Florida Network for Youth and Family Services
Compliance Monitoring Report for

CHILDREN'S HOME SOCIETY OSCEOLA

5766 S. Semoran Blvd.,
Orlando, FL 32822

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 Children's Home Society Osceola (CHS Osceola) for the FY 2022-2023 at its program office located at 5766 S. Semoran Blvd., Orlando, 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. CHS Osceola 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 2022 through June 30, 2023.

The review was conducted by Marcia Tavares, Consultant for Forefront LLC and Peer Reviewer from the Department of Juvenile Justice. Agency representatives from CHS Osceola present for the entrance interview were Sabrina Barnes, Executive Director; Kristi Walsh, Director of Program Operations (DPO); Megan Edge, Program Supervisor; and Solange Solis, Quality Manager. The last onsite QI visit was conducted November 10, 2021.

In general, the Reviewer found that CHS Osceola is in compliance with specific contract requirements. **CHS Osceola received an overall compliance rating of 100% for achieving full compliance with three applicable indicators** of the Modified Administrative and Fiscal Contract Monitoring Tool. There were no corrective actions 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

2022-2023 CINS/FINS PROGRAM COMPLIANCE MONITORING TOOL
Report Number: CM 10-06-2022-2023

Agency Name: CHS Osceola	**Monitor Name: Marcia Tavares, Lead Reviewer**
Contract Type : CINS/FINS	**Region/Office:** 5766 S. Semoran Blvd., Orlando, FL 32822
Service Description: Comprehensive Onsite Compliance Monitoring	**Site Visit Date(s):** October 6, 2022

Major Programmatic Requirements	Explain Rating: 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**	☐	☐	☐	☒	☐	D - General Liability through Alliance of Nonprofits for Insurance, for limits of coverage $1,000,000 each $3,000,000 aggregate, including medical expense of $5000 per person, effective 7/01/22-7/01/23 Auto Insurance through Alliance of Nonprofits for Insurance, with combined single limit coverage for $1,000,000, effective 7/01/22-7/1/23 Workers Compensation through United Wisconsin Insurance Co, with limits of $1,000,000 each incident and $1,000,000 policy limit, effective 7/01/22-7/01/23 Umbrella policy through Alliance of Nonprofits for Insurance, with limits of $5,000,000, each/aggregate, effective 7/01/22-7/1/23	

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						The Florida Network is listed as certificate holder on the certificate of Insurance.	
Fiscal Practice Agency must have employee and fiscal policy/procedures manuals that are in compliance with GAAP and provide sound internal controls. Agency maintains fiscal files that are audit ready. **PTV**	☐	☐	☒	☐	☐	D,I - Fiscal Policies and Procedures are maintained in the agency's Accounting Policies and Procedures Manual that appears to be consistent with GAAP and provide for limited internal controls. The Accounting Policies and Procedures were last reviewed December 1, 2019.	
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**	☐	☐	☐	☐	☒	I – Per the program supervisor, the provider utilizes purchasing cards (p-card) in lieu of petty cash for program related purchases not requiring a check request. Procedures for p-card purchases and petty cash are contained in the Fiscal Policies and Procedures Manual.	
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**	☐	☐	☐	☐	☒	D, I - N/A - No program equipment/inventory has been purchased with DJJ funds.	
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	☐	☐	☒	☐	☐	**D-** Reviewed a copy of the financial audit conducted for the year ending June 30, 2021, by RSM US, LLP and	

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Service Description: Comprehensive Onsite Compliance Monitoring						**Site Visit Date(s):** October 6, 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)**
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**						dated 10/29/2021. The single audit disclosed no findings in the Schedule of Findings and Questioned Costs and no unresolved findings exist from any previous years' single audits. No management letter was required as there were no findings required to be reported in a separate management letter. A copy of the financial audit is on file with the Reviewer.	

