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.01</b>						<b>YES X NO (explain)</b> The agency has three different policies to address the requirements of this indicator, 2.00 Screening for Eligibility, 2.01 Admission Process, and 2.02 Suicide Prevention. These policies were last reviewed in March 2021 by the Program Manager.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>Shelter youth:</b> Eligibility screening is completed immediately for all shelter placement inquiries. If staff on duty cannot complete the screening, an on-call supervisor is contacted and eligibility is determined within 30 minutes from initial inquiry.					X	This is a community counseling program and does not provide shelter services.	
<b>Community counseling:</b> Eligibility screening is completed within 3 business days of referral by a trained staff using the NetMIS form	X					There were eight files reviewed, four open and four closed. All eight had an eligibility screening completed within three calendar days of the referral.	

Youth and parents/guardians receive the following in writing: a. Available service options b. Rights and responsibilities of youth and parents/guardians	<b>X</b>						All eight files reviewed documented the youth and parents received all required information at intake.	
The following is also available to the youth and parents/guardians: a. Possible actions occurring through involvement with CINS/FINS services (case staffing committee, CINS petition, CINS adjudication) b. Grievance procedures	<b>X</b>						All eight files reviewed documented the youth and parents received all required information at intake.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.02</b>							<b>YES</b> <b>X</b> <b>NO (explain)</b> There is a policy in place titled 2.04 Needs Assessment that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable			
<b>Completion of Needs Assessment</b>								
Shelter Youth: Needs Assessment initiated within 72 hours of admission					<b>X</b>		This is a community counseling program and does not provide shelter services.	
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	<b>X</b>						There were eight files reviewed, four open and four closed. The Needs Assessment was completed within 2 to 3 face-to-face contacts in all eight files.	
Needs Assessment is conducted by a bachelor's or master's level staff member	<b>X</b>						All eight Needs Assessments were conducted by a bachelor's or master's level staff member.	
Needs Assessment includes a supervisor's review signature upon completion	<b>X</b>						A supervisor's signature was present on all eight Needs Assessments reviewed.	
<b>Suicide Risk as a Result of the Needs Assessment</b>								

Youth was identified with an elevated risk of suicide as a result of the Needs Assessment			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.
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			X			None of the files reviewed documented the youth had an elevated risk of suicide as a result of the Needs Assessment.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</b>						<b>YES X NO (explain)</b> There is a policy in place titled 2.06 Case/Service Plan that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	
Case/Service plan is developed within 7 working days of Needs Assessment	X					There were eight files reviewed, four open and four closed. In all eight files the Service Plans were developed within seven working days of the Needs Assessment.
<b>Case plan service Plan includes:</b> 1. Individualized and prioritized need(s) and goal(s) identified by the Needs Assessment 2. Service type, frequency, location 3. Person(s) responsible 4. Target date(s) for completion and Actual completion date(s) 5. Signature of youth, parent/guardian, counselor, and supervisor 6. Date the plan was initiated	X					All eight Service Plans reviewed included individualized and prioritized needs and goals identified by the Needs Assessment, service type, frequency and location, persons responsible, and target dates for completion. Of the eight files reviewed, four files include actual goal completion dates while four files were still open. All eight Service Plans had the signature of the counselor, supervisor, youth, and parent.
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	X					All eight files documented Service Plan reviews every 30 days for the first three months. None of the files were applicable for reviews beyond the first three months.
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</b>						<b>YES X NO (explain)</b> There is a policy in place titled 2.07 Case Management Services that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable	

