



**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 Modified Quality Improvement (QI) and Florida Network of Youth and Family Services (FNYFS) monitoring visit for Tampa Housing Authority for the FY 2021-2022 at its program office located at 5301 West Cypress Avenue, Tampa, Florida. Forefront LLC (Forefront) is an independent compliance monitoring firm 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 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 2021 through June 30, 2022.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Janina Lewis, DJJ Peer Reviewer. Agency representatives from Tampa Housing Authority present for the entrance interview were Kenneth Bryant, Associate Director of Program and Property Services, and Matthew Dickey, Data Manager. The last onsite QI visit was conducted on March 31, 2021.

In general, the Reviewer found Tampa Housing Authority is in compliance with specific contract requirements. **Tampa Housing Authority received an overall compliance rating of 67% for achieving full compliance with two of three applicable indicators** of the CINS/FINS Monitoring Tool. There were no corrective actions; however, one recommendation was made as a result of the monitoring visit.

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

2021-2022 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL

Report Number: CM 05-19-2021-2022

Agency Name: Tampa Housing Authority					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type : CINS/FINS					Region/Office: 5301 W. Cypress Ave., Tampa, FL 33607		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): May 19, 2022		
Explain Rating							
Major Programmatic Requirements	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable	Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
I. Administrative and Fiscal							
Limits of Coverage Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: Auto Insurance is provided through the Auto-Owners Insurance automobile insurance company. Coverage includes combined liability for \$1million, PIP for \$10,000 each person, medical limited to \$2,500, and uninsured motorist coverage for \$10,000/person and \$20,000/accident. Policy is effective 03/01/2022-03/01/2023. 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 policy limit; and \$1,000,000 in Bodily injury for each disease each employee. The policy is effective 07/01/2021-07/01/2022.	Recommendation: 1) As required, provider must list the Florida Network as additional insured on the certificate of insurance.

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							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; and Mold, Other Fungi or Bacteria Liability Claim is set at limits of \$100,000. Policy is effective 10/01/2021-10/01/2022. The certificate of insurance does not list the Florida Network as additional insured.		
Fiscal Practice a. Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. PTV			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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.	No recommendation or Corrective Action.

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Explain Unacceptable or Conditionally Acceptable:							
(Attach Supportive Documentation)							
c. Petty cash ledger system is balanced and all cash disbursements are compliant with financial policies and allowable under the contract. (Disbursements/invoices are approved & monitored by management.) – ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Interview: The provider does not utilize a petty cash system for occasional program outings. The request for cash is required to be placed in advance via a check request.			No recommendation or Corrective Action.				
e. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE			<input type="checkbox"/>	<input type="checkbox"/>	<input 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.			No recommendation or Corrective Action.				
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. Obtain from FNYFS			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview: Annual single audit was conducted by Berman Hopkins CPA & Associates LLP for the year ended 3/31/21 in a letter dated February 22, 2022. No Management Letter is applicable or required during this audit as there were no findings needed to be reported or questioned costs.			No recommendation or Corrective Action.				

CONCLUSION

Tampa Housing Authority has met the requirements for the CINS/FINS contract as a result of full compliance with two of three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators were not applicable because: 1) the provider does not utilize a petty cash system, and 2) the provider does not have any current inventory purchased with DJJ/FN funds. Consequently, **the overall compliance rate for this contract monitoring visit is 67%**. There are no corrective actions cited; however, one recommendation was 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 indicators reviewed were carried out in a manner which meets the standard as described in the report findings.

SUMMARY OF RECOMMENDATION(S)

Recommendation: 1)

The certificate reviewed during the contract monitoring visit did not include the Florida Network as additional insured. As required, the provider must list the Florida Network on the certificate of insurance as additional insured.

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

Recommendation (1) made is a suggestion regarding an issue observed during the review. This item has been cited as needing attention but does not necessarily require a written response.