CONCLUSION

CHS Osceola has met the requirements for the CINS/FINS contract as a result of full compliance with three applicable indicators of the Modified Administrative and Fiscal Contract Monitoring Tool. Two of the five indicators were not applicable because:1) the CINS/FINS program 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 100%.** There are no corrective actions cited or recommendations 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 and all of the 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 Children's Home Society - Osceola
Community Counseling Program

DATE: October 6, 2022

Compliance Monitoring Services Provided by

CINS/FINS Rating Profile

Standard 1: Management Accountability

Indicator	Rating
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

Indicator	Rating
2.03 Case/Service Plan	Limited
2.04 Case Management and Service Delivery	Satisfactory

Percent of indicators rated Satisfactory: 50 %
Percent of indicators rated Limited: 50 %
Percent of indicators rated Failed: 0 %

Standard 4: Mental Health/Health Services

Indicator	Rating
4.02 Suicide Prevention	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: 83.33 %
Percent of indicators rated Limited: 16.67 %
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
Heather Gibson – Regional Monitor, Department of Juvenile Justice

Methodology

This review was conducted in accordance with FDJJ-2000 (Quality Assurance Policy and Procedures), and focused on the 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 September 1, 2022).

Persons Interviewed

	Chief Executive Officer	X	Case Manager		Nurse – Full time
	Chief Financial Officer		Counselor Non-Licensed		Nurse – Part time
	Chief Operating Officer		Advocate	1	# Case Managers
X	Executive Director		Direct – Care Full time	1	# Program Supervisors
X	Program Director		Direct – Part time		# Food Service Personnel
	Program Manager		Direct – Care On-Call		# Healthcare Staff
X	Program Coordinator		Intern		# Maintenance Personnel
	Clinical Director		Volunteer		# Other (listed by title): ___
	Counselor Licensed	X	Human Resources		

Documents Reviewed

	Accreditation Reports	X	Table of Organization		Visitation Logs
X	Affidavit of Good Moral Character		Fire Prevention Plan		Youth Handbook
X	CCC Reports		Grievance Process/Records		# Health Records
	Logbooks		Key Control Log	3	# MH/SA Records
	Continuity of Operation Plan		Fire Drill Log	4	# Personnel /Volunteer Records
X	Contract Monitoring Reports		Medical and Mental Health Alerts	3	# Training Records
	Contract Scope of Services		Precautionary Observation Logs	5	# Youth Records (Closed)
X	Egress Plans		Program Schedules	7	# Youth Records (Open)
	Fire Inspection Report	X	List of Supplemental Contracts		# Other: ___
	Exposure Control Plan		Vehicle Inspection Reports		

Observations During Review

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

Surveys

	# of Youth	1	# of Direct Staff		# of Other	

Comments

Due to COVID-19, this review was conducted using the Modified QI Review tool.

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

Children's Home Society of Osceola County (CHS Osceola) is sub-contracted with the Florida Network of Youth and Family Services (Florida Network) to provide community counseling services to youth and families through the Children In Need of Services/Families In Need of Services (CINS/FINS) program. CHS Osceola provides services for youth between the ages of ten to seventeen years who are locked out, runaway, ungovernable and/or truant, homeless, abused, neglected, or at-risk. The program also serves youth referred through the Juvenile Justice Court System for domestic violence through its Family/Youth Respite Aftercare Services (FYRAC) funding. Children's Home Society is fully accredited by the Council of Accreditation (COA) effective through June 30, 2025.

For the past two years, many of the agency team members have been working remotely due to the COVID-19 Pandemic. Consequently, Children's Home Society of Florida surrendered a number of office leases during that period. One of those locations is the former office of the CINS/FINS program previously located at 2653 Michigan Avenue, Kissimmee, Florida. The team currently works remotely utilizing the CHS Home Office address at 5766 S. Semoran Blvd., Orlando, FL 32822 as the program's mailing address.

Staffing

Children's Home Society of Florida is aligning several programs across the state to be more efficient with resources and service delivery. While the two-year span of COVID-19 was a challenge, the agency learned that it can still be impactful with less, including less brick and mortar, and less in the areas of reporting structures and chain of command with some programs. The CINS/FINS Community Counseling Program in Osceola is one of the programs that has been identified as benefiting from strategic re-alignment. This is a very small program with three CHS Team Members who work in Osceola County that borders Okeechobee County. It was more efficient for the Osceola Team to join the Treasure Coast Team (WaveCREST, Ft. Pierce) where there is more institutional knowledge of the CINS/FINS program expectations and the established relationship with the Florida Network of Youth and Family Services. As of July 1, 2022, Sabrina G. Barnes serves as the Regional Executive Director for CINS/FINS Community Counseling in Osceola County, Kristi Walsh serves as the Director of Program Operations, and Megan Edge remains as the programSupervisor. These changes were not promotions, but a restructure.

