



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



URBAN LEAGUE OF PALM BEACH COUNTY
1700 N. Australian Avenue
West Palm Beach, FL 33407

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 the Urban League of Palm Beach County (ULPBC) CINS/FINS program for the FY 2021-2022 on March 2, 2022 at its CINS/FINS program office located at 2107 Tamarind Avenue, West Palm Beach, FL. 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. ULPBC 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 Peer Reviewer(s). Agency representatives from Urban League of Palm Beach County present for the entrance interview were LaTerrance Reed, Program Manager and Case Manager Willie Scott. The last QI visit was conducted May 26, 2021.

In general, the Reviewer found that ULPBC is in compliance with specific contract requirements. **ULPBC received an overall compliance rating of 100% for achieving full compliance** with all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. There are no corrective actions cited or recommendations 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 03-02-2021-2022

Agency Name: Urban League of Palm Beach County					Monitor Name: Marcia Tavares, Lead Reviewer		
Contract Type: CINS/FINS					Region/Office: 1700 N. Australian Avenue West Palm Beach, FL 33407		
Service Description: Comprehensive Onsite Compliance Monitoring					Site Visit Date(s): March 2, 2022		
Major Programmatic Requirements	Explain Rating					Ratings Based Upon: I = Interview O = Observation D = Documentation PTV = Submitted Prior To Visit (List Who and What)	Notes Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)
	Unacceptable	Conditionally Unacceptable	Fully Met	Exceeded	Not Applicable		
I. Administrative and Fiscal							
Limits of Coverage a. Provider shall provide and maintain during this contract, the following minimum kinds of insurance: Worker's Compensation and Employer's liability insurance as required by Chapter 440, F.S. with a minimum of \$100,000 per accident, \$100,000 per person and \$500,000 policy aggregate. Commercial General Liability with a limit of \$500,000 per occurrence, and \$1,000,000 policy aggregate. Automobile Liability Insurance shall be required and shall provide bodily injury and property damage liability covering the operation of all vehicles used in conjunction with performance of this contract, with a minimum limit for bodily injury of \$250,000 per person; with a minimum limit for bodily injury of \$500,000 per accident; with a minimum limit for property damage of \$100,000 per accident and with a minimum limit for medical payments or \$5,000-\$10,000 per person. Florida Network is listed as payee or co-payee. PTV	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: General Liability through the Philadelphia Indemnity Insurance Company, for limits of coverage \$1,000,000 each \$3,000,000 aggregate, and \$20,000 medical expense coverage effective 5/27/2021-5/27/2022. Workers Compensation and Employers' liability through Ascendant Commercial Insurance Inc. with limits of \$500,000 each/aggregate per accident or disease, effective 12/28/2021-12/28/2022. Automobile insurance through Philadelphia Indemnity Insurance Company for combined single limit of \$1,000,000. Policy effective for 5/27/2021-5/27/2022.	No recommendation or Corrective Action.

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					Fully Met	Exceeded
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					Notes	
					Explain Unacceptable or Conditionally Acceptable: (Attach Supportive Documentation)	
					Professional liability and abuse/molestation liability insurance, through Philadelphia Indemnity Insurance Company with limits of 1 million each/3 million aggregate effective 5/27/21-5/27/22. Directors and Officers insurance limit is 1 million each/aggregate effective 3/18/21-3/18/22. Florida Network is listed as certificate holder.	
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 Fiscal Management Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. Procedures are written for at a minimum, Budgetary and Internal Control, Record Retention/Disposal, Voucher System, Accounts Payable and Receivable, Invoicing, Contracts, Check Requests, Petty Cash, Purchasing, check request, payroll, and cash receipts. The manual was	
					No recommendation or Corrective Action.	