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Tampa Housing Authority
Community Counseling Program

May 19, 2022

Compliance Monitoring Services Provided by



CINS/FINS Rating Profile

Standard 1: Management Accountability

1.01 Background Screening	Satisfactory
1.04 Training Requirements	Satisfactory
1.06 Client Transportation	Not Applicable

Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Standard 2: Intervention and Case Management

2.03 Case/Service Plan	Satisfactory
2.04 Case Management & Service Delivery	Satisfactory

Percent of indicators rated Satisfactory: 100 %
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

Overall Rating Summary

Percent of indicators rated Satisfactory: 100%
Percent of indicators rated Limited: 0 %
Percent of indicators rated Failed: 0 %

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.

Reviewers

Members

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

Janina Lewis - Regional Monitor, Department of Juvenile Justice

Methodology

This modified review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused in particular areas of (1) Management Accountability, (2) Intervention and Case Management, (3) Shelter Care/Health Services, and (4) Mental Health/Health Services, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (Effective January 2022).

Persons Interviewed

<ul style="list-style-type: none"> Chief Executive Officer Chief Financial Officer Chief Operating Officer Executive Director X Program Director X Program Manager Program Coordinator Clinical Director X Counselor Licensed 	<ul style="list-style-type: none"> Case Manager Counselor Non-Licensed Advocate Direct – Care Full time Direct – Part time Direct – Care On-Call Intern Volunteer Human Resources 	<ul style="list-style-type: none"> Nurse – Full time Nurse – Part time # Case Managers # Program Supervisors # Food Service Personnel # Healthcare Staff # Maintenance Personnel # Other (listed by title): ___
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Documents Reviewed

<ul style="list-style-type: none"> Accreditation Reports X Affidavit of Good Moral Character X CCC Reports Logbooks Continuity of Operation Plan X Contract Monitoring Reports Contract Scope of Services Egress Plans Fire Inspection Report Exposure Control Plan 	<ul style="list-style-type: none"> X 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 X List of Supplemental Contracts Vehicle Inspection Reports 	<ul style="list-style-type: none"> Visitation Logs Youth Handbook # Health Records # MH/SA Records 9 # Personnel /Volunteer Records 1 # Training Records 4 # Youth Records (Closed) 2 # Youth Records (Open) # Other: ___
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Observations During Review

<ul style="list-style-type: none"> Intake Program Activities Recreation Searches Security Video Tapes Social Skill Modeling by Staff Medication Administration 	<ul style="list-style-type: none"> X Posting of Abuse Hotline Tool Inventory and Storage Toxic Item Inventory & Storage Discharge Treatment Team Meetings Youth Movement and Counts Staff Interactions with Youth 	<ul style="list-style-type: none"> Staff Supervision of Youth X Facility and Grounds First Aid Kit(s) Group Meals X Signage that all youth welcome Census Board
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Surveys

<ul style="list-style-type: none"> 0 # of Youth 	<ul style="list-style-type: none"> 2 # of Direct Staff 	<ul style="list-style-type: none"> # of Other
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Comments

Due to COVID-19, this review was conducted onsite using the modified QI review plan.

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/or community counseling services.

Strengths and Innovative Approaches

Tampa Housing Authority (THA) provides individual, case management, and family services to clients who live in rural areas and have minimal access to much needed therapeutic treatment. The CINS/FINS program is managed by a program manager who oversees a treatment coordinator, a subcontracted part-time therapist, and local college interns. The agency also employs a data manager who assists on a part time basis with data entry for the CINS/FINS program.

The program experienced significant turnover during the past few months. The program manager's position was vacated in March 2022 and temporarily filled by the former treatment coordinator who later resigned in early May. Consequently, these two positions are currently vacant. The data manager reported actively recruiting and interviewing for both vacant positions with potential candidates identified.

The program is supported by interns from local universities and colleges. A total of nine interns provided services since the last onsite review.

Prior to leaving the agency, the program manager started attending Truancy Court which provided new referrals. Counselors had started to see clients in person again after some COVID restrictions had been removed.