Program Updates

The CINS/FINS program supervisor is a participating member of the Osceola County Children's Advocacy board meetings monthly and also attends the Circuit 9 Children's Advocacy bi-monthly board meetings. The DJJ Circuit 9 Advisory Board has a new chair for the 2022-2023 session and the board is being re-vamped to allow more collaboration amongst agencies represented including CINS/FINS, the school district, and Law Enforcement agencies.

Funding/Finance

CHS Osceola has not received any new funding since the last onsite review or conducted any fundraising activities. There is also no capital campaign and no new assets acquired. A management letter was received for the most recent single audit completed.

Governance and Community

CINS/FINS has a statement of understanding on file with the School District of Osceola County, which allows a partnership between the School District and the CINS program. The School District sends referrals for services and the counselors/case-managers are able to utilize the schools for meeting with youth. The School District also requests groups for students related to anger management, social/emotional learning, and grief/loss. This partnership has been strengthened in recent months as the CINS program is working at full capacity.

External Corrective Action Plans

There are no current external corrective action plans for CHS Osceola.

Narrative Summary

CHS Osceola's CINS/FINS program is currently staffed by a program supervisor, a fulltime counselor II position, and fulltime case manager. There is currently no vacant positions in the program. Direct care staff are responsible for ensuring appropriate assessments are completed for each intake, an individualized case/service plan is established timely, and targeted services are provided until the goals of the plan are met. The primary goal of the CINS/FINS program is to provide services to pre-delinquent youth and their families in an effort to prevent entry into the Juvenile Justice System. Youth and family referrals for CINS/FINS are received from Osceola County schools, parents/guardians, or local community youth service organizations. Although no case staffing requests were received by the agency during the reporting period, CHS Osceola is prepared to coordinate the statutorily mandated Case Staffing Committee required to develop a treatment plan for habitually truant, ungovernable, locked out or runaway youth when requested by the school district, a parent/guardian, or all other remedial services have been exhausted.

The overall findings for the modified QI Review for CHS Osceola are summarized as follows:

Standard 1: Three indicators were reviewed for this standard: 1.01 Background Screening of Employees/Volunteers, 1.04 Training Requirements, and 1.06 Client Transportation. One of the three indicators, Indicator 1.06, was not applicable because CHS Osceola does not allow staff to transport youth in personal or agency vehicles. Indicators 1.01 and 1.04 were rated Satisfactory with no exceptions.

Standard 2:

Two indicators were reviewed for standard 2: indicator 2.03 Case/Service Plan and 2.04 Case Management and Service Delivery. Indicator 2.03 received a Limited rating and Indicator 2.04 was rated Satisfactory with exceptions. Standard 4:One indicator, 4.02 Suicide Prevention, was reviewed for standard 4. Indicator 4.02 was rated Satisfactory with no exceptions.

Standard 4:
One indicator, 4.02 Suicide Prevention, was reviewed for standard 4. Indicator 4.02 was rated Satisfactory with no exceptions.

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

Standard 2:

Indicator 2.03 - Limited

1) Six of nine cases had at least one late or missing 30, 60, 90 reviews
2) 11 of 40 signatures were missing from the service plans; and
3) Two falsification of service plan dates were observed resulting in an incident report to the Central Communications Center (CCC).