Counselor/Case Manager is assigned	X					Each of the eight files reviewed showed a Case Manager was assigned to the youth.	
The Counselor/Case Manager completes the following as applicable: 1. Establishes referral needs and coordinates referrals to services based upon the on-going assessment of the youth's/family's problems and needs 2. Coordinates service plan implementation 3. Monitors youth's/family's progress in services 4. Provides support for families 5. Monitors out-of-home placement (if necessary) 6. Makes referrals to the case staffing to address problems and needs of the youth/family 7. Accompanies youth and parent/guardian to court hearings and related appointments 8. Refers the youth/family for additional services when appropriate 9. Provides case monitoring and reviews court orders 10. Provides case termination notes 11. Provides follow-up after 30 days of exit 12. Provides follow-up after 60 days of exit	X					All eight files establish referral needs and coordinated referrals to services based upon the ongoing assessment of the youth's/family's problems and needs, coordinated service plan implementation, monitored youth's/family's progress in service, and provided support to families. None of the files were applicable for monitoring out-of-home placement, referring the youth and family to the case staffing committee, or accompanying the youth/guardian to court hearings and related appointments. One file was applicable and referred the youth/family for additional services. None of the files were applicable for providing case monitoring and reviewing court orders. All four applicable files provided case termination documentation. One file was applicable for providing follow-up after 30 and 60 days of exit. Both follow-ups were completed.	
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	X					The agency has twenty-six interagency agreements with community partners to provide a comprehensive referral process. Agreements were with various providers to provide mental health, academic, grief counseling, educational, behavioral, emotional, and substance abuse services.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.05</b>						<b>YES      X      NO (explain)</b> There is a policy in place titled 2.05 Non-Residential Counseling Services that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.	

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Youth and families receive counseling services, in accordance with the youth's case/service plan, to address needs identified during the assessment process	X					There were eight files reviewed, four open and four closed. Service Plans and case notes maintained demonstrated all eight youth received counseling services to address needs identified during the assessment process.	
<b>Shelter Program</b>							
Shelter programs provides individual and family counseling					X	This is community counseling program and does not provide shelter services.	
Group counseling sessions held a minimum of five days per week					X	This is community counseling program and does not provide shelter services.	
Group counseling sessions consist of: a. Length of at least 30 minutes b. Opportunity for youth engagement c. Clear and relevant topic (informational/developmental/ educational) d. Clear leader or facilitator					X	This is community counseling program and does not provide shelter services.	
<b>Community Counseling</b>							
Community counseling 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.	X					All eight files documented therapeutic services were provided by program staff and this was documented in the case notes. Services were provided both virtually, due to COVID-19, and in the youth's home.	
<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	X					All eight files reviewed documented coordination between presenting problems, the needs assessment, service plan, service plan reviews, case management, and follow-up.	
Maintain individual case files on all youth and adhere to all laws regarding confidentiality	X					An individual youth file was maintained for all eight youth files reviewed.	
Case notes maintained for all counseling services provided and documents youth's progress	X					All eight youth files included case notes that documented services provided including counseling and the youth's progress.	

On-going internal process that ensures clinical reviews of case records and staff performance	X					All case files are reviewed at intake and exit and on a regular basis while services are being provided by the Program Manager. The Program Manager also signs all screening, assessment, and treatment paperwork in each file to ensure staff performance is adequate.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.06</b>						<b>YES X NO (explain)</b> There is a policy in place titled 2.08 Adjudication Services that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
<b>Case Staffing Initiation and Notifications</b>							
If parent/guardian initiates, staffing is held within 7 days			X			The Program Manager reported there have been no case staffing's during this review period.	
The youth, family and case staffing committee are contacted within a minimum of five working days a. Notification to youth/family no less than 5 working days prior to staffing b. Notification to committee no less than 5 working days prior to staffing			X			The Program Manager reported there have been no case staffing's during this review period.	
<b>Case Staffing Committee</b>							
<b>Must include:</b> a. DJJ rep. or CINS/FINS provider b. Local school district representative			X			The Program Manager reported there have been no case staffing's during this review period.	
<b>Other members may include:</b> a. State Attorney's Office b. Others requested by youth/family c. Substance abuse representative d. Law enforcement representative e. DCF representative f. Mental health representative			X			The Program Manager reported there have been no case staffing's during this review period.	
The program has an established case staffing committee, and has regular communication with committee members	X					The program has an established committee that meets when needed.	
The program has an internal procedure for the case staffing	X					The program has policy 2.08 Adjudication Services that outlines procedures for the case staffing process.	