Tampa Housing purchased a recreation vehicle (RV) under the Envision Center program. The RV will be used as a mobile command center for inclement weather during hurricane season. Aside from hurricane season, it will be used by the department for mobile programming and social services.

Narrative Summary

Tampa Housing Authority provides community-based 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.

At the time of the QI review, services were being provided by a subcontracted part-time therapist, who is a Licensed Mental Health Counselor (LMHC), and local college interns. All staff and interns were temporarily overseen by a subcontracted licensed clinical social worker in the absence of the program manager's position.

The program maintains electronic files. They are accessed through the staff's laptop 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

Three indicators were reviewed for this standard. One of the three indicators, 1.06 is not applicable because THA prohibits staff from transporting youth/family in staff or agency vehicles. The two remaining indicators 1.01 and 1.04 were rated Satisfactory with exceptions. The exception for indicator 1.01 was a result of the late submission of the Annual Affidavit of Compliance with Level 2 Screening Standards Form to DJJ's Background Screening Unit on 2/3/2022, after the January 31st deadline. Indicator 1.04 exceptions were due to one applicable in-service staff not completing two required annual trainings and the program not maintaining individual electronic staff training files with annual employee training hours tracking forms.

Standard 2

Two indicators were reviewed for standard 2. Both indicators 2.03 and 2.04 were rated Satisfactory with exceptions. The exceptions for indicator 2.03 were as a result of three service plans that were not signed by the supervisor. The exception for indicator 2.04 was due to incomplete case termination/discharge notes for youth whose services terminated over 30 days previously but had not been formally closed by the counselor.

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

None of the indicators reviewed resulted in Limited or Failed rating.

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators: Add an "X" in the applicable column	Satisfactory (S)	Non-compliant (E)	No Eligible Items for Review (N)	No Practice (NP)	Not Applicable (N/A)	Review Based Upon Document Source <i>For example: Interview/Surveys, Observation, and/or Type of Documentation</i>	Notes Explain any items that have any deficiencies, exceptions or are not applicable.
Standard One – Management Accountability							
1.01: Background Screening (BS) and compliance with DJJ OIG statewide procedures regarding BS of employees, contractors and volunteers							
Provider has a written policy and procedure that meets the requirement for Indicator 1.01						YES If NO, explain here: The agency has the required policy 1.00 in place that was last reviewed in March 2021 by the Program Manager.	
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 for staff hired with a non-passing/low score.			X			The agency uses the HR Avatar Pre-Employment Test; however, there were no new staff hired during this review period.	
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	X					There were no new staff hired due for background screening since the last QI review. However, the program utilized services of nine interns during this period. All nine interns had eligible background screening results prior to start dates with the program.	
Agency has evidence for employees who have had a break in service and who are in good standing and reemployed with the same agency without an additional suitability assessment or background screening if the break is less than 90 days.			X			There were no staff re-hired during this review period.	
Five-year re-screening completed every 5 years from initial date of hire			X			There were no applicable 5-year re-screen staff during the 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 completed the Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) Form and had it notarized on 1/31/2022 but it was received by the DJJ BSU until 2/3/2022 per the Department's list of receipt.	Exception The Annual Affidavit of Compliance with Level 2 Screening Standards Form was received by DJJ Background Screening Unit on 2/3/2022 after the January 31st deadline.
Proof of E-Verify for all new employees obtained from the Department of Homeland Security			X			There were no new staff hired due for employment verification during this review period.	
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)							
Provider has a written policy and procedure that meets the requirement for Indicator 1.04						YES	
						If NO, explain here:	
						The agency has the required policy 1.05 in place that 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. <i>(Staff hired before January 1st were required to complete no later than December 31, 2020)</i>			X			The program did not have any applicable first year staff who met the criteria to be reviewed.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.			X			No eligible first year staff.	
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	Not applicable for community counseling programs.	