CINS/FINS QUALITY IMPROVEMENT TOOL

Quality Improvement Indicators and Results: Please select the appropriate outcome for each indicator		Review Based Upon Document Source *For example: Interview/Surveys, Observation, and/or Type of Documentation*	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			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.01		**NO**	
		If NO, explain here: The current Policy CHS/7101 does not include changes made to the indicator effective September 1, 2022.	
		Policy CHS/7101 was approved by the Director of Program Operations and last updated December 1, 2021.	
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.	**Compliance**	During the QI period, the agency administered the Skill Survey Reference prescreening assessment tool prior to hiring two new staff. The two staff received a passing rate on the tool.	
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	**Compliance**	The agency completed eligible Department of Juvenile Justice (DJJ) background screenings for two applicable new staff prior to hire and prior to start dates of two interns utilized 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.	**No eligible items for review**	The agency has not rehired any new staff during the QI period who had a break in service.	
Five-year re-screening completed every 5 years from initial date of hire	**No eligible items for review**	The program did not have any eligible staff who met the criteria for 5-year re-screening.	
Annual Affidavit of Compliance with Level 2 Screening Standards (Form IG/BSU-006) is completed and sent to BSU by January 31st?	**Compliance**	Provider emailed the Annual Affidavit of Compliance with Level 2 Screening to DJJ Background Screening Unit on 12/2/2021 prior to the January 31st deadline.	
Proof of E-Verify for all new employees obtained from the Department of Homeland Security	**Compliance**	Documentation supported Everify work authorizations were completed for the two new staff hired.	
Additional Comments: **There are no additional comments for this indicator.**			
1.04: Training Requirements (Staff receives training in the necessary and essential skills required to provide CINS/FINS services and perform specific job functions)			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 1.04		**NO**	
		If NO, explain here: The current Policy CHS/7104 does not include changes made to the indicator effective September 1, 2022.	
		The program has a policy CHS/7104 which was reviewed and approved by the Director of Program Operations on December 22, 2021.	
First Year Direct Care Staff			
All direct care staff have completed new hire pre-service training requirements for safety and supervision as required.	**No eligible items for review**	The program does not have any new staff hired on or after September 1, 2022, the effective date of this requirement.	
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 1st were required to complete no later than December 31, 2020)	**Compliance**	A total of two first year staff training records were reviewed. The DOJ Civil Rights training was completed within 30 days of hire for both staff.	

All direct care CINS/FINS staff (full time, part time, or on-call) demonstrated a minimum of 80 hours of training or more for the first full year of employment.	**No eligible items for review**	The two new hires have not yet completed a full year of employment. One of the staff has been employed for 7 months and the other staff, for one month.	
All staff receives all mandatory training during the first 90 days of employment from date of hire.	**Compliance**	One applicable first year staff has completed all of the mandatory training during the first ninety-day timeframe as required. The other staff still has time to complete the required training; however, there's no documentation to support program orientation was yet completed as of the August 2022 hire date.	
Staff Required to Complete Data Entry for NIRVANA or access the Florida Department of Juvenile Justice Information System (JJIS)			
Any designated staff that is responsible for entering NIRVANA or ensuring accurate and complete data entry in the Florida Department of Juvenile Justice Information System (JJIS) have completed all of the required trainings.	**Compliance**	One applicable first year staff has completed the required training NIRVANA and JJIS training.	
Non-licensed Mental Health Clinical Shelter Staff (within first year of employment)			
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).	**Not Applicable**	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).*	**Compliance**	One applicable in-service staff is in the second year of hire and has completed 23 of the required 24 hours with ample time to complete remaining hour.	

Required Training Documentation			
The agency has a designated staff member responsible for managing all employee's individual training files and completes routine reviews of staff files to ensure compliance.	**Compliance**	Program supervisor manages and monitors all training records.	
The program maintains an individual training file for each staff, which includes an annual employee training hours tracking form and related documentation, such as electronic record/transcript, training certificates, sign-in sheets, and agendas for each training attended.	**Compliance**	An electronic training record is maintained for all staff that includes 4 sections: training plan, training log, supporting documentation, and miscellaneous.	
Additional Comments: **There are no additional comments for this indicator.**			
1.06: Client Transportation			**Not Applicable**
Provider has a written policy and procedure that meets the requirement for Indicator 1.06		**N/A** If NO, explain here: The program does not transport clients as stated by the director of program operations.	
Approved agency drivers are agency staff approved by administrative personnel to drive client(s) in agency or approved private vehicle	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
Approved agency drivers are documented as having a valid Florida driver's license and are covered under company insurance policy	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
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 3rd party is NOT present in the vehicle while transporting	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	