process, including a schedule for committee meetings							
<b>As a result of the Case Staffing</b>							
The youth and family are provided a new or revised plan for services			X			The Program Manager reported there have been no case staffing's during this review period.	
Written report is provided to the parent/guardian within 7 days of the case staffing meeting, outlining recommendations and reasons behind the recommendations			X			The Program Manager reported there have been no case staffing's during this review period.	
If applicable, the program works with the circuit court for judicial intervention for the youth/family			X			The Program Manager reported there have been no case staffing's during this review period.	
Case Manager/Counselor completes a review summary prior to the court hearing			X			The Program Manager reported there have been no case staffing's during this review period.	
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.07</b>						<b>YES X NO (explain)</b> There is a policy in place titled 2.10 E-File Youth Records that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.	
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
All records are clearly marked 'confidential'.	X					All files are maintained electronically. They are accessed through the staff's laptops and the Program Manager's computer only. The files are labeled with the word "confidential".	
All records are kept in a secure room or locked in a file cabinet that is marked "confidential"	X					All files are maintained electronically. They are accessed through the staff's laptops and the Program Manager's computer only. The files are labeled with the word "confidential".	
When in transport, all records are locked in an opaque container marked "confidential"	X					When the files are being transported the laptop is placed in a black bag that has a lock with a numerical password and is marked "confidential".	
All records are maintained in a neat and orderly manner so that staff can quickly and easily access information	X					All files were neat and orderly, and documents were maintained in a consistent manner. Due to the files being electronic information was easy to access.	

<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.08</b>						<b>YES</b>	<b>X</b>	<b>NO (explain)</b>	
						There is a policy in place titled 5.05 Sexual Orientation, Gender Identity & Gender Expression that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.			
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>				
<b>Use of youth's preferred name/ pronoun:</b> a. Youth are addressed according to their preferred name and gender pronouns b. Youth's preferred name and gender pronouns are used in logbook and on all outward-facing documents and census boards			<b>X</b>			A review of the Florida Network's SOGIE Report as of March 8, 2021 and an interview with the Program Manager confirmed there have been no youth who have fallen under the requirements of this indicator since the last Quality Improvement review.			
Youth in need of specialized support is referred to qualified resources (as applicable)			<b>X</b>			A review of the Florida Network's SOGIE Report as of March 8, 2021 and an interview with the Program Manager confirmed there have been no youth who have fallen under the requirements of this indicator since the last Quality Improvement 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					<b>X</b>	This program only serves community counseling youth.			
Youth is provided hygiene products, undergarments and clothing that affirms their gender identity or gender expression					<b>X</b>	This program only serves community counseling youth.			
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	<b>X</b>					Pictures were provided of postings around the office indicating all youth are welcome regardless of sexual orientation, gender identity, and gender expression.			
<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.09</b>						<b>YES</b>	<b>X</b>	<b>NO (explain)</b>	
						There is a policy in place titled 6.01 Specialized Additional Program Services that addresses the requirements of this indicator. The policy was last reviewed in March 2021 by the Program Manager.			
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>				



<b>Staff Secure</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")	YES	NO	N/A X			This program does not provide Staff Secure services.	
<b>Staff Secure policy and procedure outlines the following:</b> a. In-depth orientation on admission b. Assessment and service planning c. Enhanced supervision and security with emphasis on control and appropriate level of physical intervention d. Parental involvement e. Collaborative aftercare							
Program only accept youth that meet legal requirements of F.S. 984 for being formally court ordered in to Staff Secure Services							
<b>Staff Assigned:</b> 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							
Agency provides a written report for any court proceedings regarding the youth's progress							
<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")	YES	NO	N/A X			This program does not provide DMST services.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Agency has evidence that the FNYFS was contacted for approval prior to admission for all Domestic Minor Sex Trafficking (DMST) placements							
Services provided to these youth specifically designated services designed to serve DMST youth							
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?							
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.)							
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							
All other services provided to DMST youth are consistent with all other general CINS/FINS program requirements							