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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)
						revised 10/27/2020 and is pending board approval.	
b. 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"/>	N/A There is no petty cash account for the CINS/FINS Program.	No recommendation or Corrective Action.
c. Agency maintains inventory in accordance with a written policy and FNYFS contractual requirements. If over \$1,000 inventory has DJJ Property Inventory Number/Tag. In the event the provider has purchased computer equipment an Informational Resources Request (IRR) been submitted to DJJ. PTV/ON SITE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation The program maintains an inventory list of four laptops, four iPads, and four small printers purchased in previous years with DJJ/FN Funds. No new equipment was purchased with FN funds during the current FY.	No recommendation or Corrective Action.
d. A Single Audit is performed as part of the annual audit if expenses are greater than \$500,000. The agency must submit a Corrective Action Plan for findings cited in the management letter and single audit. An annual financial audit was completed within 120 days after the previous fiscal year/calendar year and that a copy was provided to the Network unless and extension has been requested and approved in writing. Copy of Audit is submitted to the FNYFS by December 31st. Obtain from FNYFS	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation: William Washington, CPA completed the provider's Single Audit on November 5, 2021, for the period as of June 30, 2021. No Management Letter or Corrective Action is required.	No recommendation or Corrective Action.

CONCLUSION

Urban League of Palm Beach County has met the requirements for the CINS/FINS contract as a result of full compliance with all four applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. One of the five indicators was not applicable because the provider does not have or use a petty cash account. 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.

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



Florida Network of Youth and Family Services Quality Improvement Program Report

Review of Urban League of Palm Beach County
CINS/FINS Program

March 2, 2022

Compliance Monitoring Services Provided by

 **FOREFRONT**

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 & Family Services
 Baldwin Davis – Consultant-Forefront LLC/Florida Network of Youth and Family Services
 Rondarell George - Regional Monitor, Department of Juvenile Justice

Methodology

This modified review was conducted in accordance with FDJJ-1720 (Quality Assurance Policy and Procedures), and focused in particular areas of (1) Management Accountability and (2) Intervention and Case Management, which are included in the Children/Families in Need of Services (CINS/FINS) Standards (effective January 2022).

Persons Interviewed

Chief Executive Officer	<input checked="" type="checkbox"/> Case Manager	Nurse – Full time
Chief Financial Officer	Counselor Non-Licensed	Nurse – Part time
Chief Operating Officer	Advocate	1 # Case Managers
Executive Director	Direct – Care Full time	1 # Program Supervisors
<input checked="" type="checkbox"/> Program Director	Direct – Part time	# Food Service Personnel
<input checked="" type="checkbox"/> Program Manager	Direct – Care On-Call	# Healthcare Staff
Program Coordinator	Intern	# Maintenance Personnel
Clinical Director	Volunteer	# Other (listed by title): ____
Counselor Licensed	<input checked="" type="checkbox"/> Human Resources	

Documents Reviewed

Accreditation Reports	<input checked="" type="checkbox"/> Table of Organization	Visitation Logs
<input checked="" type="checkbox"/> Affidavit of Good Moral Character	Fire Prevention Plan	Youth Handbook
CCC Reports	Grievance Process/Records	# Health Records
Logbooks	Key Control Log	# MH/SA Records
<input checked="" type="checkbox"/> Continuity of Operation Plan	Fire Drill Log	# Personnel /Volunteer Records
<input checked="" type="checkbox"/> Contract Monitoring Reports	Medical and Mental Health Alert	3 # Training Records
Contract Scope of Services	Precautionary Observation Logs	4 # Youth Records (Closed)
<input checked="" type="checkbox"/> Egress Plans	Program Schedules	2 # Youth Records (Open)
<input checked="" type="checkbox"/> Fire Inspection Report	List of Supplemental Contracts	# Other: ____
Exposure Control Plan	Vehicle Inspection Reports	

Observations During Review

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

Comments

Due to COVID-19, this review was conducted **on-site 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 non-residential services.