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	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
The 3rd party is an approved volunteer, intern, agency staff, or other youth	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
The agency demonstrated evidence via logbook or other written verification that supervisor approval was obtained prior to all single youth transports.	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
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.	**Not Applicable**	The program does not transport clients as stated by the director of program operations.	
Additional Comments: **There are no additional comments for this indicator.**			
2.03 - Case/Service Plan			**Limited**
Provider has a written policy and procedure that meets the requirement for Indicator 2.03		**YES** If NO, explain here: The program has a policy, CHS 7204, outlining the requirements for case/service plans, which was approved on December 22, 2021, by the Director of Program Operations.	
The case plan is developed based on information gathered during the initial screening, intake, suicide screening and NIRVANA.	**Exception**	Nine of ten service plans reviewed were based on the gathered information. The remaining service plan did not include the mental health needs identified on the NIRVANA.	Exception One service plan did not address mental health needs identified during the assessment.
Case/Service plan is developed within 7 working days of NIRVANA	**Exception**	Ten service plans were reviewed. Nine of the ten reviewed were created within seven days of the NIRVANA. The remaining service plan was created prior to the administration of the NIRVANA.	Exception One of ten service plans reviewed was created prior to the administration of the NIRVANA.

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	**Exception**	Ten service plans were reviewed and all ten service plans had individualized needs and goals, service type, frequency and location included on the plan. Nine of ten service plans identified the person(s) responsible for completion of the goal and target dates for each goal. The remaining service plan did not have these elements. Seven of ten service plans had actual completion dates, if applicable. Four of ten service plans contained a youth signature; this includes one plan signed by the parent of a very young youth. Eight of ten service plans contained a parent/guardian signature. Two of the ten service plans reviewed had dated signatures on the service plan, which did not match progress notes indicating the plans were signed at a later date.	Exception 1) One service plan did not include person(s) responsible or target dates. 2) Three closed service plans did not have a final indication of completed status for each goal on the plan. 3) Six of the service plans did not have the youth's signature; two did not have a parent/guardian signature; and three did not have a supervisor's signature. 4) Two falsification of signature dates were observed on service plans. These exceptions were called into the Central Communication Center (CCC) as required by the program during the review.
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	**Exception**	Nine of the ten service plans reviewed were applicable for 30, 60 and 90 day case reviews. Three of the nine applicable service plans had all requirement 30, 60, and 90 day reviews completed on time. Six of the applicable services plans had late or missing reviews: two service plans had a 60 day review one day late; one service plan had a 30 day review one day late and a 60 day review twenty-two days late; one service plan had a 30 day review twelve days late and a 60 day review two days late; one service plan was missing a 30 day review, and had a 60 day review seventeen days late; and the remaining service plan had a 30 day review fourteen days late, 60 day review forty-four days late, and a 90 day review thirty-four days late. All ten service plans had signatures for the counselor. Seven of the ten had a signature for the supervisor; three of the seven had the same person sign for the counselor and supervisor. The remaining three service plans did not have a supervisor signature.	Exception Six service plans had late or missing 30/60/90 day reviews: Two records - One day late 30-day One record - 12 days late 30-day; two days late 60-day One record - No 30-day, 17 days late 60-day One record - One day late 30-day, 22 days late 60-day One record - 14 days late 30-day, 44 days late 60-day, 34 days late 90-day Three of the seven signed service plans were signed by the same person as counselor and supervisor. Three additional service plans did not have a supervisor's signature.
Additional Comments: **There are no additional comments for this indicator.**			

2.04 - Case Management and Service Delivery			Satisfactory
Provider has a written policy and procedure that meets the requirement for Indicator 2.04		**NO**	
		If NO, explain here: The current Policy CHS/7204 does not include changes made to the indicator effective September 1, 2022.	
		The program has a policy, CHS/7204, outlining the requirements for case management and service delivery, which was approved on December 02, 2021, by the Director of Program Operations.	
Counselor/Case Manager is assigned	**Compliance**	All ten case records reviewed had an assigned case manager.	