<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")	YES	NO	N/A X			This program does not provide Domestic Violence services. See FYRAC below.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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							
Data entry into NetMIS and JJIS within (3) business days of intake and discharge							
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.							
Case plan in file reflects goals focusing aggression management, family coping skills, or other intervention design to reduce reoccurrence of violence in the home							
All other services provided to Domestic Violence Respite youth are consistent with all other general CINS/FINS program requirements							
<b>Probation Respite</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")	YES	NO	N/A X			This program does not provide Probation Respite services. See FYRAC below.	
<b>Rating Criteria</b>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		

All probation respite referrals are submitted to the Florida Network.							
Probation Respite Referral come from DJJ Probation and are all youth referred on probation regardless of adjudication status							
Data entry into NetMIS and JJIS within (3) business days of intake and discharge							
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)							
All case management and counseling needs have been considered and addressed							
All other services provided to Probation Respite youth are consistent with all other general CINS/FINS program requirements							
<b>Intensive Case Management (ICM)</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")	<b>YES</b>	<b>NO</b>	<b>N/A</b> <b>X</b>			This program does not provide ICM services.	
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
Youth receiving services was court ordered or referred by case staffing committee							
<b>Services for youth and family include:</b> a. Four (4) direct contacts per month b. Four (4) collateral contacts per month							
<b>Assessments include:</b> a. A Child Behavior Checklist (CBCL) is completed within 14							

days of intake and at discharge (if applicable) b. An approved self-report assessment that was completed at intake c. An approved self-report assessment that was completed every 90 days following intake and at discharge (if applicable)							
Case plan demonstrates a strength-based, trauma-informed focus							
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							
<b>Family and Youth Respite Aftercare Services (FYRAC)– Non-residential Only</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”)	<b>YES</b>	<b>NO X</b>	<b>N/A</b>			The program has not served any youth meeting the criteria for FYRAC since the last QI review.	
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>		
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			<b>X</b>				
Agency has evidence that all FYRAC referrals have documented approval from the Florida Network office			<b>X</b>				

<p>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</p>			X				
<p>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</p>			X				
<p>Group Sessions:  a. Focus on the same issues as individual/family sessions with the overall goal of strengthening relationships and prevention domestic violence  b. Shall be no more than eight (8) youth at one (1) time and shall be for a minimum of sixty (60) minutes per session</p>			X				
<p>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</p>			X				
<p><b>2.10: STOP NOW AND PLAN (SNAP)</b></p>							

<b>Provider has a written policy and procedure that meets the requirement for Indicator 2.10</b>						<b>YES</b>	<b>NO (explain)</b>	<b>X</b>
						This program does not provide SNAP services.		
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</b>			
<b>SNAP Clinical Groups</b>								
Youth are screened to determine eligibility of services					<b>X</b>			
Needs assessment is completed at initial intake, or within two face-to-face sessions					<b>X</b>			
SNAP Assessments a. Child Behavior Checklist (CBCL) is completed by the caregiver (pre & post) b. Teacher Report Form (TRF) completed by the teacher (pre & post) c. Tool for Parenting Self Efficacy (TOPSE) completed by the caregiver (pre & post) d. Prevention Assessment Tool (PAT) (pre & post)					<b>X</b>			
SNAP discharge report summary					<b>X</b>			
SNAP Boys/SNAP Girls <b>Parent</b> Group Evaluation Form					<b>X</b>			
SNAP Boys/SNAP Girls <b>Child</b> Group Evaluation Form					<b>X</b>			
<b>SNAP in Schools</b>								
<b>Rating Criteria</b>	<b>Satisfactory</b>	<b>Non-compliant</b>	<b>No Eligible Items for Review</b>	<b>No Practice</b>	<b>Not Applicable</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)					X		
"Class Goal" sheet					X		
Measure of Classroom Environment (MoCE) (Pre and Post) is used to identify baseline and treatment outcomes of reported classroom dynamics.					X		
Pre and Post Evaluations					X		
One SNAP® Fidelity Adherence Checklist completed per classroom in a 13 – week SNAP in Schools group and uploaded to Dropbox					X		