Strengths and Innovative Approaches

Urban League of Palm Beach County (ULPBC) is a non-profit community-based corporation contracted with the Florida Network of Youth and Family Services (Florida Network) to operate Children in Need of Services/Families in Need of Services (CINS/FINS) non-residential services to youth and families in Palm Beach. The program is located at 1700 North Australian Avenue, West Palm Beach, Florida. Funding through CINS/FINS allows the agency to serve both male and female youth up to seventeen years old that are locked out, runaway, ungovernable and/or truant, homeless, abuse, neglected, or at-risk. The agency also provides services to special populations who meet the criteria for Family and Youth Respite Aftercare Services (FYRAC). SNAP services are only provided in the Port St. Lucie program area.

There have been numerous challenges throughout these unprecedented times with the pandemic in regard to referrals, limitations on certain outreach and communication with clients. Despite these challenges, Urban League has still been able to meet its contract requirements in terms of numbers/clients served through school visits, community outreach, etc. One major move in the past two years that has continued to garner program success is the relocation of the CINS/FINS program to the 2107 Tamarind Avenue location, in the heart of one of West Palm Beach's high crime/high risk neighborhoods. The program is visible in the local community placing it within reach of a local high school and youth/families.

The program is proud to offer use of its computer lab equipped with fifteen (15) computers to local youth to come in and use the lab for wi-fi access and homework. The lab was well utilized prior to the COVID pandemic but still remains a valuable resource for the community.

Each month the program participated in a CINS/FINS meeting attended by representatives of the school board, Department of Juvenile Justice, sheriff's office, and program staff. This networking meeting is a collaboration of key local partners to address issues, resources, and services available for the community in order to bridge gaps and increase service options.

Narrative Summary

ULPBC is under the leadership of a Chief Executive Director and a Senior Vice President of Programs. The CINS/FINS program is managed by a Youth and Education Manager who supervises two case managers who were hired in 2019. No current staff vacancies were reported at the time of the QI visit; however, it was reported by the program supervisor that one of the case managers will be out on medical leave through April 1, 2022. The program has not reported any incidents, administrative review, or current external investigation for which a corrective action plan was issued.

A total of five indicators were reviewed during the modified QI visit. These indicators include: 1.01 -

Background Screening, 1.04 – Training, 1.06 – Transportation, 2.03 – Case/Service Plan, and 2.04 - Case Management and Service Delivery.

The overall findings for the modified QI Review for Urban League of Palm Beach are summarized as follows:

Standard 1

Three indicators were reviewed for this standard. One of the three indicators, 1.06 is not applicable because Urban League prohibits staff from transporting youth/family. The two remaining indicators 1.01 and 1.04 were rated satisfactory with exceptions. For indicator 1.04 it was due because two in-service staff did not complete the annual Florida Network Suicide Prevention training.

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 two case records not having case plans developed within 7 days of completion of the needs assessment as well as one record not addressing a need identified, and untimely service plan reviews. The exception for indicator 2.04 was due to a missing referral for one record and late 30-day follow-up after discharge.

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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
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 provider's policy and procedure # 5.03 was reviewed and approved by the CEO on January 1, 2022.	
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 program utilizes HR Avatar for pre-employment assessments and established a passing score of 60%. The program has not hired any new staff during the review period; therefore, there were no suitability assessments completed for review.	
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			No new staff were hired during the review period.	
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			Each of the current staff has worked with the program since their original hiring date with no break in employment.	
Five-year re-screening completed every 5 years from initial date of hire	X					The program had two eligible 5-year rescreening during the review period. Both re-screenings were completed and retained print dates were active.	

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Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	X					The program submitted the Affidavit of Annual Compliance with Level 2 Screening Standards form via email to the Department on January 27, 2022, meeting the annual requirement.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security			X			No new staff were hired during the 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 provider's policy and procedure # 1.04 was reviewed and approved by the CEO on January 1, 2022.	
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 has not had any new staff hired since the last review.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.			X			The program has not had any new staff hired since the last review.	
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 to community counseling programs.	
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 to community counseling programs.	