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	**Exception**	Nine of ten case records reviewed had coordinated service plan implementation and referrals completed for the identified needs. The remaining case record did not have these completed. Eight of ten records reviewed contained progress notes documenting the monitoring of the youth's/family's progress. The remaining two case records reviewed only contained a progress note for the intake meeting with the family. Seven of ten case records reviewed had documentation of providing support to families. Two case records did not have any progress notes to support or verify family support. The remaining case record had a progress note referencing the need to provide the family with additional resources/information; however, no additional progress note was found addressing this. Only one case record reviewed was applicable for additional referrals, and it was completed. Four of ten case records reviewed provided appropriate case monitoring. The remaining six case records reviewed did not have, at least, monthly contact in the progress notes available. None of the case records reviewed had any open court matters for the case manager to assist the family in addressing, or monitoring of out-of-home placement. Five of five closed case records contained a closure progress note as required. Four of the five closed case records were applicable for 30 day follow-up contacts, and all four had documented 30-day follow-ups. Two of the five closed case records were applicable for 60-day follow-ups, and both closed case records contained a completed 60-day follow-up.	Exception 1) One case record did not demonstrate coordinated service plan implementation and/or referrals completed for the identified needs. 2) Two case records did not have documentation of case monitoring in the progress notes. 3) Three case records did not have any progress notes to support or verify family support.
The program maintains written agreements with other community partners that include services provided and a comprehensive referral process	**Compliance**	The program maintains written agreements with other community partners for services and has a referral process which is utilized.	

Additional Comments: **There are no additional comments for this indicator.**

4.02 - Suicide Prevention			**Satisfactory**
Provider has a written policy and procedure that meets the requirement for Indicator 4.02		**YES** If NO, explain here: Policy CHS/7402 was approved by the Director of Program Operations December 3, 2021.	
Suicide Risk Screening and Approval (*Residential and Community Counseling*)			
Suicide risk screening occurred during the initial intake and screening process. Suicide screening results reviewed and signed by the supervisor and documented in the youth's case file.	**Compliance**	Three case records were reviewed for one open and two closed files. All three youth were screened for suicide risk during the initial intake process using the CINS/FINS Intake Assessment form. The screening results were signed by a supervisor.	
The program's suicide risk assessment has been approved by the Florida Network of Youth and Family Services	**Compliance**	The program's suicide risk assessment was previously approved by the Florida Network.	
Supervision of Youth with Suicide Risk *(Shelter Only)*			
Youth are placed on the appropriate level of supervision based on the results of the suicide risk assessment.	**Not Applicable**	Not applicable for community counseling programs.	
Staff person assigned to monitor youth documented youth's behavior at 30 minute or less intervals	**Not Applicable**	Not applicable for community counseling programs.	
Supervision level was not changed/reduced until a licensed professional or a non-licensed mental health professional under the supervision of a licensed professional completed a further assessment OR Baker Act by local law enforcement	**Not Applicable**	Not applicable for community counseling programs.	

Youth with Suicide Risk *(Community Counseling Only)*			
Youth identified for suicide risk during intake was immediately assessed by a licensed professional or non-licensed professional (under the direct supervision of a licensed mental health professional) and the parents and supervisor were both notified of the results.	**Not Applicable**	All three youth were already under the care of a licensed mental health professional and a new suicide assessment was not required.	
During the intake, if the appropriate staff is unavailable, youth identified for suicide risk was immediately referred by the provider and the parent/guardian is notified of the suicide risk findings disclosed and advised that an Assessment of Suicide Risk should be completed ASAP by a licensed professional.	**Not Applicable**	All three youth were already under the care of a licensed mental health professional and a new suicide assessment was not required.	
Information on resources available in the community for further assessment was provided to the parent/guardian and is documented in the youth's file and signed by the parent/guardian OR a written follow-up notification was sent by certified mail if the parent/guardian was not present during the screening and was notified by telephone.	**Compliance**	Contact information was provided to all parents for other additional resources and the mental health/crisis hotline.	
If the parent/guardian cannot be contacted, all efforts to contact them are documented in the case file.	**Not Applicable**	Progress notes in the three youth records document contact with parent/guardian.	
When the screening was completed during school hours on school property, the appropriate school authorities were notified.	**Not Applicable**	None of the suicide screenings were conducted during school hours on school property.	
Additional Comments: **There are no additional comments for this indicator.**			