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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	Not applicable for community counseling programs.	
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				The program experienced significant staff turnover during the review period; consequently, there was only one applicable in-service staff training record reviewed.	Exception One applicable in-service staff did not complete the annual Florida Network Suicide Prevention training and maintain valid First Aid certificate.
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				Training documentation is maintained electronically for staff; however, the electronic records reviewed do not include all information required to be maintained for staff training records. Documentation of training includes certificates, Bridge, and DJJ SkillPro training lists.	Exception The electronic training records maintained by the program do not include an annual tracking form that keeps track of the training topics and corresponding hours completed annually.
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						N/A	
						If NO, explain here:	
						Tampa Housing Authority CINS/FINS 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					X	This program does not transport youth.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					X	This program does not transport youth.	

Agency's Transportation policy prohibit transporting a client without maintaining at least one other passenger in the vehicle during the trip and include exceptions in the event that a 3 rd party is NOT present in the vehicle while transporting					X	This program does not transport youth.	
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					X	This program does not transport youth.	
The 3 rd party an approved volunteer, intern, agency staff, or other youth					X	This program does not transport youth.	
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.					X	This program does not transport youth.	

Standard Two – Intervention and Case Management

<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.03</p>	YES					
	If NO, explain here:					
	The agency has the required policy 2.06 in place that was last reviewed in March 2021 by the Program Manager.					

Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
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Case/Service plan is developed within 7 working days of NIRVANA	X					A total of six youth records, four closed and two open, were reviewed. All youth case/service plan were developed within seven days of the assessment (Nirvana assessment for youth admitted after January 1st, 2022).	
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<p>Case plan service Plan includes:</p> <ol style="list-style-type: none"> 1. Individualized and prioritized need(s) and goal(s) identified by the NIRVANA 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				<p>The service plan for each youth included the following elements: individualized and prioritized need(s) and goal(s) identified by the needs assessment or Nirvana, service type, frequency, location, person(s) (responsible, target date(s) for completion, actual completion date(s), signature of youth, signature of parent/guardian, and signature of counselor.</p>	<p>Exception Three of the six records reviewed were missing the signature of the supervisor.</p>						
<p>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</p>	X					<p>All six records include the date the service plan was initiated and were reviewed for progress/revised by counselor and parent (if available) every thirty days for the first three months and every six months after.</p>							
<p>Provider has a written policy and procedure that meets the requirement for Indicator 2.04</p>						<p>YES</p>							
						<p>If NO, explain here:</p>							
						<p>The agency has the required policy 2.07 in place that was last reviewed in March 2021 by the Program Manager.</p>							
<p>Rating Criteria</p>	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable								
<p>Counselor/Case Manager is assigned</p>	X					<p>Six youth records reviewed. Of the six youth records reviewed, all six youth had a counselor/case manager assigned.</p>							

<p>The Counselor/Case Manager completes the following as applicable:</p> <ol style="list-style-type: none"> 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 		<p>X</p>				<p>The assigned counselors complete the following for all six records: coordinates service plan implementation, monitors youth's/family's progress in services, provides support for families. The counselor established referral needs and coordinated referrals to services for one of the six youth based upon the on-going assessment of the youth/family's problems and needs. None of the six records required case staffing referrals or court related services. All four closed youth records reflect case termination notes. Two youth records reflect a counselor follow up at 30-day and 60-day (attempt) after release from the program. One record indicates youth was due for a 30-day exit follow up from the counselor but has not received a follow-up. Youth is no longer seen by the program and record still needs to be closed. Discharge summary and discharge letter is incomplete and missing signatures and date.</p>	<p>Exception One youth record has no activity or case follow ups since 4/14/22. Discharge summary and discharge letter is incomplete with discharge date and signatures missing. There is also no recommendation noted for aftercare.</p>
<p>The program maintains written agreements with other community partners that include services provided and a comprehensive referral process</p>	<p>X</p>					<p>Agency currently has twenty-six interagency agreements with community partners to provide a comprehensive referral process.</p>	