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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				Each direct care staff completed the 24 hours of mandatory refresher training in SkillPro and job related training annually. One of three in-service staff completed all required annual trainings.	Exception: Annual Florida Network Suicide Prevention training was not done in Bridge for two staff. One of the two staff completed the training during the onsite review.
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					The program maintains individual training files for each employee, which include a training log that tracks training hours and topics. Related documentation, such as certificates, sign-in sheets, and agendas for trainings completed are maintained in the file.	
Provider has a written policy and procedure that meets the requirement for Indicator 1.06						YES	
						If NO, explain here:	
						The provider's policy and procedure # 1.06 was approved by the CEO effective January 1, 2022.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle					X	ULPBC transportation policy 1.06 forbids staff from transporting minor clients. Staff signs the policy upon hire. □	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy					X	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
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	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	

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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	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
The 3 rd party an approved volunteer, intern, agency staff, or other youth					X	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
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	ULPBC transportation policy 1.06 forbids staff from transporting minor clients.	
Standard Two – Intervention and Case Management							
Provider has a written policy and procedure that meets the requirement for Indicator 2.03						YES	
						If NO, explain here:	
						The provider's policy and procedure #2.03 was reviewed and approved by CEO on 01/01/2022.	
Rating Criteria	Satisfactory	Non-compliant	No Eligible Items for Review	No Practice	Not Applicable		
Case/Service plan is developed within 7 working days of NIRVANA		X				A total of 6 youth records were reviewed for four closed and two open cases. Four of the six records reviewed had a completed Case/Service Plan developed within 7 working days of Needs Assessment.	Exception: One open and one closed record did not implement the service plan within the required 7 days of completion of needs assessment.
Case plan service Plan includes: 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				Six files reviewed contained individualized goals identified by the needs assessment, service type, frequency, location, person (s) responsible, target dates for completion and actual completion dates, signature of youth, guardian, counselor, supervisor and date the plan was initiated.	Exception: One open record did not have individualized goals addressing two identified needs from the needs assessment.

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<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>		<p>X</p>				<p>Five of the six records reviewed contained case/service plans that are to be reviewed for progress by counselor, parent, youth and supervisor every 28, 56, 84 and 98 days. One of the records was a new intake that is not yet eligible for 30-day review.</p>	<p>Exception: Four of the five records reviewed did not have timely 60-day service plan reviews.</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 provider's policy and procedures #2.04 was reviewed and approved by CEO on 01/01/2022.</p>	
<p>Rating Criteria</p>	<p>Satisfactory</p>	<p>Non-compliant</p>	<p>No Eligible Items for Review</p>	<p>No Practice</p>	<p>Not Applicable</p>								
<p>Counselor/Case Manager is assigned</p>	<p>X</p>					<p>A total of 6 youth records were reviewed for four closed and two open cases. All six records included an assigned counselor/case manager.</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 		<p>X</p>				<p>None of the youth records included referrals for services; life skills and case management services were provided directly by program staff. However, it was noted that one youth had anger issues and oppositional defiant disorder (ODD) but these were not addressed on the service plan and appropriate referrals were not made.</p> <p>The case manager coordinated service plan implementation by following service plan goals. Documentation supported case manager monitored youth's/family's progress by recording services provided and noting service plan reviews.</p> <p>All six records reviewed contained case manager's effort to provide support to the youth and families.</p> <p>All six records reviewed contained case management services provided at home or at school. Case manager did not have to monitor out of home placement, refer youth for case staffing, or had to accompany family to court hearing or appointments.</p>	<p>Exception: Referral for appropriate services was not evident in one of six youth files reviewed. The established goals did not address or include referrals for issues identified on the needs assessment such as ODD and anger management.</p> <p>30-day follow-up was due 12/30/21 but completed 6 days late on 1/5/22.</p>						

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<p>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>						<p>Four applicable records reviewed were closed and contained termination notes and discharge plan. Additionally, there is implementation of follow up after 30 days of exit and after 60 days of exit in all four closed records reviewed.</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>The program maintains a binder with seventeen MOU's and nine referral agency partners. Inter-agency agreements included middle and high schools, counseling and drug abuse providers, legal, local county law enforcement, housing, religious, family assistance, and multicultural organizations.</p>	